

# **PRIVATE PROVIDER APPLICATION CHECKLIST**

City of Bradenton Beach Planning & Development

107 Gulf Dr N., Bradenton Beach FL 34217

Ph. 941-778-1005 x210

**NOTE: The following items must be completed prior to the release of any permits.**

- Notice to Building Official Form completed
- Duly Authorized Representative Employment Affidavit
- Private Provider Plan Compliance Affidavit
- Digital version of plans, signed & sealed or two assembled sets of signed and sealed plans
- Fully completed permit application

**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.**

**PRIOR TO FOUNDATION/SLAB POUR, A SPOT SURVEY CONFIRMING SETBACKS & FINISHED SLAB ELEVATION SHALL BE SUBMITTED TO AND APPROVED BY THE CITY OF BRADENTON BEACH PLANNING & DEVELOPMENT DEPT.**

*For more information regarding private provider guidelines, please refer to:  
FLORIDA STATUTE 553.791 ALTERNATIVE PLANS REVIEW AND INSPECTION*

# **PRIVATE PROVIDER REGISTRATION PROCESS**

## **City of Bradenton Beach Planning & Development**

107 Gulf Dr N., Bradenton Beach FL 34217

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### **For Initial Registration:**

#### **Private Provider Resume and copies of all Florida DBPR licenses**

F.S. 471 as a Professional Engineer,

F.S. 481 as an Architect,

F.S.468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.791(j).

**All Duly Authorized Representatives' Resumes & Employment Affidavits**, signed & notarized. Also, copies of all Florida DBPR licenses of Standard Plan Examiners & Standard Inspectors that are performing inspections or plan review as authorized representatives.

**Private Provider's Certificate of Insurance** for general liability & professional insurance meeting State of Florida requirements with the City of Bradenton Beach listed as the certificate holder, including 5 years of tail coverage for claims made on policies, per F.S. 553.791(16).

**Workmen's Compensation Insurance – Proof of coverage** and/or a copy of Workers' Comp Exemption filed with the State. NOTE: Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".

**Copy of Driver's License** for Private Provider and Duly Authorized Employees

*Updated information is the responsibility of the Private Provider and shall be provided in a timely fashion.*

**Form # 9B-3.053-2002-01**  
**Notice to Building Official of Use of Private Provider**  
**Effective January 20, 2003 Revised July 1, 2021.**

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

Parcel Tax ID \_\_\_\_\_ Address \_\_\_\_\_

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: \_\_\_\_\_

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

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

**Notice to Building Official of Use of Private Provider** signature page.

Please use the appropriate box.

<p><b>INDIVIDUAL</b> owner printed name _____ Mailing address _____ Phone _____ _____</p> <p>The foregoing instrument was acknowledged before me.</p> <p>Signature _____</p>
<p><b>PARTNERSHIP</b> printed name _____ _____ as partner / agent on behalf of _____ a partnership, Mailing address _____ Phone _____ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.</p> <p>Signature _____</p>
<p><b>CORPORATION</b> printed name _____ of _____ _____ Corporation name Mailing address of _____ Phone _____ who on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.</p> <p>Signature _____</p>

State of \_\_\_\_\_  
County of \_\_\_\_\_

Acknowledged by means of \_\_\_ physical presence or \_\_\_ online notification, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_, who is \_\_\_ personally known to me or has \_\_\_ produced identification \_\_\_\_\_ with an expiration date of \_\_\_\_\_ .

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

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

Stamp

# Duly Authorized Representative - Employment Affidavit

City of Bradenton Beach Planning & Development

107 Gulf Dr N., Bradenton Beach FL 34217

Ph. 941-778-1005 x210

*This affidavit is required pursuant to the City of Bradenton Beach, Florida 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.

