



## Alternate Plans Reviews and Inspections Requirements

Florida Statute 553.791

### FLORIDA STATUTE 553.791 (15)(B) AUTHORIZES THE BUILDING OFFICIAL TO ADOPT A SYSTEM OF REGISTRATION.

#### General Information:

The use of a Private Provider is authorized by Florida Statute 553.791 under “Alternate Plans Reviews and Inspections”. The City of Oakland Park requires that only the forms in this packet be used (no substitutions will be accepted, unless otherwise noted or authorized by the State of Florida Building Commission or The Broward County, Board of Rules and Appeals) for the application process. All forms must be fully completed prior to submittal and acceptance.

Note 1: Applications for permits by a Private Provider will not be accepted/approved for issuance until approvals and permits are issued by all outside agencies known by the Building Official per the Florida Building Code, Broward County Administrative Provisions, section 105.2.3.

Note 2: All Private Provider Firms must be registered with a Broward County Business Tax Receipt Division prior to the application permit submittal.

Note 3: Projects to be performed utilizing Private Provider services should not be submitted for permitting until the Private Provider has first submitted for pre-registration and been approved by the City of Oakland Park Building Department.

**Documentation to be submitted for pre-registration evaluation by the City of Oakland Park.** Original documents should be presented in a three-ring binder to the Building Official or similarly organized and submitted electronically (third party verified) to [building@oaklandparkfl.gov](mailto:building@oaklandparkfl.gov).

1. Private Provider registration
2. Private Provider Stipulation
3. Private Provider Stipulation Certificate of Incumbency
4. Employment affidavit for Duly Authorized Representatives (DAR)
5. DBPR Certificate of Authorization for the firm.
6. A copy of the Professional Licenses for each of the DAR personnel regulated by Florida Statutes chapter 481 (Architects), chapter 471 (engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors).
7. Certificate of professional liability insurance as required by FS 553.791(16) naming City of Oakland Park as Certificate Holder.
8. A Blank Original of the actual inspection report form to be used on the project for inspection by the DAR. Normally this would be a three or a four-part form (white on top with a yellow, pink and blue copy).



To be submitted with the initial permit application:

1. **Notice to Building Official.**  
This is the principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of inspections only or whether the services will include plans reviews and inspections. This document must be accompanied by the Personnel Directory and Qualifications Statement and the certificate of insurance.  
  

Note: If a Private Provider performs the plans reviews, the Private Provider shall also perform the required inspections.
2. **Personnel Directory & Qualifications Statement.**  
This document identifies all of the Private Providers Duly Authorized Representatives (DAR) utilized on the specific project. It shall contain the numbers of the current licenses they hold to perform their specified type of work on the project, their contact phone number, email address, the responsibility that the DAR will have for the specific project, a Qualification Statement, and a current resume for each DAR. This form is filled out for each of the DAR's of the Private Provider. This form is for the Building Official to keep as reference. Another similar form (Private Provider Jobsite Identification Form) will be kept at the job site. Every DAR (Inspector or Plans Examiner) shall be certified by the State of Florida.
3. **Certificate of Insurance.**  
This certificate is provided by the Private Provider Insurance Carrier, and must be submitted with each permit application. It is also submitted at the time of the initial registration with the City of Oakland Park BTR Division. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the City of Oakland Park as the certificate holder.
4. **Special Inspector forms** must be submitted at the same time construction documents are submitted for permitting.
5. **Private Provider's list of requested inspections (All trades)**, on a private provider letterhead, shall be signed and sealed by the Private Provider and signed by the Duly Authorized Representative (DAR), and shall be notarized.
6. **Private Provider shall submit the signed and sealed construction drawings** accompanied by the "Plan Compliance Affidavit" as required by FS 553.791(6).

The following shall be submitted as a PREREQUISITE with the building permit application, if Private Provider performs plans review:

7. **Plan Compliance Affidavit.**  
This form is required, after the Private Provider has performed the required plan reviews and has approved those plans for code compliance under the scope allowed by F.S. 553.791(6). (This form will not be required for jobs where the Private Provider is to perform Inspections only). The Private Provider shall provide a list of all required inspections.  
The Building Department shall review this list of inspections for accuracy and completeness.

