



NOTICE TO BUILDING OFFICIAL

For the use of Private Provider- Florida Building Code Compliance Authority, Inc.

Florida Statutes 553.791(4)

Project Name / Address: _____

Permit Number: _____ Phased Permit? Yes No

Project Address: _____ Parcel Tax ID: _____

Service to be provided (select one):

Plans Review Only	Single Trade Inspections (MEP)
Inspections Only	Plans Review and Inspections

*Pursuant to Florida Statutes 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.

I, _____, the owner of the property reference above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above: Private Provider Firm: **Florida Building Code Compliance Authority, Inc.**

Private Provider (Qualifier for the Firm): George Alan Wilson, MCP, CBO

Florida Department of Business and Professional Regulation Licensure: **BU1607, PX2984, BN5358, RPX287**

Address: **2405 Ruth Hentz Ave, Suite 1, Panama City, FL 32405**

Telephone: **850-733-7333** Fax: **850-571-9025** Email: floridabuildingcodeauthority@gmail.com

I/We have elected to use the above listed Private Provider to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspection to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests.

By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand that the building official retain authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by Section 553.791, Florida Statutes. If I make any changes to the above listed Private Provider, I shall, within one business day after any change, update this Notice to reflect such changes. **The building plans review and/or inspection services provided by the Private Provider are limited to compliance with the Florida Building Code** and do not include review for compliance with fire safety, land use, environmental or other codes.

The following information and/or attachments are provided as required by Section 553.791, Florida Statutes:

1. Qualification statements and/ or resumes of the Private Provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of \$ 5 million, relating to all services performed as a Private Provider.

Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services.

NOTARIZE USING THE APPROPRIATE SECTION BELOW:

Individual

Print Name: _____ Signature: _____

Address: _____ Telephone: _____

State of _____ County of _____

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the forgoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____ or Produced identification _____ Type of identification produced: _____

Signature of Notary: _____ Print Name: _____

Notary public stamp: _____ My commission expires: _____

Corporation

Print Corporation Name: _____ Signature By: _____

Address: _____ Telephone: _____

State of _____ County of _____

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the forgoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____ or Produced identification _____ Type of identification produced: _____

Signature of Notary: _____ Print Name: _____

Notary public stamp: _____ My commission expires: _____

Partnership

Print Partnership Name: _____ Signature By: _____

Address: _____ Telephone: _____

State of _____ County of _____

Before me, this _____ day of _____, 20____, personally appeared _____ partner/agent on behalf of _____, a partnership, who executed the forgoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____ or Produced identification _____ Type of identification produced: _____

Signature of Notary: _____ Print Name: _____

Notary public stamp: _____ My commission expires: _____

THIS FORM (OR FACSIMILE THEREOF) MUST BE POSTED ON THE JOB SITE.

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