



HERNANDO COUNTY BUILDING DIVISION

PERMITTING ◆ CONTRACTOR LICENSING

789 PROVIDENCE BOULEVARD ◆ BROOKSVILLE, FLORIDA 34601 ◆ www.HernandoCounty.us

PHONE 352.754.4050 ◆ FAX PERMITTING 352.754.4416 ◆ FAX CONTRACTOR LICENSING 352.754.4159

PRIVATE PROVIDER PERMIT APPLICATION REQUIREMENTS

General Information and Checklist

The use of Private Providers is authorized by Florida Statute 553.791 (Alternative Plans Review and Inspection). Hernando County requires that only the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

Note: All private provider firms must be registered with Hernando County.

Contact us by email at bldg@hernandocounty.us for detailed registration requirements and to request a registration package.

To be submitted with each initial permit application:

Form A.1--- Notice to Building Official

This is the principal document required for the official election to use Private Provider services, and specifies which services are to be performed. This document must be accompanied by the Personnel Directory and Qualifications Statement (Form A.2) and the Certificate of Insurance (Form A.3), both listed below.

Form A.2--- Personnel Directory & Qualifications Statement

This document identifies all Private Providers and Duly Authorized Personnel to be used on the particular project, and includes their professional license numbers, resumes or qualification statements, and contact numbers.

Certificate of Insurance

This certificate is provided by the insurance carrier, and must be submitted at the time of each permit application. It is also submitted at the time of the initial registration. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the Hernando County Building Division as the certificate holder.

FORM B --- PLANS COMPLIANCE AFFIDAVIT

This affidavit is provided by the Private Provider at the time of plans review completion, in pursuant to *FBC 8th Ed.(107.6)*



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Pg. 2

Private Provider Approved Plans

Private Provider-approved plans shall have EACH drawing page signed by the individual who reviewed the plans, either the Provider personally or the Duly Authorized Representative (DAR). The signature shall be included within a graphic "stamp" and affixed onto the drawing. The image shall contain:

1. The Firm's name and logo; and,
2. The name and license number of the person who reviewed the plans; and,
3. The language "Reviewed for Code Compliance in accordance with Section 553.791,F.S."
4. In addition, if the plans are reviewed in a digital format, the "stamp" shall also include the reviewer's digital signature; or,

If the plans are submitted in hard copy the reviewer shall also physically sign EACH drawing page.

NOTE: The Private Provider shall verify that plans fully conform to one of the two methods mentioned above; that is, all signatures and stamps are digitally applied and the plans are digitally sealed at the time of upload to our contractor portal; or, are manually applied on hard copy plans.

ALL PLANS MUST HAVE EACH PAGE SIGNED & STAMPED NO MATTER THE METHOD SUBMITTED.

Job Site Documentation:

FORM C.1---Private Provider Job Site Identification Form

NOTE: The following information shall be maintained at the job site at all times and submitted to Hernando County for record keeping purposes:

FORM C.2---Inspection Report



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Form A.1

NOTICE TO BUILDING OFFICIAL

For the use of Private Provider

Florida Statutes §553.791(4)

Project Name / Address: _____

Plan number: _____ Phased Permit? Yes No

Project address: _____ Parcel tax ID: _____

Services to be provided (select one): Inspections only Plans Review and Inspections*

**Pursuant to FS Section 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 fee owner of the property referenced 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: _____

Private Provider (Qualifier for the Firm): _____

Florida License or Registration number: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I have elected to use one or more Private Providers 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 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 that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, 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 attachments are provided as required by Section 553.791, Florida Statutes:

- Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
- 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 over \$ 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. For detailed, current requirements refer to FS Section 553.791(16).

(Please notarize using the appropriate section below)

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Individual By: _____ (signature) | Print name: _____ |
| Address: _____ | Telephone: _____ |
| STATE OF _____ COUNTY OF _____ 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 <input type="checkbox"/> or Produced Identification <input type="checkbox"/> | Type of ID produced: _____ |
| Signature of Notary: _____ | Print Name _____ |
| Notary public stamp: _____ | My commission expires: _____ |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Corporation Print Corporation Name: _____ | |
| By: _____ (signature) Print name: _____ Its: _____ | |
| Address: _____ Telephone: _____ | |
| STATE OF _____ COUNTY OF _____ Before me, this ____ day of _____, 20____, personally appeared _____, on behalf of the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. | |
| Personally, known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> | Type of ID produced: _____ |
| Signature of Notary: _____ | Print Name _____ |
| Notary public stamp: _____ | My commission expires: _____ |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Partnership Print Partnership Name: _____ | |
| By: _____ (signature) Print name: _____ Its: _____ | |
| Address: _____ Telephone: _____ | |
| STATE OF _____ COUNTY OF _____ Before me, this ____ day of _____, 20____, personally appeared _____, partner/agent on behalf of the partnership, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. | |
| Personally, known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> | Type of ID produced: _____ |
| Signature of Notary: _____ | Print Name _____ |
| Notary public stamp: _____ | My commission expires: _____ |



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Form A.2

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & Qualifications Statement

Use one page for each Private Provider or Duly Authorized Representative.

Florida Statutes § 553.791(4)

Project Name & Address: _____

Permit Number: 1234567890

| |
|-----------------------------------------------------|
| Provider or Duly Authorized Representatives: |
| Email address: |
| Telephone: Fax: |
| Florida professional licenses: |
| Company: |
| Address: |
| Type of Service Performed: |



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Form C.1

PRIVATE PROVIDER JOB SITE DIRECTORY

Project Name & Address: _____

Permit Number: _____

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.

| | | |
|----------------------------------------------------|------------|------|
| Provider or Duly Authorized Representative: | | |
| Email: | Telephone: | Fax: |
| Florida professional licenses: | | |
| Company: | | |
| Address: | | |
| Type of Service Performed: | | |
| Insurance Policy: | | |

| | | |
|----------------------------------------------------|------------|------|
| Provider or Duly Authorized Representative: | | |
| Email: | Telephone: | Fax: |
| Florida professional licenses: | | |
| Company: | | |
| Address: | | |
| Type of Service Performed: | | |
| Insurance Policy: | | |