*Note: The Building Official may require, at his or her discretion, the private provider to be used for both services (Plans Review and Jobsite Inspections) pursuant to Section 553.791(2)(a) Florida Statute.*

The following is required Jobsite documentation:

1. **Private Provider Job Site Identification Form**  
This is to identify each individual Duly Authorized Representative (DAR) involved. Forms must be provided when the plans are submitted so they can be stamped and returned to the jobsite. Form(s) for each DAR shall be kept on the jobsite in a log and shall be updated and kept current by the Private Provider. The City of Oakland Park, Building & Permitting Division may perform periodic jobsite visits at their discretion per FS 553.791(9). Form entries will be compared to inspections reports. Any new entries to the worksite log will need to be approved first by the Building Official. The inspection reports shall be submitted to the Building Official every two days, in accordance with FS 553.791(10) and at the final inspection. Inspection reports must only be written by those previously approved inspectors.

Note: The Building Official or designee may visit the building site as often as necessary to verify that the "Private Provider" is performing all required inspections pursuant to Section 553.791(9) Florida Statute.



2. Inspection Reports.

The Private Provider shall submit to the Building Official for approval prior to the start of the project, the form that will be supplied to the DAR for recording and logging the inspections.

The inspection reports must provide:

- The date the inspection was performed
- The permit number for the inspection
- The job address
- The project name
- The Private Providers company contact information
- The Inspectors name, license number, & signature
- The inspection comments (including location/area of the inspection)
- The inspection results (Approved, Partial Approval, or Rejected)
- The corrections required (if corrections or further action is required).
- Requirements prior to approval for Certificate of Completion or Certificate of Occupancy

1. Official Log for all Completed Inspections.

The official log will include all inspections reports performed by each Duly Authorized Representative (DAR), and must be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.), and included whether the inspection was approved or rejected. The log will also include the “Private Provider Job site Identification Form” for all inspectors and any additional closing documents that pertain to the job.

- Final Inspection Audit may be performed by the City of Oakland Park Structural, Electrical Plumbing and Mechanical Inspectors.
- If requesting a TCO:
  - An inspection report with pending items for final approval listed for each permitted trade
  - Inspections reports or approval letter from the Fire Prevention Division indicating each floor or all floors approved (Florida Building Code, Broward County Administrative Provisions section 111.3).
- If requesting a Certificate of Completion:
  - The final inspection report for each trade, and all outside agencies approvals per the FBC, Broward County Administrative Provisions section 111.1.
- If there are threshold or specialty inspections performed:
  - Provide threshold inspection reports
  - Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold Engineer
  - Threshold Inspection Final Approval Letter from the Private Provider
  - Inspection Reports from special inspectors
  - Shoring and reshoring reports
  - Welders Certifications
  - Specialty Inspector Inspection Final Approval Letter from specialty Engineer
  - Acceptance for the Specialty Inspections Final Letter from the Private Provider
  - Affidavit for TCO/PCO/CC/CO/ from private provider for each trade.
- A full list of close out documents will be provided by the Building Division for the type of completion warranted by your project i.e. Certificate of Completion or Certificate of Occupancy.

2. Certificate of Compliance from the Private Provider. (TCO/PCO/CC/CO)

This form shall be provided by the Private Provider and shall be signed, sealed & dated by the Professional in Charge of the Duly Authorized Representatives (DAR) as outlined in F.F. 553.791(11). The inspections that are required to be performed per Code requirements and per Official Construction Documents shall be affirmed by the designated Professional in Charge for the Private Provider Company.



**PRIVATE PROVIDER STIPULATION**

Private Provider Firm: \_\_\_\_\_

Authorized Representative for Private Provider Firm: \_\_\_\_\_

*Print Name and Title*

or  
Individual Private Provider: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

Florida License, Registration or Certification #: \_\_\_\_\_

I, in my capacity as the Individual Private Provider (IPP) or authorized representative of the Private Provider Firm (PPF) for the above referenced Project do hereby agree to the following conditions:

