



City of South Pasadena  
Community Improvement Department

**Application for Private Provider Plans Review and/or Inspections  
Per Florida Building Code Eighth Edition 2023**

As defined by Florida Statute Section 553.791(n), “Private Provider” means a person licensed as a Building Code Administrator under part XII of Chapter 468, as an Engineer under Chapter 471 or as an Architect under Chapter 481. For purposes of performing inspections under this section for additions and alterations that are limited to 1,000 square feet or less to residential buildings, the term “Private Provider” also includes a person who holds a standard certificate under part XII of Chapter 468.

A Private Provider may not provide building code inspections pursuant to this section upon any structure designed or constructed by the Private Provider or the Private Provider’s firm.

The Property Owner is urged to read and understand not only the Owner’s Acknowledgement but also the Affidavit for Plan Review and Affidavit for Inspections.

Property Owner name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Project Street Address: \_\_\_\_\_

RE #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Private Provider Name: \_\_\_\_\_

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

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

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

Professional License(s) or Certification(s) Type and Number: \_\_\_\_\_

I have elected to use this Private provider for (check all that apply):

\_\_\_\_\_ Plans Review (must meet requirements of F.S. 553.791)

\_\_\_\_\_ Inspections (must meet requirements of F.S. 553.791)

\*\*\*If Plans Review is being performed by Private Provider, Inspections must also be done by Private Provider. The City of South Pasadena will still perform Zoning and Flood review and inspections.

**Owner's Acknowledgement:** 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.

**Owner's Printed Name:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary:**

**State of** \_\_\_\_\_, **County of** \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

**Personally Known** \_\_\_\_\_ **Produced ID** \_\_\_\_\_

**Type of ID Produced:** \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_

**Notary Seal:**

**AFFIDAVIT FOR PLANS REVIEW:**

I affirm that I am qualified under Chapters 468, 471 or 481, Florida Statutes to provide building code plans review services as authorized by section 553.791, Florida Statutes pursuant to section 104.3.2 Florida Building Code with respect to the building that is the subject of the enclosed permit application. I understand that I must submit to the Building Official all approvals from other governmental agencies, including but not limited to City of South Pasadena Zoning, Fire and Public Works Departments, Duke Energy, Pinellas County, SFWMD, DEO, USFWS, ACOE, DEO, as required. I understand that the Building Official shall issue the requested permit or provide written notification of deficiencies to the permit applicant within 20 days and follow the timeline for revisions as prescribed by section 553.791(6), Florida Statutes.

I have reviewed the plans/documents to determine compliance with applicable codes. I have determined that the plans reviewed comply with the applicable codes. I accept full responsibility for compliance with all provisions of the standard/technical codes and other pertinent laws or ordinances. I provide my seal and signature as affidavit under oath, that the following is true and correct to the best of my knowledge and belief:

- (a) The plans/documents were reviewed by me. I am duly authorized to perform plans review pursuant to the code and hold the appropriate licenses or certificates.
- (b) The plans comply with the applicable codes, standards, statutes and local ordinances or regulatory agency requirements.

**Private Provider Performing Plans Review:**

**Private Provider Signature:** \_\_\_\_\_

**Private Provider Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary:**

**State of** \_\_\_\_\_, **County of** \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

**Personally Known** \_\_\_\_\_ **Produced ID** \_\_\_\_\_

**Type of ID Produced:** \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_

**Notary Seal:**

**AFFIDAVIT FOR INSPECTIONS:** I affirm that I am qualified under Chapters part XII of chapter 468, 471 or 481, Florida Statutes to provide building inspection services as authorized by section 553.791, Florida Statutes pursuant to section 104.3.2 Florida Building Code. It is understood that if I am qualified under part XII of chapter 468, Florida Statutes, I am restricted to perform inspections for additions/alterations limited to 1,000 square feet or less to residential buildings. It is understood that the undersigned hereby accepts the responsibility for performing all of the required inspections. I understand that inspections are required as detailed in section 105 of the Florida Building Code, the permit card, and as prescribed by the local authority having jurisdiction. I further agree to hold the City of South Pasadena harmless for such inspections and accept responsibility for compliance with all other requirements contained within. I affirm that I maintain insurance for professionals and comprehensive general liability with minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate relating to all services performed as a Private Provider, including maintaining coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

The undersigned understands the permit will expire unless work is commenced and receives the first approved required inspection within 180 days of the effective date of the permit. Each subsequent approved inspection grants another 180 days. NO inspections will be performed subsequent to permit expiration. NO inspections will be handled “after the fact”.

The undersigned certifies that all work inspected (and approved) will conform to all applicable codes and standards; as well as all related permit documents. In the event of any conflict between codes and documents, the more restrictive shall apply. Notice of a required inspection shall be provided to the Building Official by requesting inspection per the City’s inspection procedures along with a comment that the inspection will be performed by a Private Provider. The Building Official may visit the building site to verify that the Private Provider is performing all required inspection as per Florida Statute. Before leaving the project site, the Private Provider shall post each completed inspection record, indicating pass or fail at the site and provide the record to the Building Official within 2 business days. Records of all inspections shall be maintained at the building site at all times and be made available for review by the Building Official. The Private Provider shall report immediately any condition that poses an immediate threat to public safety and welfare to the Building Official and local enforcement agency. All required reports and certifications shall be prepared by and bear the signature of the Private Provider. Upon completion of all required inspections, the Private Provider shall prepare and submit to the Building Official a Certificate of Compliance.

Failure to follow standard operating procedures for inspections in the City of South Pasadena may negate any further approvals for you or your firm to perform this type of inspection. In addition, incomplete or inaccurate inspection reports may result in failed inspections, work stoppage and/or permit expiration. ALL VIOLATORS WILL BE REFERRED TO THE FLORIDA DBPR.

**Private Provider Performing Inspections:**

**Private Provider Signature:** \_\_\_\_\_

**Private Provider Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary:**

**State of** \_\_\_\_\_, **County of** \_\_\_\_\_

**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.

**Personally Known** \_\_\_\_\_ **Produced ID** \_\_\_\_\_

**Type of ID Produced:** \_\_\_\_\_

**Signature of Notary Public:** \_\_\_\_\_

**Notary Seal:**