



Alternate Plans Reviews and Inspections Requirements

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 Town of Medley 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 Miami Dade County, Board of Rules and Appeals) for the application process. All forms must be fully completed prior to the acceptance of the application of any permit.

Note 1: Applications for permit by a Private Provider will not be accepted until approval and permits are issued by the Town of Medley agencies, all outside and any other agencies known by the Building Official's as per the Florida Building Code, Miami Dade County Administrative Provisions (FBC), section 105.2.3.

Note 2: All Private Provider firms must provide proof of Business Tax Receipt Division prior to the application permit submittal.

Note 3: If you have any questions, please contact the Building Department, Building Official by phone at 305-887-9541 or email at rmcconachie@townofmedley.com for detailed registration requirements.

Documentation to be submitted for evaluation with the Town of Medley in original and to 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 (EOR), the Duly Authorized Representative (DAR) or the Contractor for the project as 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 The Town of Medley as Certificate Holder (this could be a copy after registration with the BTR Division).
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 the 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 (Form B) and the certificate of insurance (Item 1), both listed below. (Note: If a Private Provider performs the plans reviews, it then will be required that a Private Provider also perform the required inspections.)

2. **Personnel Directory & Qualifications Statement.**

This document identifies all of the Private Providers Duly Authorized Representatives (DAR) that will be utilized on the specific project that is being requested for issuance of this type of a permit. It shall contain the numbers of the current licenses that 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 and a Qualification Statement and a current resume for each DAR. This form is filled out for each of the DAR of the Private Provider. This form is only 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 Town of Medley Building Department. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include The Town of Medley 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 only going 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 a required Jobsite documentation:

1. **Private Provider Job Site Identification Form**

This is to identify each individual Duly Authorized Representative (DAR) involved at the work site or for the plan reviewers involved for the pertaining plans. Forms must be provided when the plans are submitted so they can be perforated/stamped and then returned to the jobsite log book. 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 Town of Medley, Building Department may perform periodic jobsite visits at their discretion as per the 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 that shall be submitted to the Building



Official every two days, in accordance to FS 553.791(10) and at the final inspection, they must be written only by those previously vetted 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 by the Private Provider to the DAR that will be using it for recording and logging the inspections in the jobsite log. If the Building Official approves the form, then, the inspection form provided to the Building Official will be the form that is used for the inspections of the project. The inspection reports must provide at a minimum, a space for the following information, and when completed will state: 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, the inspectors license number, the inspectors signature, the inspection comments (what the inspection result was based on, and the location/area that the inspection was for), the inspection results (Approved, Partial Approval, or Rejected), the corrections required (if corrections or further action is required).

To be submitted before any approval for Certificate of Completion or Certificate of Occupancy is issued:

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 contain all inspections reports for performed inspections, whether approved or rejected. The log will also include the "Private Provider Job site Identification Form" for all inspectors and any closing documents that pertains to the job. Examples of closing documents: Building: Architects Compliance Letter, Engineers Compliance Letter, Elevator certificate, Contractors Affidavit of Construction, Final Survey, Elevation Certificate, Termite Treatment certificates (initial treatments and final treatments), Soil compactions reports, Engineers soil statement of designed bearing capacity, Waterproofing certificate for above ground, Water proofing below grade certificate, Test and Balance Reports, Certification for back flow preventer, Sound Proofing certificates, Insulation Certificates, Roofing Warranty, Light Weight Pull Test (official/formal/final), Roofing Tile uplift test, Lawn Sprinkler Certification, Fire Penetration Affidavits from each trade Mechanical, Electrical, Plumbing, and Building, for all penetrations, unless if a single Fire Stopping Contractor is used (then just from the F.S. Contractor) and that affidavit must state that all penetrations were protected including those from each trade: the Building, the Mechanical the Electrical and Plumbing must be stated, Fire penetrations certificate of completion in areas between floor decks and envelope and throughout, sprinkler and fire suppression systems final certification, concrete testing breaks, pile logs, in addition:

- If requesting a TCO: the TCO 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 are approved (as per the Florida Building Code, Miami Dade County Administrative Provisions (FBC), section 111.3



- If requesting Final: the final inspection report for each trade, and all outside agencies as per the FBC, section 111.1.
 - If there are threshold or specialty inspections performed; Logs for threshold inspections, Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold inspecting company, Threshold Inspection Final Approval Letter from the Private Provider, Logs from special inspectors, Shoring and reshoring reports, Welders Certifications, Specialty Inspector Inspection Final Approval Letter from specialty inspection company, Acceptance for the Specialty Inspections Final Letter from the Private Provider, Affidavit for TCO/CO from private provider for each trade, see "Certificate of Compliance from the Private Provider".
2. Certificate of Compliance from the Private Provider.
This form shall be provided by the Private Provider and shall be signed and sealed 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 as per Code requirements and as per Official Construction Documents shall be affirmed by the designated Professional in Charge for the Private Provider company.