1. Prior to submittal to the Building and Permitting Division of the City of Oakland Park (City), all construction plans and documents (Construction Documents) for the above-referenced Permit shall be pre-approved by me insofar as each page shall bear my initials (IPP) or stamp (PPF);
2. No Duly Authorized Representative (DAR) that perform inspections of the Project shall allow any work to start or continue which the IPP or the PPF has not reviewed and pre-approved under the above-referenced Permit in accordance with the Construction Documents approved by the City for the Project;
3. Any and all revisions to the Construction Documents must be submitted to, and approved by, the IPP or the PPF and are subject to audit by the City's plan reviewers for that portion of the Project. All approved revisions are to be submitted to the Building Department.
4. Depending on the severity of the violation and at the discretion of the City's Building Official, if the IPP or PPF fails to comply with the preceding conditions and/or other applicable laws, regulations and codes attendant to the Project, the IPP or PPF shall be placed on notice and a Stop Work Order issued on any non-compliant portion of the Project in accordance with *The Florida Building Code, Chapter I, Broward County Administrative Provisions, Section 115.*

*Note: If you are signing this as an Authorized Representative for a PPF, the attached Certificate of Incumbency must be completed and accompany submittal of this Private Provider Stipulation.*

INDIVIDUAL	COPORATION	PARTNERSHIP
<i>(Signature)</i>	<i>(Print Corporation Name)</i>	<i>(Print Partnership Name)</i>
<i>(Name)</i>	<i>(Signature)</i>	<i>(Signature)</i>
<i>(Address)</i>	<i>(Name)</i>	<i>(Name)</i>
<i>(Telephone Number)</i>	<i>(Address)</i>	<i>(Address)</i>
	<i>(Telephone Number)</i>	<i>(Telephone Number)</i>



**PRIVATE PROVIDER STIPULATION**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

*Please use appropriate notary section below:*

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared, who executed the foregoing instrument, and acknowledged Before me that same was executed for the purposes their expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the state corporation, who Executed the foregoing instrument, acknowledged before me that same was executed for the purposes their expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared, partner/agent on behalf of \_\_\_\_\_, a partnership, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes their expressed.

\_\_\_\_\_  
(NOTARY SIGNATURE)

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_\_

Notary Name: \_\_\_\_\_  
*Print. Type or Stamp Notary's Name*

Type of Identification Produced \_\_\_\_\_

Notary Seal



PRIVATE PROVIDER STIPULATION  
CERTIFICATE OF INCUMBENCY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, \_\_\_\_\_, in my capacity as an  
*Print Name*

Officer, Director, Manager or Partner (circle one) of \_\_\_\_\_  
*Print Name of Company*

(the "Company"), a \_\_\_\_\_ corporation, limited liability company  
*Print Name of State*

or partnership (circle one) and pursuant to its By-Laws, as amended, and certain validly adopted  
resolution(s) hereby certifies as follows:

The Company is authorized to serve as a Private Provider in accordance with §553.791, Florida Statutes, for the  
construction projects located at \_\_\_\_\_ in Oakland Park, Florida

\_\_\_\_\_ has been designated to serve as the Authorized Representative  
for the Company and given authority to act on behalf of and to bind the Company in its capacity as a Private Provider for  
the Project.

The undersigned has the power and authority to execute this Certificate on behalf of the Company and has so  
executed same and set the Company seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



**PRIVATE PROVIDER JOB SITE DIRECTORY**

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving Private Providers for plan review or inspections.

Permit Number:	Project Name:
Project Address:	
Property Folio No.:	
Owners Name:	

Private Provider or Duly Authorized Representative (DAR):	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

Private Provider or Duly Authorized Representative (DAR):	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

Private Provider or Duly Authorized Representative (DAR):	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

Private Provider or Duly Authorized Representative (DAR):	
Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company:	
Private Provider / Address:	
Type of Service Provided:	
Insurance Policy:	

**Note:** If additional space is needed, additional copies of this form must be attached.





## EMPLOYMENT AFFIDAVIT

**For Private Provider Duly Authorized Representatives (DAR), as per F S §553.791(4)(b)**

Florida Statute 553.791(8) requires that all Duly Authorized Representative(s) are employees of the Private Provider who is/are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representative(s) listed below are my employee(s), as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

**DULY AUTHORIZED REPRESENTATIVES:**

*If more space is needed to list all DAR, have another separate "Employment Affidavit Form" signed and sealed, to list them.*

Name	State of Florida License(s) #:	Discipline	Signature	BORA Certified	
				Yes	No

**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

Private Provider Company Name: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Authorized Agent for Private Provider Company (Print Name):

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
Authorized Agent for Private Provider Company (Title):

\_\_\_\_\_  
(Type / Print Agent Name)



