



ALTERNATE PLANS REVIEWS AND INSPECTIONS REQUIREMENTS

Florida Statute §553.791

FLORIDA STATUTE 553.791 (17)(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 and/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 for any permit.

Note 1: Permit applications from Private Providers will only be accepted after approvals and permits from all relevant outside agencies, as recognized by the Building Official, are obtained (per Florida Building Code).

Note 2: All Private Provider Firms must register with the Town of Medley Business Tax Receipt Division before submitting any permit applications.

Note 3: For questions regarding the registration process, contact the Building Official by phone at 305-887-9541 or email building@townofmedley.com.

Required Documentation for Evaluation:

1. Letter of Acceptance: A letter from the Private Provider outlining services to be provided. The Private Provider must not be the Designer, Engineer of Record, Authorized Representative, or Contractor (per FS553.791(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. Professional Licenses: Copies for each DAR regulated under Florida Statutes Chapters 481 (Architects), 471 (Engineers), and 468, Part XII (Building Code Administrators and Inspectors.)
7. Liability Insurance Certificate: Per FS 553.791(18), naming the Town of Medley as the Certificate Holder and in the comments needs to stipulate the 5 years coverage subsequent to the provided services as per FS 553.791(18).
8. Inspection Report Form: A blank copy of the inspection report form to be used by the DAR for inspections on the project. Typically, this form consists of three or four parts, with copies in white, yellow, pink, and blue.
9. Inspection List: A list of requested inspections for all trades, signed and sealed by the Private Provider and DAR, notarized.
10. Construction Drawings and Compliance Affidavit: Signed and sealed construction drawings with the required “Plan Compliance Affidavit” as per FS 553.791(6).

Documents to Include with 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/or 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 of 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 the Town of Medley BTR Division. It must show coverage in the statutory amounts pursuant and time after the services conclusion to F.S. 553.791(18) and must include the Town of Medley as the certificate holder.

If the Private Provider performs plan reviews, the following must also be submitted:

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.

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. The Town of Medley, Building Inspections Division 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 within two business days of an inspection being performed, in accordance with FS 553.791(12) and at the final inspection. Inspection reports will only be accepted by those inspectors previously approved by the Building Official.

Note 1: 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.

Note 2: The Building Official or designee may audit the "Private Provider" a maximum of four (4) times annually and when conditions of a building constitute an immediate threat to public safety and welfare pursuant to Section 553.791(20) Florida Statute. Refer to *Standard Operating Procedure (SOP) for Auditing Private Providers* found at <https://www.townofmedley.com/building-and-zoning-department>

2. Inspection Reports.

The Private Provider shall submit to the Building Official for approval at registration process, the form that will be supplied to the DAR for recording and logging the inspections.

The inspection reports must provide:

- Date of Inspection
- Permit Number
- Job Address
- Project's Name
- Private Providers company contact information.
- Inspector's (DAR) name, license number, & signature
- Inspection comments (including location/area of the inspection)
- Inspection results (Approved, Partial Approval, Rejected or Other)
- Any required corrections (if corrections or further action is required)

Requirements Prior to Approval for Certificate of Completion or Certificate of Occupancy

1. Official Inspection Log

The official log must include all inspection reports conducted by each Duly Authorized Representative (DAR). It shall be organized by discipline (e.g., Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing) and indicate whether the inspection was approved, Partially Approved, Rejected or Other. The log must also include the "Private Provider Job Site Identification Form" for all inspectors and any additional closing documents relevant to the project.

- If requesting a Temporary Certificate of Occupancy (TCO) <this must be accepted by the Building Official prior of a TCO request>:
 - A Detailed Inspection report listing all pending items for final approval for each permitted trade.
 - Inspection reports or an approval letter from the Miami-Dade Fire Department confirming approval for each floor or all floors (per Florida Statutes).
- If requesting a Certificate of Completion:
 - The final inspection report for each trade, along with approvals from all outside agencies as required by the FBC-B section 111.1.
- If threshold or specialty inspections were performed:
 - Threshold inspection reports.
 - Final Threshold and building envelope Completion/Acceptance letter from the threshold engineer.
 - Threshold Inspection Final Approval Letter from the Private Provider.
 - Inspection reports from special inspectors.
 - Shoring and reshoring reports.
 - Welder certifications.
 - Specialty Inspector Final Approval Letter from the specialty engineer.
 - Final Letter of Acceptance for Specialty Inspections from the Private Provider.
 - Affidavit for TCO/CO from the Private Provider for each trade.

2. Certificate of Compliance

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(13). 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.