ACKNOWLEDGMENT OF RECEIPT OF THE PRIVATE PROVIDER
PROCEDURES & REQUIREMENTS

Date: _____

Registration or License No. (Architect or Engineer): _____

Name of Private Provider Firm: _____

Name of Private Provider: _____

PRIVATE
PROVIDER
SEAL



**Private Provider Job
Site Directory**

**Town of Medley
Building and Zoning Dept.**
7777 NW 72 Ave
Medley, Florida, 33166
Phone: 305-887-9541

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.

Project 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:	

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

It is the responsibility of the PRIVATE PROVIDER to ensure that a Form Board Survey & Elevation Certificate are provided to this division in a timely manner. PER THE BUILDING OFFICIAL, NO INSPECTION ACTIVITY IS ALLOWED AFTER THE SLAB INSPECTION HAS BEEN APPROVED UNTIL A FORM BOARD SURVEY & INITIAL ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY THE TOWN OF MEDLEY BUILDING DEPARTMENT.

Private Provider must notify The Town of Medley, Building Department within 24 hours of approving slab inspection. Notification to include date of approval.

No further construction activity is permitted until the Form Board Survey and Initial Elevation Certificate are approved by the Building Official or his designee. Upon completion of the project a Final Elevation Certificate, Flood Proofing Certificate (If applicable), and Final Survey must be submitted to the Building Department to receive a Temporary Certificate of Occupancy (TCO), a Partial Certificate of Occupancy (PCO) or a Final Certificate of Occupancy (CO).

I understand that I am subject to enforcement action by The Town of Medley, if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by The Town of Medley Building Department or any other City Agency pursuant to this affidavit, holds the private provider responsible for maintaining compliance with this policy, the Florida Building Code and any FEMA Flood Proofing, Elevation Requirements or The Town of Medley Floodplain Regulations.

Private Provider Firm:
Private Provider Qualifier:
Private Provider Qualifier License No.:

Seal / Signature / Date

X _____
 Signature of Private Provider
 STATE OF _____
 COUNTY OF _____
 Sworn to (or affirmed) and subscribed before me this
 ____ day of _____, 20____ by:

 (Type / Print Private Provider Name)

 (NOTARY'S SIGNATURE as to Private Provider Name)

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

PRIVATE PROVIDER 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):

[illegible]

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: _____

Authorized Agent for Private Provider Company (Print Name): _____

Authorized Agent for Private Provider Company (Title): _____

X

Signature of Agent

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 ____

NOTARY SEAL

PRIVATE PROVIDER AGREEMENT

Private Provider shall agree to work under these four constraints which will result in disciplinary action by The Town of Medley, Building Department if not adhered.

1. The construction documents used on a project must have prior approval from the Private Provider and each page must bear the Private Provider stamp and reviewer initials and submitted to the Building Department
2. No work shall be allowed to continue beyond the scope defined on the approved construction drawing(s) or revisions thereafter as per item #4.
3. The duly authorized representative (DAR) that performs inspections shall use the approved documents and not allow any work to start or continue on any portion of construction that does not have preapproved (reviewed and accepted) documents as described in item #1 and #4
4. Work that requires revision to construction drawings, must be reviewed and approved by the Private Provider DAR, and shall have an audit review by the plan reviewers of The Town of Medley Building Department prior work is allowed to start or continue on that portion of the project.

First Noncompliance/Stop work order:

- The Town of Medley, Building Department shall stop the progress on any portion/all construction of work that does not comply with the four constraints stated above.
- If the Private Provider fails to comply with the constraints noted above, and depending on the severity of the non-compliance, at the discretion of the Building Official, the Private Provider will be placed on notice.

Second Noncompliance/Stop work order:

- The stated actions on the First Noncompliance/Stop Work Order will be issued.
- If the Private Provider repeats noncompliance to any of the constraints that are noted above on the same jobsite or on a different jobsite within a period of (2) two years from the time any stop work order is issued, depending on the severity of the noncompliance and at the discretion of the Building Official, the Private Provider shall be placed on suspension from the Private Provider program for a period of (1) one year. In that year, no new applications for performing work as a Private Provider will be approved by The Town of Medley, Building Department.

