



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

ALL DOCUMENTS MUST BE STAMPED WITH THE PRIVATE PROVIDER'S LOGO PRIOR TO BEING SUBMITTED TO THE BUILDING DEPARTMENT.

THE APPLICATION STARTS ON PAGE 2. PLEASE SCROLL DOWN.



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”. Unincorporated Broward County Building Code "BC" requires that only the forms in this packet be used (no substitutions will be accepted, unless 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 the acceptance of the application for any permit.

Note 1: Applications for permit by a Private Provider will not be accepted 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 BC prior to the application permit submittal.

Note 3: If you have any questions, please contact the Building Official by email rpuentes@broward.org for detailed registration requirements.

Documentation is to be submitted for evaluation by BC. Original documents should be presented in a three-ring binder to the Building Official.

1. Letter of Acceptance from Private Provider stating the services provided to fee owner (Private Provider shall not be the Designer or Engineer of Record, the Duly Authorized Representative, or the Contractor for the project per FS 553.791(3).
2. Private Provider registration
3. Employment affidavit for Duly Authorized Representatives (DAR)
4. Private Provider Agreement
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 Broward County Building Code Services Division 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).
9. 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.
10. Private Provider shall submit the signed and sealed construction drawings accompanied by the “Plan Compliance Affidavit” as required by FS 553.791(6).

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 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 BCS. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16) and must include Broward County Building Code Services Division as the certificate holder.

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

4. 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).

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 perforated/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. Building Code Services 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, a blank copy off 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.

- If requesting a TCO (at the direction of the Building Official):
 - An inspection report with pending items for final approval listed for each permitted trade.
 - Inspections reports or approval letter from BSO Fire Marshal's Office indicating each floor or all floors approved (Florida Building Code, Broward County Administrative Provisions section 111.3).
 - E Final Approval, Zoning Sign Off, SWM Approval
- 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:
 - 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/CO from private provider for each trade.

2. Certificate of Compliance from the Private Provider.

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.



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

PRIVATE PROVIDER STIPULATION

Permit # _____ Address of Project: _____

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 Unincorporated Broward County Building Code Services Division (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.
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.

<i>INDIVIDUAL</i>	<i>CORPORATION</i>	<i>PARTNERSHIP</i>
-	-	-
(Signature)	(Print Corporation Name)	(Print Partnership Name)
-	-	-
(Name)	(Signature)	(Signature)
-	-	-
(Address)	(Name)	(Name)
-	-	-
(Telephone Number)	(Address)	(Address)
-	-	-
(Telephone Number)	(Telephone Number)	(Telephone Number)
STATE OF _____ COUNTY OF _____		
Please use appropriate notary section below:		

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

NOTARY
STAMP

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

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 project located at _____ in For a r al, Florida.
(the "Project").

_____ 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: _____



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

**NOTICE TO BUILDING OFFICIAL
OF USE OF PRIVATE PROVIDER**

Project Name / Address: _____
Permit/Process number: _____
Project address: _____ Parcel tax ID: _____

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

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 understand if I, the fee owner, or the fee owner’s contractor elects to use a private provider to provide plans review, the local building official, in his or her discretion and pursuant to duly adopted policies of the local enforcement agency, may require the fee owner or the fee owner’s contractor to use a private provider to also provide required building inspections, F.S. 553.791(2).

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, F.S. 553.791(4)(c).

Note: 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 code, land use, environmental, FEMA regulations or other applicable codes. I understand that the local building code enforcement agency may audit the performance of building code plan review and inspection services performed by private providers operating within the local jurisdiction, F.S. 553.791(18).

If I, the fee owner, or the fee owner’s contractor makes any changes to the listed private providers or the services to be provided by those private providers, I, the fee owner, or the fee owner’s contractor shall, within 1 business day after any change, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change. In addition, I, the fee owner, or the fee owner’s contractor shall post at the project site, prior to the commencement of construction and updated within 1 business day after any change, on a form to be adopted by the AHJ, the name, firm, address, telephone number, and facsimile number of each private provider who is performing or will perform building code inspection services, F.S. 553.791(4)(c).



