



CITY OF PUNTA GORDA BUILDING DIVISION

PRIVATE PROVIDER PROCEDURES

1. A "Notice to Building Official of Use of Private Provider" form shall be submitted from the fee owner or fee owner's contractor upon written authorization from the fee owner, providing the City of Punta Gorda notice of intent to use a Private Provider for plan review and inspection services. **If using a Private Provider for plan review, a Private Provider must also be utilized for inspections.**
2. A "Duly Authorized Representative/Private Provider Affidavit" is to be submitted simultaneously with the "Notice to Building Official of Use of Private Provider". This should be accompanied by a Certificate of Insurance with a minimum policy limit 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 over \$5 million.
3. When plan review service is provided, the Private Provider will be required to submit a "Private Provider Compliance Affidavit" form upon completion of plan review.
4. When inspection services are provided the Private Provider, the contractors building permit fee, will be reduced 15%. When inspection services and plan review services are both provided by the Private Provider the contractors building permit fee will be reduced by 30%. **In both situations the City of Punta Gorda Building Department must be notified at submittal of the building permitting package.**
5. The notice of intent to perform an inspection, that includes the date and approximate time, shall be submitted no later than the prior business day by 2pm by email.

All notices to inspect and inspection results will be submitted via email to privateprovider@cityofpuntagordafl.com. The email subject line must reference the city permit number, address and inspection type. The inspection type should substantially match the inspection type listed on the permit card.
6. The Private Provider is to post each completed inspection record at the project site indicating pass or fail, and signature of Private Provider inspector before leaving said project site.

6. Within 2 working days of the scheduled inspection, the Private Provider will submit a completed "Private Provider Inspection Report" form to the City of Punta Gorda. This form is required to be submitted via email to privateprovider@cityofpuntagordafl.com. Please note that this form **SHOULD NOT** be submitted more than once per inspection and must be on company letterhead.
7. Completed inspection reports will be entered into the City's computer system by the Building Division within 2 working days of receipt.
8. The Private Provider will provide a foundation location survey showing the lowest floor elevation and all set backs, after the lowest floor is completed, or in the instance where the structure is subject to the regulations applicable to coastal high hazard areas, after placement of the horizontal structural member of the lowest floor per local code.
9. Upon completion of all required inspections, the Private Provider will submit a "Certificate of Compliance" form to the Building Division summarizing the inspections performed and include code compliance statement signed and sealed by the private provider. This must be done prior to any requests for a Certificate of Occupancy (CO) by the Contractor. (It is the responsibility of the Private Provider to inform the Contractor when this form has been submitted to the City.) A "Finished Construction" FEMA Elevation Certificate, when applicable, blower door test results, termite certification and any other city local requirements are required to be submitted and approved prior to issuance of CO.

Private Provider Email: privateprovider@cityofpuntagordafl.com



BUILDING DIVISION

Private Provider Notice to Building Official

Project Name: _____

Project Address: _____

Note: When using a Private Provider, and pursuant to Section 553.791(2) Florida Statute, it is required by the Building Official that the Private Provider be used for both plan review and inspections or inspections only.

____ Plan Review and Inspections

____ Inspections only

I, _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct plan review and inspections.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more Private Providers to provide building code plan review and inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the City of Punta Gorda Building Official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plan review and 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 City of Punta Gorda, the City of Punta Gorda Building Official, and the City of Punta Gorda 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 that is the subject of the enclosed permit application.

If I make any changes to the listed Private Providers or the services to be provided by those Private Providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plan review and inspection services provided by the Private Provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

Use of Private Provider – Notice to Building Official

Signature Page

The following items are required as attachments to this notice:

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 aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in aggregate for any project with a construction cost of over \$5 million. This must include tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Fee Owner Individual

Signature _____

Print
Name: _____

Address: _____

Telephone: _____

Fee Owner Corporation

Print Corporation Name

Signature _____

Print
Name: _____

Address: _____

Telephone: _____

Fee Owner Partnership

Print Partnership Name

Signature _____

Print
Name: _____

Address: _____

Telephone: _____

Please use appropriate Notary block

STATE OF _____
COUNTY OF _____

Individual

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

Personally Known _____

Produced as Identification _____

Corporation

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

Partnership

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

Signature of Notary

Notary Seal

Printed Name

My Commission Expiration Date



**FEE OWNER AUTHORIZATION
For Contractor to Engage in
Private Provider Services pursuant to
553.791, Florida Statue**

The "Warranty Deed/Fee Owner", identified below, hereby authorizes the "Contractor", identified below, to contract with a "Private Provider", identified below for Alternative Plans Review and Inspections, or Inspections only services pursuant to 553.791, Florida Statue. The law required minimum insurance requirements for such personnel, but I (fee owner) 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 or their insurance and am satisfied that my interests are adequately protected. Furthermore, I agree to indemnify, defend, and hold harmless City of Punta Gorda government, the local Building Official, and their Building Code enforcement personnel from any and all claims arising from the 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 this permit application.

Private Provider Firm: _____

Private Provider Address: _____

Private Provider Phone: _____ Private Provider Email: _____

Private Provider: _____

Florida License, Registration, or Certificate #: _____

Fee Owner Printed Name: _____

Fee Owner Signature: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____online notarization,

this _____ day of _____, 20_____, by _____
(Name of Person Making Statement)

_____ Personally Known or _____ Produced Identification _____
(Type of Identification Produced)

By _____
(Notary Public – State of Florida)

(seal)



**CITY OF PUNTA GORDA
BUILDING DIVISION**

**Private Provider
Plan Compliance Affidavit**

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the _____(year) Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statue and holds the appropriate license or certificate:

Name: _____ Plan Sheets: _____

Florida License/Registration/Certification # (s) and description:

Signature of Reviewer: _____

Sworn and Subscribed before me by _____ who is personally known to me or who has produced _____ as identification, and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Printed Name

Notary Seal

My Commission Expiration Date