Updated January 2025



PRIVATE PROVIDER STIPULATION

Florida Statute §553.791(17)(b)

Permit #:	Address of Project:
Authorized Representative for Private Provider Firm Print Name and Title:	
<u>Or</u> Individual Private Provider:	
Email:	Telephone:
Florida License, Registration or Certificate #:	

In my capacity as the Individual Private Provider (IPP) or an authorized representative of the Private Provider Firm (PPF) for the above-referenced project, I hereby agree to the following conditions:

1. Prior to submission to the Buildings Inspection Division of the Town of Medley (Town), all construction plans and documents (Construction Documents) for the above-referenced permit will be pre-approved by me. Each page shall bear either my initials (IPP) or the firm's stamp (PPF).
2. No Duly Authorized Representative (DAR) performing inspections of the project will allow any work to begin or continue unless it has been reviewed and pre-approved by the IPP or PPF in accordance with the Construction Documents approved by the Town.
3. Any revisions to the Construction Documents must be submitted to and approved by the IPP or PPF and are subject to audit by the Town's plan reviewers for that part of the project.
4. Depending on the severity of any violation, and at the discretion of the Town's Building Official, if the IPP or PPF fails to comply with these conditions and/or other applicable laws, regulations, and codes, the IPP or PPF will be notified. A Stop Work Order may be issued for any non-compliant portion of the project in accordance with the Florida Building Code, Building Section 115.

Note: If signing as an Authorized Representative for a PPF, the attached Certificate of Incumbency must be completed and submitted with 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)
_____	_____	_____
STATE OF _____	COUNTY OF _____	(Telephone Number)
Please use appropriate notary section below (next page):		

<p>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.</p>	<p>Before me, this _____ day of _____, 20____ personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes. therein expressed.</p>	<p>Before me, this _____ day of _____, 20____ personally appeared _____ partner/agent on behalf of _____ _____ a partnership, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes therein expressed.</p>
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X _____
(NOTARY'S SIGNATURE)

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

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____





PRIVATE PROVIDER STIPULATION

Florida Statute §553.791(17)(b)

The undersigned, _____, in my capacity as a
(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:

1. The Company is authorized to serve as a Private Provider in accordance with §553.791, Florida Statutes, for the construction project located at _____ in Medley, Florida (the "Project").
2. _____ 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.
3. 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____.

STATE OF _____

COUNTY OF _____



Signature: _____

Print Name: _____

Title: _____



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Florida Statute §553.791(17)(b) and as per Miami-Dade County Memo

Permit #:	Project Name:
Project Address:	Parcel Tax ID:
Services to be provided (select one): <input type="checkbox"/> Inspections Only <input type="checkbox"/> Plans Review and Inspections	

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local Building Official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I, _____, the fee owner / fee owner's contractor 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 #:		
Address:		
Email:	Telephone:	Fax:

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)(a).

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.

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 or within 2 business days before the next scheduled inspection. 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).

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-B 110.3.
4. Section 553.791(18) 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/Agent: _____

Address: _____

Telephone: _____

X _____
Signature of Individual or Agent

STATE OF _____

COUNTY OF _____

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

(Type / Print Property Owner or Agent Name)

(NOTARY'S SIGNATURE as to Owner or Agent Name)

Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

NOTARY SEAL

Corporation: _____

Address: _____

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: _____

NOTARY SEAL

Partnership: _____

Address: _____

Telephone: _____

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 Name)

Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

NOTARY SEAL

F.S. 553.791(21) I understand that the local government, the local building official, and their building code enforcement personnel shall be immune from liability to any person or party for any action or inaction by a fee owner of a building, or by a private provider or its duly authorized representative, in connection with building code plan review and inspection services as authorized in this act.



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 #:	Project Name:
Project Address:	
Property Folio #:	
Owner's 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:	

Note: If additional space is needed additional copies of this form must be attached.



TOWN OF MEDLEY

BUILDING DEPARTMENT

7777 NW 72nd Avenue

Medley, Florida 33166

Office 305-887.9541 ● building@townofmedley.com

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & QUALIFICATION STATEMENT

Florida Statute §553.791(4)

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

Permit #:	Project Name:
Project Address:	
Duly Authorized Representative (DAR):	
Types of Service(s) to be performed by this DAR:	
<input type="checkbox"/> Inspections Only <input type="checkbox"/> Plan Review <input type="checkbox"/> Plan Review and Inspections	
Trade(s):	
DAR Email:	
Telephone:	Fax:
State of Florida Professional License(s):	
Private Provider Company Name:	
Address:	

Qualifications Statement (or attach resume to this form):



TOWN OF MEDLEY
BUILDING DEPARTMENT
 7777 NW 72nd Avenue
 Medley, Florida 33166
 Office 305-887.9541 • building@townofmedley.com

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives (DAR), as per Florida Statute §553.791(8)

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(8) 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.

