



Private Provider Requirements

Packet Submittal

All Collier County forms provided are to be used. **No substitutions will be accepted**, except for the letter of acceptance by private provider stating services provided to fee owner & resumes of private providers & duly authorized representatives, per Florida Statute 553.791.

Florida Statute 553.791 (15) (b) authorizes the Building Official to adopt a system of registration.

Note: The following items must be complete prior to the release of any permits.

1. Letter of acceptance from private provider stating services provided to fee owner
2. Notice to Building Official signed, sealed & notarized. (4 pages)
3. Private Provider resume & copies of all Florida DBPR licenses under F.S. 471 as an Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator & Standard Inspector for inspections only on residential additions or alterations of (1000 - square feet or less). F.S. 553.791(i)
4. Duly authorized representatives' resume & employment affidavits, signed & notarized. Also, copies of all Florida DBPR licenses of Standard Plan Examiners & Standard Inspectors that are performing inspections or plan review as authorized representatives.
5. Private provider's list of requested building inspections, all trades. (See Lists, 4 pages)
6. Private provider plan compliance affidavit, signed & notarized, unless private provider is only performing building inspections for project.
7. Private provider & general contractor spot surveys affidavit, signed & notarized.
8. Private Provider's certificate of insurance for general liability & professional insurance meeting State of Florida requirements with Collier County listed as the certificate holder, including 5 years of tail coverage for claims made policies, per F.S. 553.791(16).
9. Private provider must submit signed and sealed plans when required by the Florida Building Code and all required copies (sets) required per Collier County Building Block's for the type of construction or project being built.

Note: All inspection reports must be completely filled out and signed by private provider or duly authorized representative, to be accepted by Collier County Building Review.

Final – Private provider certificate of compliance (request for certificate of occupancy)
must be filled out completely, signed, and notarized, and all required inspections reports completed and signed to be accepted by the Building Official in order to process the certificate of occupancy by Collier County.

Any questions, please call Collier County Building Review at (239) 252-2400.





**Notice to Building Official of
Use of Private Provider
Effective April 1, 2014**

Project Name: _____

Parcel Tax ID: _____

Services to be provided: **Plans Review**_____ **and/or Inspections**_____

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.

If private provider plan review is performed all required inspections must also be performed by the private provider as well. All Electrical Service (Temporary Power), (503, 504 & 505) Electrical Inspections will be completed by Collier County Electrical Inspector's and notification to all serving utilities will only be made by the Collier County Building Review Staff, once approved.

I _____,

the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Florida License, Registration or Certificate #: _____





**Notice to Building Official of
Use of Private Provider
Effective April 1, 2014**

I have elected to use one or more private providers to provide building code plans review and/or 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 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 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 Florida Statutes Section 553.791. 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 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 requirements, or other codes.





**Notice to Building Official of
Use of Private Provider
Effective April 1, 2014**

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 representative's employment affidavit 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 is attached. (4 pages)
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.** The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverage's required under this subsection are in force." The proof of insurance required by this section will be expected prior to first inspection by the private provider firm.

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.





(Check Section Below)

INDIVIDUAL – []

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____ 20____, personally appeared _____, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. [] Personally known [] Procured Identification – Type of ID _____

Signature of Notary Public Seal

CORPORATION – []

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____ 20____, personally appeared _____, of _____ a corporation, on behalf of the state corporation, who executed the fore foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. [] Personally known [] Procured Identification – Type of ID _____

Signature of Notary Public Seal

PARTNERSHIP – []

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____ 20____, personally appeared _____ partnership, who executed the foregoing instrument and acknowledged that same was executed for the purposes therein [] Personally known [] Procured Identification – Type of ID _____

Signature of Notary Public Seal





Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Collier County Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b)

I _____ the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

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

Signature of Private Provider _____ License # _____

PRIVATE PROVIDER FIRM _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____





Private Provider – List of Building Inspections

(Please check all that apply)

Building Inspections

- | | |
|-----------------------------------|--------------------------------|
| 1. ___100-Footings | 27. ___134-Final Roofing |
| 2. ___101-Pile Caps | 28. ___135-Final Shutters |
| 3. ___102-Grade Beam | 29. ___136-Impact Glass |
| 4. ___103-Floating Slab | 30. ___139-Termite Baiting |
| 5. ___104-Tie Beam | 31. ___140-Interior Termite |
| 6. ___105-Shear Wall | 32. ___150-Final Sign/Flagpole |
| 7. ___106-Columns | |
| 8. ___107-Sheathing Fascia Metal | |
| 9. ___108-Framing | |
| 10. ___109-Insulation | |
| 11. ___110-Tie Down | |
| 12. ___111-Roofing in Progress | |
| 13. ___112-Flood Proof | |
| 14. ___115-Final Building | |
| 15. ___116-Steel Building | |
| 16. ___118-Lintel Beam | |
| 17. ___119-Fill Cells | |
| 18. ___120-Flood Vent Relief | |
| 19. ___121-Epicore Deck | |
| 20. ___124-Steel in Stair/Columns | |
| 21. ___125-Elevator Pit | |
| 22. ___128-Break Away Wall | |
| 23. ___130-T/S Framing | |
| 24. ___131-T/S Drywall | |
| 25. ___132-T/S Insulation | |
| 26. ___133-Monolithic Slab | |

Page 1 of 4





Private Provider – List of Building Inspections

(Please check all that apply)