Name _____	Discipline _____
Signature _____	License Number _____
Name _____	Discipline _____
Signature _____	License Number _____
Name _____	Discipline _____
Signature _____	License Number _____
Name _____	Discipline _____
Signature _____	License Number _____
Name _____	Discipline _____
Signature _____	License Number _____

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Private Provider**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of \_\_\_ physical presence or \_\_\_ online notification, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by (owner's name) \_\_\_\_\_, who is \_\_\_ personally known to me or \_\_\_ who has produced as identification \_\_\_\_\_ exp \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_ Stamp:

**Private Provider Plan Compliance Affidavit**  
City of Bradenton Beach Planning & Development  
107 Gulf Dr N., Bradenton Beach FL 34217  
Ph. 941-778-1005 x210

Project Address: \_\_\_\_\_ Permit # \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ 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: \_\_\_\_\_ Date \_\_\_\_\_

# **PRIVATE PROVIDER SPOT SURVEY AFFIDAVIT**

City of Bradenton Beach Planning & Development

107 Gulf Dr N., Bradenton Beach FL 34217

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## **NOTICE TO PRIVATE PROVIDER**

It is the responsibility of the PRIVATE PROVIDER to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PRIOR TO FOUNDATION/SLAB POUR, A SPOT SURVEY CONFIRMING SETBACKS AND FINISHED SLAB ELEVATION SHALL BE SUBMITTED TO AND APPROVED BY THE PLANNING & DEVELOPMENT DEPT. No further construction activity will occur until the survey and elevation are approved. Upon placement of the lowest habitable floor or horizontal structural member, an "under construction" elevation certificate shall be submitted for review and approval by the Planning & Development Dept. Upon completion of the project, an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a C.O.

I, \_\_\_\_\_, understand that I am subject to enforcement action by this department 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 City of Bradenton Beach Planning & Development Department pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

**Private Provider's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Private Provider Request for Certificate of Compliance

## City of Bradenton Beach Planning & Development

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

Address: \_\_\_\_\_ Permit number: \_\_\_\_\_

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

I, \_\_\_\_\_, having reviewed and approved inspection reports as evidenced in the accompanying log of completed inspections, HEREBY CERTIFY that all building components and site improvements for the project captioned above have been inspected under my authority, and, to the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes; and, all required plan revisions and/or additional plans have been submitted to the City of Bradenton Beach and have been approved; and, the scope of work authorized under the aforementioned permit has been fully completed; therefore, I have no objection to the issuance of a Certificate of [**Occupancy** or **Completion**].

Respectfully submitted, \_\_\_\_\_ Date \_\_\_\_\_



# PRIVATE PROVIDER INSPECTION RECORD

Building Permit # \_\_\_\_\_

Code in Effect: \_\_\_\_\_ Address: \_\_\_\_\_

INSPECTION	DATE	INITIALS	PASS/FAIL	COMMENTS
PLUMBING U.G.ROUGH				
SEPTIC/SEWER CONNECT				
PILINGS/GRADE BEAMS				
FOOTERS/SLAB				
PERIMETER BEAM				
FORM/POUR TIE BEAM				
COLUMN POURS				
SHEATHING NAIL-OFF				
HURRICANE STRAPPING				
TRUSS STRAPPING				
TRUSS BRACING				
ROOF DRY-IN				
FLASHINGS/DRIP				
PLUMBING TOP-OUT				
ELECTRIC ROUGH-IN				
A/C ROUGH-IN				
ALARM ROUGH-IN				
WINDOWS & DOORS				
FRAMING ROUGH				
EXT. LATH & STUCCO				
SOFFIT/SIDING				
ROOF COVERING				
WALL INSULATION				
ATTIC INSULATION				
SIDEWALKS				
DRIVEWAYS				
TEMP PERM POWER				
MISC. INSPECTION				
MISC. INSPECTION.				
FINAL PLUMBING				
FINAL ELECTRIC				
FINAL A/C				
FINAL IRRIGATION				
FINAL ALARMS				
C. O. FINAL				

**\*\*CALL DAY BEFORE BY 2:00pm FOR CITY AUDIT INSPECTIONS\*\***

**BRADENTON BEACH BUILDING DEPARTMENT  
(941) 778-1005 ext. 210**

**NO AUDIT INSPECTIONS WILL BE MADE UNLESS CITY PERMIT AND APPROVED PLANS ARE ON SITE FOR INSPECTION**