Planning & Development
JAX BEACH
Building Division
904.247.6235

ALTERNATIVE PLANS REVIEW AND INSPECTION SERVICES
NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Form Number 61G20-2.005-2002-01
11 North Third Street, Jacksonville Beach, FL 32250
building@jaxbchfl.net | www.jacksonvillebeach.org/PPP
Effective Date 1-1-2025 – Rule 61G20-2.005, F.A.C.

PROJECT INFORMATION

Project Name _____

Parcel Tax ID _____

Job Address _____

SERVICES TO BE PROVIDED

☐ **Plans Review AND Inspections** per FBC 553.791(2)(a)

☐ **Inspections Only**

PRIVATE PROVIDER IDENTIFICATION

Firm Name _____

Firm Mailing Address _____

Telephone No. _____ E-Mail Address _____

Private Provider Name _____

FL License, Registration or Certificate No. _____

I, *(name)*_____, the ☐ Fee Owner or ☐ Fee Owner's Contractor, have entered into a contract with the Private Provider firm identified above to conduct the services specified herein, and:

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 FS§ 553.791. 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.

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 FS§ 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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by FS§ 553.791(18).

<u>Individual</u>

_____
Print Name

_____
Address Line 1

_____
Address Line 2

_____ _____
Telephone No. Email Address

_____ _____
Signature Date

<u>Corporation</u>

_____
Print Name

_____
Representative Name

_____
Address Line 1

_____
Address Line 2

_____ _____
Telephone No. Email Address

_____ _____
Signature Date