

# Broward County Board of Rules and Appeals

## *Certification for Chief Structural Inspector*

For the Building Department of: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

All applicants shall sign the attached affidavit to ensure compliance with Chapter 71-575, Paragraph 4(b), Laws of Florida. (BORA Policy #14-02, Effective May 9, 2014)

**Please mark in each corresponding box to indicate compliance with appropriate Code Sections:**

**104.8 Certification of the Chief Structural Inspector.** To be eligible for appointment as a Chief Structural Inspector, such person shall be certified as required by BCAIB as a Standard Plans Examiner and Standard Inspector or be a Florida Registered Architect or Florida Licensed Professional Engineer in the discipline requested.

**104.8.1** Such person shall be certified by BORA and shall meet at least one of the following qualifications:

**104.8.1.1** Be a Standard Plans Examiner appointed as such, for a minimum of one (1) year by an AHJ or school board within the State of Florida and who complies with at least one (1) of the qualifications of Section 104.10.1.1.

**104.8.2** Each of the applicants shall possess a current Certificate of Competency as a G.C. or a Professional Engineer license or Architect registration issued by at least one of the following entities:

- A. Florida Construction Industry Licensing Board
- B. Broward County Central Examining Board of Building Construction Trades
- C. Miami-Dade County Construction Trades Qualifying Board
- D. Florida Board of Professional Engineers
- E. Department of Business and Professional Regulation as an Architect

# Broward County Board of Rules and Appeals

**Note:** All applications shall include the required information listed below, failure to include these items may result in a rejection of this application.

- 1. This application is to be signed by the Building Official, Chief Executive Officer, Human Resources Director, or other duly authorized representative. For Building Official or Assistant Building Official, the CEO (City Manager, Acting City Manager or Mayor) shall sign.
- 2. Provide a clear copy of a current photo ID.
- 3. Provide a copy of all Florida State certifications and/or provisional licenses for each BCAIB certification, also copies of appropriate Certificate of Competency.
- 4. Provide detailed résumé of experience and licensure.
- 5. Provide verifiable evidence of employment such as, IRS forms, tax returns, W-2 forms or notarized written statements (affidavit) including contact information attesting to employment from former employers, partners, or design professionals knowledgeable of the applicant professional or trade experience.
- 6. **OPEN PERMIT AFFIDAVIT:** At the time the applicant submits application for certification to BORA, all outside free enterprise shall cease. The applicant is required to provide a notarized affidavit including a detailed list of all open and ongoing projects currently under construction which will include information such as the municipality they are located within, the existing permit number and the time frame in which the project will be completed. This time frame shall not exceed a six-month period from the time the application for certification was submitted to BORA. If no open permits exist, provide a notarized affidavit stating such. Please see BORA Policy #18-02 for all specific requirements of open permits.

**\*\*\*BORA staff is authorized to request additional information to verify employment and/or experience\*\*\***

**Note:** A 120-day temporary staff approval will be issued to a qualified applicant after his/her application for a Provisional License has been accepted by DBPR. A certification card will be mailed to the endorsing Building Official after the applicant has received his/her Standard License from DBPR and approved by the Board of Rules and Appeals.

Please list below all jurisdictions and positions of Building Official, Assistant Building Official and/or Chiefs for which you are currently serving.

Jurisdiction _____	<input type="checkbox"/>	B.O.	<input type="checkbox"/>	A.B.O.	<input type="checkbox"/>	Chief (Discipline) _____
Jurisdiction _____	<input type="checkbox"/>	B.O.	<input type="checkbox"/>	A.B.O.	<input type="checkbox"/>	Chief (Discipline) _____
Jurisdiction _____	<input type="checkbox"/>	B.O.	<input type="checkbox"/>	A.B.O.	<input type="checkbox"/>	Chief (Discipline) _____

The undersigned submitting this application for certification, indicates compliance and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