Name	State of Florida License(s) #:	Discipline	Signature	MD or Broward BORA Certified	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Type of Identification Produced: _____





TOWN OF MEDLEY
 BUILDING DEPARTMENT
 7777 NW 72nd Avenue
 Medley, Florida 33166

Office 305-887.9541 • building@townofmedley.com

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Florida Statute §553.791(6)

Permit #:	Project Name:
Project Address:	
Folio #:	

<input type="checkbox"/> Construction Documents	<input type="checkbox"/> Revision
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> As-Builts
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 _____

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

Private Provider: _____

Florida License No.: _____

NOTARY SEAL	_____
	(Type / Print Qualifier Name)
	(NOTARY'S SIGNATURE as to Qualifier)
Notary Name _____	
(Print, Type or Stamp Notary's Name)	

Provider Seal/Signature/Date

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____



PRIVATE PROVIDER REGISTRATION

Florida Statute §553.791(17)(b)

Please submit all of the following documents:

1. Florida Business License (Certificate of Authorization) - Current copy for the business entity.
2. Florida Licenses – Copy for all Private Providers.
3. Resumes – For Qualifier and all Private Providers.
4. Business Tax Receipt – Proof of Registration.
5. Driver’s License – Copy.
6. Certificate of Insurance - For General Liability and Worker’s Compensation. Must name the Town of Medley as the certificate holder per FS 553.791(18) and in the comments needs to stipulate the 5 years coverage subsequent to the provided services as per FS 553.791(18). The Certificate must be sent directly from your insurance company to the Building Department at building@townofmedley.com.

PRIVATE PROVIDER FIRM

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

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier:	
Home Address:	
Primary Phone #:	Secondary Phone #:

X _____
 Signature of Qualifier

STATE OF _____

COUNTY OF _____

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

NOTARY SEAL	_____ (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: _____



TOWN OF MEDLEY
BUILDING DEPARTMENT
 7777 NW 72nd Avenue
 Medley, Florida 33166

Office 305-887.9541 • building@townofmedley.com

FIRE-RATED JOINT AND PENETRATION(S) AFFIDAVIT

Permit #:	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:	Signature:	Date:
Title:	Company:	
Email:	Phone:	
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: _____





PRIVATE PROVIDERS PERFORMING INSPECTIONS ON BUILDING PERMITS

Florida Statute §553.791(9) and (17)(b)

Inspection process:

- 1. Private Providers performing inspections must schedule all inspections PRIOR to performing them, using either the email (building@townofmedley.com) or online portal, as noted in the permit package for Town Inspections.
2. Results are to be emailed to the Town of Medley, Building Department within two business days and may be accompanied by photographic evidence of the inspection performed. Exclusion of the images may trigger an audit/stop work order 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 /stop work order of the project.

Acknowledged By:

PRIVATE PROVIDER (QUALIFIER)

Form with fields: Name of Qualifier, Business Address, Home Address, Primary Phone #, Secondary Phone #

X _____ Signature of Qualifier

STATE OF _____

COUNTY OF _____

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

Notary section including: (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: _____



TOWN OF MEDLEY
BUILDING DEPARTMENT
 7777 NW 72nd Avenue
 Medley, Florida 33166

Office 305-887.9541 • building@townofmedley.com

GENERAL CONTRACTOR SPOT SURVEY AFFIDAVIT

Permit #:	Project Name:
Project Address:	Parcel tax ID:

General Contractor Company:		
General Contractor (Qualifier for the Firm):		
Florida License or Registration Number:		
Address:		
Email:	Telephone:	Fax:

NOTICE TO GENERAL CONTRACTOR

The General Contractor shall bear the responsibility of submitting a Spot Survey + Elevation Certificate to the Building Official/Certified Floodplain Manager in a timely manner. In accordance with FBC-B 110.6.1 and Town of Medley Code of Ordinances sect 10 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 Building 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(9). 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) 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 Town of Medley Building Department 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)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____





TOWN OF MEDLEY
BUILDING DEPARTMENT
 7777 NW 72nd Avenue
 Medley, Florida 33166

Office 305-887.9541 • building@townofmedley.com

PRIVATE PROVIDER SPOT SURVEY AFFIDAVIT

Permit #:	Project Name:
Project Address:	Parcel tax ID:

Private Provider Firm:		
Private Provider (Qualifier for the Firm):		
Florida License or Registration Number:		
Address:		
Email:	Telephone:	Fax:

NOTICE TO PRIVATE PROVIDER

The Private Provider shall bear the responsibility of submitting a Spot Survey + Elevation Certificate to the Building Official / Certified Floodplain Manager in a timely manner. In accordance with FBC-B 110.6.1 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 Sustainability Coordinator/Certified Floodplain Manager.

The Private Provider must notify the AHJ within 48 hours of approving slab inspection in accordance with F.S. 553.791(9). 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) 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 Town of Medley Building Department 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 _____