Third Noncompliance/Stop work order:

- The stated actions on the First Noncompliance/Stop Work Order will be issued.

- If the Private Provider is noncompliant with the constraints that are noted above for a third time, within a 2 year period, depending on the severity of the offense and at the discretion of the Building Official, the Private Provider shall be removed from the list of registered Private Providers on file at The Town of Medley, Building Department and cannot submit for registration again to The Town of Medley for (2) two years. The Building Official will also notify the State of Florida Department of Business and Professional Regulations or the Private Provider/DAR appropriate board, which may impose additional disciplinary actions on the individual DAR and on the Private Provider Company.

Fourth Noncompliance/Stop work order:

- If a fourth disciplinary actions is issued, then the Private Provider will no longer be able to continue their services to the project.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website <http://dos.myflorida.com/sunbiz/search/> as a company authorized/registered agent.

Private Provider Company Name:

Authorized Agent for Private Provider Company (Print Name):

Authorized Agent for Private Provider Company (Title):

X _____

Signature of Private Provider

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this

____ day of _____, 20____ by:

(Type / Print Private Provider Name)

(NOTARY'S SIGNATURE as to Private Provider Name)

Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification

Type of Identification

Produced _____

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

(Request for Certificate of Occupancy) Florida
Statutes §553.791(11)

Folio Number:	Project Address
Project Name:	Project Number:
Private Provider Firm:	
Business Address:	
Telephone:	Fax:
Email:	

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and all applicable adopted codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Temporary Certificate of Occupancy |
| <input type="checkbox"/> Certificate of Completion | <input type="checkbox"/> Temporary Certificate of Completion |

Respectfully Submitted,

Private Provider Firm: _____
Private Provider Qualifier: _____
Private Provider Qualifier Name: _____
Private Provider Qualifier License Number: _____



X _____
Signature of Private Provider

STATE OF _____
COUNTY OF _____

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

(Type / Print Property Private Privder)

(NOTARY'S SIGNATURE as to Private Provider)

Notary Name _____
(Print, Type or Stamp Notary's Name)
Personally Known ____ or Produced Identification ____
Type of Identification Produced _____



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Project Name:

Project Address:

Application / Permit #:

Folio #:

☐ Construction Documents

☐ Revisions

☐ Shop Drawings

☐ As-Built

☐ 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:

X _____

Signature of Qualifier

STATE OF _____

COUNTY OF _____

Private Provider: _____

Florida License No.: _____

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

Provider
Seal/Signature/Date

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 Town of Medley, Building Department.

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 Pompano Beach as the certificate holder, in accordance to 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)

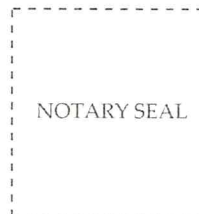
(NOTARY'S SIGNATURE as to Qualifier)

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 Plans Reviewed by the City of Pompano Beach.

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	

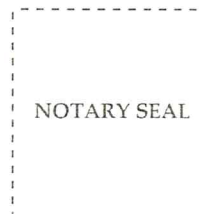
STATE OF _____
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
by _____

(NOTARY'S SIGNATURE as to Qualifier)

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

Personally Known ____ or Produced Identification ____

Type of Identification Produced: _____



INSULATION CERTIFICATE

Project Number: _____	Project Name: _____
Project Address: _____	

STATEMENT OF COMPLIANCE

We, the undersigned, hereby certify that the THERMAL INSULATION installed in the above referenced project is in compliance with the latest edition of the FLORIDA BUILDING CODE, the APPROVED ENERGY CALCULATIONS and Plans, and is in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Circle the applicable items).

1. **Exterior CBS Walls Insulation:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____
2. **Exterior Frame/Metal Stud Walls:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____
3. **Exterior Solid Concrete Walls:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____
4. **Interior walls separating A/C from non A/C spaces insulation** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____
5. **MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY:** The COMMON (Party) walls to two separate conditioned tenancies shall be insulated to a minimum of R-11 for frame walls, and to R-6 on both sides of mass common walls. See *FLORIDA BUILDING CODE 5th Edition (2014) — Energy Conservation, Section R402.2.13*. These "minimum levels of insulation", are not included in the Energy Calculations, but shall be installed in the field.
6. **Ceiling insulation:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____

Note: Do not use this form for lightweight Insulating concrete.