\_\_\_\_\_  
 Type/Print Name of Applicant X \_\_\_\_\_  
 Signature of Applicant

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

\_\_\_\_\_  
 Type/Print or Stamp Notary's Name X \_\_\_\_\_  
 Notary's Signature as to Applicant's Signature

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

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

The undersigned attest for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

\_\_\_\_\_  
 Type/Print Name of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative X \_\_\_\_\_  
 Signature of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative

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

\_\_\_\_\_  
 Type/Print or Stamp Notary's Name X \_\_\_\_\_  
 Notary's Signature as to Applicant's Signature

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

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

Approved by BORA on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Subject:** Policy/Affidavit to ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida

**POLICY/AFFIDAVIT**

The requirements below have been adopted by vote of the Broward County Board of Rules and Appeals on April 10, 2014, to help ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida.

**NOTICE**

All applicants for certification or re-certification are required to execute the following statement and to have same notarized by a duly authorized Notary. Failure to execute and have this statement notarized will prevent the certification/re-certification process from proceeding to completion.

**THE UNDERSIGNED HEREBY VOLUNTARILY AND KNOWINGLY STATES AS FOLLOWS:**

The undersigned has read Chapter 71-575, paragraph 4(b), Laws of Florida and has had the opportunity to have same reviewed and explained by legal counsel. Undersigned understands the terms of same and that any Inspector (such as and including but not limited to structural, engineering, plumbing, mechanical, or electrical) or other building official charged with enforcing or otherwise supervising or inspecting any work covered under any section of the Florida Building Code as applicable to Broward County pursuant to Chapter 71-575, Laws of Florida, and who is required to hold or who otherwise holds a Certificate of Competency in any area of construction shall not use his/her Certificate of Competency to engage in free enterprise thereby, competing against persons or firms that may do business within Broward County whose work he/she may also inspect, nor may he/she allow his/her Certificate of Competency to be used by another person or firm. This includes any activity, such as, but not limited to bidding, contracting, code consulting, design, employment, plan review, special building inspections, etc., regardless of compensation. The undersigned makes application for certification or re-certification, affirms compliance with aforementioned Code Section, and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below. The undersigned agrees that failure to comply with the requirements of chapter 71-575, Laws of Florida, shall be considered a material breach of the terms of certification and may result in decertification/ denial of certification.

A copy of a legal opinion with respect to Chapter 71-575, Laws of Florida, is available upon request.

The undersigned submitting this application for certification, acknowledges and indicates compliance with all statements contained by affixing his/her signature below.

\_\_\_\_\_ X \_\_\_\_\_  
Type/Print Name of Applicant Signature of Applicant

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

\_\_\_\_\_ X \_\_\_\_\_  
Type/Print or Stamp Notary's Name Notary's Signature as to Applicant's Signature

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

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

*Editor's Note: Affidavit was authorized by BORA vote on May 8, 2014, and was issued by the Board Chair on May 9, 2014.*

**Broward County Board of Rules and Appeals**  
**Voluntary Open Permit Affidavit**

**Certification  
Application Date**

*\* Per Florida Statute 71-575 (4)b, commencing with the time of application submission, provide the 180-day period from the time that the application for certification was submitted to the Broward County Board of Rules and Appeals:*

**Please list all active and/or inactive permits under construction:**

If this is not applicable, please check this box.

EXISTING PERMIT NUMBER	MUNICIPALITY	ESTIMATED DATE OF COMPLETION

\* If this 180-day time frame is required to be extended, a written request shall be submitted to the Director of the Broward County Board of Rules and Appeals no later than 30 days prior to the expiration of the 180-day period.

**This affidavit must be notarized regardless of open permit status.**



X \_\_\_\_\_  
Type/Print Applicant Name

X \_\_\_\_\_  
Signature of Applicant

**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

X \_\_\_\_\_  
Type/Print or Stamp Notary's Name

X \_\_\_\_\_  
Notary's Signature as to Applicant's Signature

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

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