Electrical Inspections

1. ___ 500-Electrical T-Pole
2. ___ 501-Rough Electrical
3. ___ 502-Final Electrical
4. ___ 503-Service Change
5. ___ 504-Commercial Temp Power
6. ___ 505-Residential Temp Power
7. ___ 506-Underground Electrical Conduit
8. ___ 508-Rough TV/Telephone
9. ___ 509-Final TV/Telephone
10. ___ 510-Rough Alarm
11. ___ 511-Final Alarm
12. ___ 512-Rough Audio/Video
13. ___ 513-Final Audio/Video
14. ___ 514-Equipotential Plane (Bonding)
15. ___ 515-Concrete Encased Electrode
16. ___ 516-Rough Electrical Walls
17. ___ 517-Rough Electrical Ceiling
18. ___ 518-Under Slab Electrical Conduit





Private Provider – List of Building Inspections

(Please check all that apply)

Mechanical / Plumbing Inspections

1. ___ 200-Rough Plumbing
2. ___ 201-Plumbing Tub Set
3. ___ 202-Plumbing Stack Test
4. ___ 203-Sewer Tap
5. ___ 204-Final Plumbing
6. ___ 205-Final Irrigation
7. ___ 206-Grease Trap
8. ___ 207-Oil Interceptor
9. ___ 208-Pressure Test Piping
10. ___ 209-Water Heater Replacement
11. ___ 210-Medical Gas Piping
12. ___ 300-Rough Mechanical
13. ___ 301-Final Mechanical
14. ___ 302-Mechanical Piping
15. ___ 303-A/C Change Out
16. ___ 304-Kitchen Hood Rough
17. ___ 305-Kitchen Hood Final
18. ___ 306-Walk-in Cooler Rough
19. ___ 307-Walk-in Cooler Final
20. ___ 400-Rough Gas
21. ___ 401-Final Gas
22. ___ 403-Underground
23. ___ 410-Tie Down





Private Provider – List of Building Inspections

(Please check all that apply)

Pool Inspections

- | | |
|---------------------------------|-------------------------------|
| 1. ___700- Pool Steel (Bonding) | 4. ___703-Wet Niche |
| 2. ___701-Final Pool | 5. ___704-Shell Reinforcement |
| 3. ___702-Pool Deck | 6. ___705-Pool Dimensions |





Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____ License# _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the 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 Statute and holds the appropriate license or certificate:

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____





**NOTICE TO PRIVATE PROVIDERS
PRIVATE PROVIDER SPOT SURVEY AFFIDAVIT**

Name of Project Owner

It is the responsibility of the PRIVATE PROVIDER to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PER THE DIRECTION OF THE BUILDING OFFICIAL, NO INSPECTION ACTIVITY IS ALLOWED AFTER THE SLAB INSPECTION HAS BEEN APPROVED UNTIL A SPOT SURVEY & ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY COLLIER COUNTY BUILDING REVIEW.

Private Provider must notify Collier County within 48 hours of approving slab inspection. Notification to include date of approval.

No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a C.O.

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by COLLIER COUNTY BUILDING REVIEW pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Parcel Tax ID: _____

Private Provider Name: _____ License # _____

Private Provider Signature: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____





NOTICE TO GENERAL CONTRACTORS
CONTRACTOR SPOT SURVEY AFFIDAVIT

Name of Project Owner

It is the responsibility of the General Contractor to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PER THE DIRECTION OF THE BUILDING OFFICIAL, NO INSPECTION ACTIVITY IS ALLOWED AFTER THE SLAB INSPECTION HAS BEEN APPROVED UNTIL A SPOT SURVEY & ELEVATION CERTIFICATE HAVE BEEN SUBMITTED TO AND APPROVED BY COLLIER COUNTY BUILDING REVIEW.

General Contractor's Private Provider performing inspections must notify Collier County within 48 hours of approving slab inspection. Notification to include date of approval.

No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a C.O.

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by COLLIER COUNTY BUILDING REVIEW pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Parcel Tax ID: _____

General Contractor Name: _____ License # _____

Signature of Qualifier or Authorized Representative: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____





PRIVATE PROVIDER INSPECTION REPORT

(Must be filled out completely. Incomplete reports will not be accepted by Collier County)

At the completion of each inspection the private provider shall:

- Post each completed inspection record on the Permit Card posted on site, indicating pass or fail.
 - The “private provider” shall also provide the record on this form to the local Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via email; faxes are not acceptable.

These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Permit # _____ Date _____

Site Address _____

Inspection Report #: _____ Inspection Type _____

Owner Name _____

Private Provider _____

Contractor _____

Inspection Code _____ Inspection Date _____

Inspection Result:

1. Passed ___ 2. Partial Pass ___ 3. Failed ___ 4. Cancelled ___

Comments: _____

I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the applicable codes.

By: _____ License # _____
(Print Name)

Certified _____
(Signature)





Private Provider Certificate of Compliance
Request for Certificate of Occupancy

Date: _____

Mr. Jonathan Walsh P.E., CBO
Collier County, Building Review
2800 North Horseshoe Drive
Naples, Florida 34104

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide Collier County Building Review with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes: (Circle all that apply)

Building	YES	NO	N/A
Mechanical	YES	NO	N/A
Electrical	YES	NO	N/A
Plumbing	YES	NO	N/A
Gas	YES	NO	N/A

Private Provider Name _____ License # _____

Private Provider Signature _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