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

In accordance with F.S. 553.791 the following attachments are provide as required:

1. Qualification statements, resume, and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representatives' employment affidavits are signed, and notarized & copies of all licenses required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of requested building inspections, (all trades) in accordance with FBC_BCA 110.3.
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

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 or Produced Identification 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 or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Notary Stamp: _____

Print Name _____

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, a _____ and acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

**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):	



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

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.



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

**PRIVATE PROVIDER
PERSONNEL IDENTIFICATION
& QUALIFICATION
STATEMENT**

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & QUALIFICATION STATEMENT
Florida Statutes § 553 791(4)

Please use a separate page for each Private Provider Duly Authorized Representative (DAR).

Project Name: _____
Project Address: _____
Permit Number: _____
Duly Authorized Representative (DAR) Name:

Type of Service/(s) to be performed by this DAR (plan review, inspections or both and what TRADE):

DAR Email address: _____
Telephone: _____
Fax: _____
State of Florida professional licenses: _____
Private Provider Company Name: _____
Address: _____

Qualifications Statement (or attach resume to this form):

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) be 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: _____





Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Project Name / Address: _____

Plan number: _____ Folio number: _____

Construction Documents Revisions Shop Drawings As-Built Other

If "other" is marked, please clarify: _____

Master permit number: _____

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 was 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:

Private Provider: _____

Florida License No. _____

Seal/Signature/Date

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: _____

SWORN AND SUBSCRIBED before me by _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____ Date: _____

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: _____

PRIVATE PROVIDER REGISTRATION
Florida Statutes §553.791(15)(b)

Please submit all the following documents. Certificate of Insurance must be sent directly from your insurance company to the Unincorporated Broward County, only, Building Code Services 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 Broward County Building Code Services Division as the certificate holder, in accordance with FS 553.791(16).

PRIVATE PROVIDER FIRM

Name of Firm:	
Business Address:	
Telephone:	Fax:
Email:	
Federal Employer Identification Number (FEIN):	

PRIVATE PROVIDER (QUALIFIER):

Name of Qualifier:	
Home Address:	
Home Telephone:	Alternate Telephone:

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	
WITNESS:			
Print Name		Signature	
WITNESS:			
Print Name		Signature	

STATE OF _____
 COUNTY OF _____

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

 (NOTARY'S SIGNATURE)

Notary Name _____
 (Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced: _____





Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

PRIVATE PROVIDERS PERFORMING INSPECTIONS ON BUILDING PERMITS

Inspection process:

1. Private Providers performing inspections must schedule all inspections *PRIOR* to performing them, using either the automated phone line or online portal, as noted in the permit package for City Inspections.
2. Results are to be emailed or faxed to the Broward County Building Code Services Division, within two business days and may be accompanied by photographic evidence of the inspection performed. Exclusion of the images may trigger an audit of the project.
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)
(Signature)	(Print Name)	(Date)
(Signature)	(Print Name)	(Date)



Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

**GENERAL CONTRACTOR
SPOT SURVEY AFFIDAVIT**

Project Name / Address: _____

Permit/Process number: _____

Project address: _____ Parcel tax ID: _____

General Contractor Company: _____

General 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 Building Code Services Division for Zoning and Floodplain review, 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 and the Spot Survey + Elevation Certificate has been approved by the Zoning Official/Certified Floodplain Manager.

The General Contractor must notify the AHJ within 48 hours of approving 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 approved. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey is required to be submitted to the Building Official in order to receive 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 **Building Code Services 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 _____

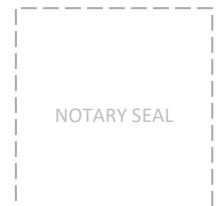
COUNTY OF _____

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)





Resilient Environment Department

BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite 300, Fort Lauderdale, Florida 33312 • 954-765-4400 • FAX 954-765-4410

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 Building Code Services Division for Zoning and Floodplain review 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 and the Spot Survey + Elevation Certificate has been approved by the Zoning Official/Certified Floodplain Manager.

The Private Provider must notify the AHJ within 48 hours of approving 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 approved. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey is required to be submitted to the Building Official in order to receive 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 **Building Code Services 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

STATE OF _____
 COUNTY OF _____

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

 (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 _____