**NOTARY'S SIGNATURE** as to Agent)

Notary Name: \_\_\_\_\_  
Print, Type or Stamp Notary's Name

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



Project Name:

Project Address:

Application / Permit #:

Folio #:

Construction Documents

Revisions

Shop Drawings

As-Builts

Other:

Private Provider Firm:

Private Provider Address:

Telephone:

Fax:

Email:

I HEREBY CERTIFY that to the best of my knowledge and belief, the documents submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Name of person reviewing the plans (if applicable):

Florida License/Registration/Certification numbers:

Discipline and Plan Sheets covered by this affidavit:

Signature of Reviewer:

Date:



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT  
Florida Statutes §553.791(6)

X \_\_\_\_\_  
Signature of Qualifier Private Provider: \_\_\_\_\_

Florida License No.: \_\_\_\_\_

Provider  
Seal/Signature/Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this day of  
\_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Type / Print Qualifier Name)

\_\_\_\_\_  
(NOTARY'S SIGNATURE as to  
Qualifier)

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

NOTARY SEAL



**PRIVATE PROVIDER REGISTRATION**

Florida Statutes §553.791(15) (b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the City of Oakland Park, Building & Permitting Division.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Business Tax Receipt registration.
5. Copy of Driver's License.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the City of Oakland Park as the certificate holder, in accordance to FS 553.791(16).

**PRIVATE PROVIDER FIRM**

Name of Firm:
Business Address:
Telephone: <span style="float: right;">Fax:</span>
Email:
Federal Employer Identification Number (FEIN):

**PRIVATE PROVIDER (QUALIFIER):**

Name of Qualifier:
Home Address:
Home Telephone: <span style="float: right;">Alternate Telephone:</span>

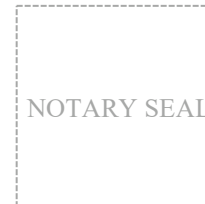
X \_\_\_\_\_  
*Signature of Qualifier*

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by:

\_\_\_\_\_  
*(Type / Print Qualifier Name)*

(NOTARY'S SIGNATURE as to Qualifier)

Notary Name \_\_\_\_\_  
*(Print, Type or Stamp Notary's Name)*



Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_



### FIRE-RATED JOINT AND PENETRATION(S) AFFIDAVIT

Permit No:
Project Name:
Project Address:

I, \_\_\_\_\_, the qualifying agent for the company noted below, HEREBY CERTIFY that all penetrations through walls, ceilings, floors and other barriers resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts and penetrations from similar building service equipment installed in connection with the above permit have been protected by approved fire rated materials or assemblies meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM) E814, or UNDERWRITERS' LABORATORIES (UL) 1479, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications, and are in compliance with the Florida Building Code and approved Plans.

I FURTHER CERTIFY that all joints installed in or between fire-resistance rated walls, floor or floor/ceiling assemblies and roofs or roof/ceiling assemblies have been protected by an approved fire-resistant joint system meeting the acceptance criteria of ASTM E1966, or UL 2079, or other approved testing standard.

Print Name	Title	Signature	Date
Company	Telephone	Email	
<b>WITNESS:</b>			
Print Name		Signature	
<b>WITNESS:</b>			
Print Name		Signature	

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by:

\_\_\_\_\_  
 (Type / Print Qualifier Name)

(NOTARY'S SIGNATURE as to Qualifier)

Notary Name \_\_\_\_\_  
 (Print, Type or Stamp Notary's Name)



Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_



**PRIVATE PROVIDERS PERFORMING INSPECTIONS ON BUILDING PERMITS**

Inspection process:

1. Private Providers performing inspections must schedule all inspections PRIOR to performing them, using the phone number 954-630-4350 or by entering into the Online Permit Access Portal through the City’s web site: [www.oaklandparkfl.gov](http://www.oaklandparkfl.gov)
2. Results are to be emailed to the City of Oakland Park, Building & Permitting Division using email address: [building@oaklandparkfl.gov](mailto:building@oaklandparkfl.gov) within two business days and may be accompanied by photographic evidence of the inspection performed.
3. Staff will monitor these emails for Private Provider inspection results and process them accordingly.

Inspection results emailed where inspections were not requested first will not be accepted and may trigger an audit of the project.