Insulation Contractor		General Contractor / Builder	
Company Name:	Corporation No.:	Company Name:	Corporation No.:
Qualifiers Name:	License No:	Qualifiers Name:	License No:
Signature:	Date:	Signature:	Date:

PRIVATE PROVIDERS PERFORMING INSPECTIONS ON BUILDING PERMITS

Inspection process:

1. Private Providers performing inspections must call in all inspections, PRIOR to performing them, using either emailing the request or calling the Building Department before 4:00pm.

The Building Official may select the inspection as a quality control and visiting the job site for inspection log and site inspections.

NOTE:

2. Staff will monitor the Private Provider inspection results and process them accordingly.

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

3. At the end of the inspection process the Private Provider must submit a Certificate of Inspection Compliance. The Building Official and/or his designate will review the permit for approval of Certification of Completion or Occupancy.

X _____
Signature of Private Provider
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 _____

X _____
Signature of Property Owner
STATE OF _____
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____ by:

(Type / Print Property Owner Name)

(NOTARY'S SIGNATURE as to Property Owner Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)
Personally Known ____ or Produced Identification ____
Type of Identification _____
Produced _____



**Town of Medley
Building & Zoning Dept.**

7777 NW 72 Ave
Medley, Florida, 33166
Phone: 305-887-9541
building@townofmedley.com

**PRIVATE PROVIDER
PLAN COMPLIANCE AFFIDAVIT**

Process #: _____ Address: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

E-mail: _____

Notice - A private provider may only perform building code plan review services that are within the disciplines covered by that person's licensure or certification.

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 hold the appropriate license or certificate.

Check all Disciplines that apply: ☐ Building ☐ Structural ☐ Electrical ☐ Mechanical ☐ Plumbing

Plan sheets: _____

Florida Architect's or Engineer's Certification #: _____

Signature of Private Provider: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____, by: _____ []

Personally known [] Procured Identification – Type of Identification _____ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary Public

Seal



**Notice to Building Official of
Use of Private Provider**

Project Name: _____ Folio #: _____

Project Address: _____

Services to be provided: Plan Review: _____ 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 be used for both services pursuant to Section 553.791 (2) Florida Statute.

I _____ the fee owner, affirm I or my 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: _____ Fax: _____

Email Address (Optional): _____

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 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 the 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, 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 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. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private prover, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspections services.

INDIVIDUAL	CORPORATION	PARTNERSHIP
Signature: _____	Print Corporation Name: _____	Print Partnership Name: _____
Print Name: _____	Signature: _____	Signature: _____
Address: _____	Print Name: _____	Print Name: _____
Tel No. _____	Address: _____	Address: _____
	Tel No. _____	Tel No. _____
Please use appropriate Notary block	Corporation	Partnership
STATE OF _____	Before me, this _____ day of	Before me, this _____ day of
COUNTY OF _____	_____, 20____, personally	_____, 20____, personally
Individual	appeared _____	appeared _____
Before me, this _____ day of	corporation, who executed the	partner/agent on behalf of
_____, 20____, personally	foregoing instrument and	_____
appeared _____	acknowledged before me that	partnership, who executed the
who executed the foregoing	same was executed for the	foregoing instrument and
instrument and acknowledged	purposes therein expressed.	acknowledged before me that
before me that same was executed		same was executed for the
for the purposes therein		purposes therein expressed.
expressed.		

Personally known ____; or Produced Identification ____

Type of Identification produced: _____

Signature of Notary: _____ Print Name: _____

Notary Public: NOTARY STAMP BELOW

My Commission Expires:

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Miami-Dade County Alternative Plan Review and Inspection Registration Program.

I _____, the Private Provider, do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

Duly Authorized Representatives for Inspectors:

(List individually; use a second form if necessary)

Print Name	License Number(s)	Trade Category	Signature

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

Signature of The Private Provider_____

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 Identification _____

TYPE OF ID PRODUCED _____

SIGN: _____ PRINT: _____

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Miami-Dade County Alternative Plan Review and Inspection Registration Program.

I _____, the Private Provider, do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

Duly Authorized Representatives for Reviews:

(List individually; use a second form if necessary)

Print Name	License Number(s)	Trade Category	Signature

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

Signature of The Private Provider _____

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 Identification _____

TYPE OF ID PRODUCED _____

SIGN: _____ PRINT: _____