

# City of Hialeah Gardens

## Building Department

10001 NW 87th Ave Hialeah Gardens, FL 33016

(305) 558-4114 Fax: (305) 698-7236

www.cityofhialeahgardens.com



## Private Provider Requirements

### POLICY

The Building Official may approve private providers to conduct plans review and inspections duties in lieu of the municipal building department personnel as authorized by Florida Statute 553.791

### REQUIRED FORMS

- Notice to Building Official of Use of Private Provider
  - This form indicates that the fee owner has elected to participate in the Alternative Plan Review and Inspection Program. This form also includes information regarding the project and services being provided such as plan review, inspections, or both.
  - Along with this form, the private provider shall also submit proof of the requisite professional and liability insurance coverage.
- Duly Authorized Representatives Employment Affidavit
  - This form indicates that the duly authorized representatives are employees of the Private provider as required by Florida Statute 553.791.
  - Along with this form, you are required to submit resumes and copies of all duly authorized representatives' licenses.
- Private Provider plan compliance affidavit (if applicable)
  - The private provider plan compliance affidavit form is used by the private provider to attest to the building official the plans submitted by the private provider were reviewed for and are in compliance with the Florida building code and all local amendments to the Florida building code in effect. Each page of the submitted plans shall bear the Private provider stamp and signature of the applicable plans examiner.

Upon completion of all inspections, the private provider shall prepare a Statement of Inspection (Attached) on the private providers' letterhead for each discipline and summarize the inspections performed.

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

Project Name: \_\_\_\_\_

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

Folio #: \_\_\_\_\_

Services to be provided:       Plans 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 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

s. 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 provide 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 provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

*(Please notarize using the appropriate section below)*

<b>INDIVIDUAL</b>	<b>By:</b> _____ (signature)	<b>Print Name:</b> _____
<b>STATE OF FLORIDA, COUNTY OF MIAMI DADE</b>		
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,		
by _____		
X _____	_____	
<b>Notary Signature</b>	<b>Notary Stamp or Seal</b>	
Personally Known	or	Produce Identification
		Type of I.D. Produced: _____

<b>CORPORATION</b>	<b>PRINT CORPORATION NAME:</b>	
<b>By:</b> _____ (signature)	<b>Print Name:</b> _____	
<b>STATE OF FLORIDA, COUNTY OF MIAMI DADE</b>		
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,		
by _____		
X _____	_____	
<b>Notary Signature</b>	<b>Notary Stamp or Seal</b>	
Personally Known	or	Produce Identification
		Type of I.D. Produced: _____

<b>PARTNERSHIP</b>	<b>PRINT PARTNERSHIP NAME:</b>	
<b>By:</b> _____ (signature)	<b>Print Name:</b> _____	
<b>STATE OF FLORIDA, COUNTY OF MIAMI DADE</b>		
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,		
by _____		
X _____	_____	
<b>Notary Signature</b>	<b>Notary Stamp or Seal</b>	
Personally Known	or	Produce Identification
		Type of I.D. Produced: _____

# Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the  
City Of Hialeah Gardens 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:**

(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: \_\_\_\_\_

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## **Private Provider** **Plan Compliance Affidavit**

Private Provider Firm: \_\_\_\_\_

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

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:

Name: Plan Sheets:

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

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Print Name

SWORN AND SUBSCRIBED before me by \_\_\_\_\_ being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_ and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

## **PRIVATE PROVIDER STATEMENT OF INSPECTION**

THIS DOCUMENT MUST BE PREPARED IN STATIONARY WITH PRIVATE PROVIDER LETTERHEAD FOR EACH DISCIPLINE.

DATE

To: City Of Hialeah Gardens- Building Official  
10001 NW 87th Ave.  
Hialeah Gardens, FL 33016

RE: Owner's Name  
Address of Project  
Permit No: & Type

Dear Building Official:

I [private provider], having performed and approved the required inspections, as indicated in the attached approved inspection log, hereby attest that to the best of my knowledge, belief and professional judgment, the [structural, or electrical, or mechanical or plumbing/gas systems] covered by the above referenced permit have been approved in accordance with the approved plans and the provisions of all applicable laws and technical codes. I also attest that all construction deviations from the original permit application and all necessary shop drawings have been filed with the Building Department in the form of permit revisions and in compliance with all the provisions of the law.

This document is being prepared in accordance with F.S. 553.791 (10) and is being submitted to the City of Hialeah Gardens Building Department at the time of the final inspection for the above referenced permit.

Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

**PRIVATE PROVIDER'S SIGNATURE AND SEAL**