Acknowledged By:

(Signature)	(Print Name)	(Date)
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(Signature)	(Print Name)	(Date)
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(Signature)	(Print Name)	(Date)
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**GENERAL CONTRACTOR SPOT SURVEY AFFIDAVIT**

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Permit/Process: \_\_\_\_\_  
Project address: \_\_\_\_\_ Parcel tax ID: \_\_\_\_\_  
General Contractor \_\_\_\_\_ Company: \_\_\_\_\_  
Contractor (Qualifier for the Firm): \_\_\_\_\_ Florida License \_\_\_\_\_  
or Registration number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE TO GENERAL CONTRACTOR**

The General Contractor shall bear the responsibility of submitting a Spot Survey + Elevation Certificate to the Building & Permitting Division/Certified Floodplain Manager in a timely manner. In accordance with FBC\_BCA 110.3(1)(a) and per the direction of the Building Official, no inspection activity is allowed after the slab inspection has been approved until the Spot Survey + Elevation Certificate has been submitted to the Building & Permitting Division/Certified Floodplain Manager.

The General Contractor must notify the AHJ within 48 hours of approving the slab inspection in accordance with F.S. 553.791(10). Notification shall include the date and time of approval.

No vertical construction activity shall occur until the Survey and Elevation Certificate are submitted. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey are required to be approved by the Building Department in order to request a TCO (Temporary Certificate of Occupancy), PCO (Partial Certificate of Occupancy) or CO (Certificate of Occupancy).

I understand that I am subject to enforcement action by the AHJ if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by **City of Oakland Park Building & Permitting Division** pursuant to this affidavit holds the General Contractor responsible for maintaining compliance with this policy and all other Local Jurisdiction Floodplain Ordinances.

X \_\_\_\_\_  
*Signature of Qualifier for General Contractor*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of, 20\_\_ by:

\_\_\_\_\_  
*(Type / Print Qualifier Name)*

\_\_\_\_\_  
*(NOTARY'S SIGNATURE as to Qualifier)*

Notary Name \_\_\_\_\_  
*(Print, Type or Stamp Notary's Name)*

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_





**PRIVATE PROVIDER  
SPOT SURVEY  
AFFIDAVIT**

Project Name / Address: \_\_\_\_\_  
Permit/Process number: \_\_\_\_\_  
Project address: \_\_\_\_\_ Parcel tax ID: \_\_\_\_\_  
Private Provider Firm: \_\_\_\_\_  
Private Provider (Qualifier for the Firm): \_\_\_\_\_  
Florida License or Registration number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE TO  
PRIVATE  
PROVIDER**

The Private Provider shall bear the responsibility of submitting a Spot Survey + Elevation Certificate to the **City of Oakland Park Building & Permitting Division**/Certified Floodplain Manager in a timely manner. In accordance with FBC\_BCA 110.3(1)

(a) and per the direction of the Building Official, no inspection activity is allowed after the slab inspection has been approved with the Spot Survey + Elevation Certificate has been submitted to the **City of Oakland Park Building & Permitting Division**/Certified Floodplain Manager.

The Private Provider must notify the AHJ within 48 hours of approving the slab inspection in accordance with F.S. 553.791(10). Notification shall include the date and time of approval.

No vertical construction activity shall occur until the Survey and Elevation Certificate are submitted. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey is required to be approved by the Building Department in order to request a TCO (Temporary Certificate of Occupancy), PCO (Partial Certificate of Occupancy) or CO (Certificate of Occupancy).

I understand that I am subject to enforcement action by the AHJ if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by **City of Oakland Park Building & Permitting Division** pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy and all other Local Jurisdiction Floodplain Ordinances.

X \_\_\_\_\_  
Signature of Agent for Private Provider

NOTARY  
SEAL

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of 20\_\_\_\_ by: \_\_\_\_\_

\_\_\_\_\_  
(NOTARY'S SIGNATURE as to Agent)

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Personally Known\_\_\_\_or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
**Effective January 1, 2025**  
**Rule 61G20-2.005, F.A.C.**

Project Name: \_\_\_\_\_

Parcel Tax ID: \_\_\_\_\_

Services to be provided:                       Plans Review                                       Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the

fee owner /  fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: \_\_\_\_\_

Private Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Florida License, Registration or Certificate #: \_\_\_\_\_

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes.. I understand that the local 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, 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 the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. 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, or within 2 business days before the next scheduled inspection, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire prevention, fire safety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Corporation

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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