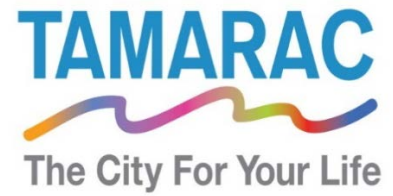


PRIVATE PROVIDER SUBMITTAL CHECKLIST



- Notice to Building Official for Use of Private Provider (attached)

- Contract with owner

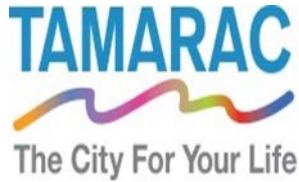
- Proof of Insurance (City of Tamarac Building Department as the certificate holder)

- Special Inspector Form (attached)

- Private Provider Plan Reviewer/Inspector(s) certification

- Private Provider Plan Compliance Affidavit (use one for each discipline, attached)

- Private Provider Certificate of Compliance (attached)



Notice to Building Official of Use Private Provider

Project name: _____

Site address: _____

Private Provider Firm: _____

Qualifier for Private Provider: _____

Address: _____

Telephone: _____

Email Address: _____

Florida License or Certificate# _____

I have elected to use one or more private providers to provide Building Code

Inspection services (5% permit fee discount)

Plan review & inspection services (10% permit fee discount)

as authorized by 553.791 Florida Statute. I understand that the local building department may not review the plans submitted or perform the inspections to determine code & plan compliance. This will be done by the private provider.

By executing this form, I agree to indemnify, defend, and hold harmless the local government, Building Department, and Building Official from any and all claims arising from my use of private providers in the plan review & inspection services with respect to the building or structure that is the subject of the enclosed permit.

I understand the Building Official retains authority to review plans, make required inspection, and enforce the applicable codes within his or her charge pursuant to the standards established by Florida Statutes Section 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 one business day after change update this notice to reflect 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, zoning, engineering, environmental, FEMA requirements or other codes. Therefore, the 20 business days limitation after receipt of a permit application prescribed by 553.791 Sec (7)(a) for issuance of a permit will not include such review(s).

As a private provider, I will comply with the insurance coverage for professional liability requirements described in 553.791(16). The law requires minimum insurance requirements for private providers, but I understand that I may require more insurance to protect my interests.

I understand that all required inspections identified by the Building Official are to be called in for same day as private provider inspections are scheduled. Private Provider to supply copy of inspection report to the Building Department within 2 business days after inspection. Reports must be posted on the jobsite.

Qualifier's Signature

Print Qualifier's Name

Property Owner's Signature

Print Property Owner's Name

State of Florida

County of Broward Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization,

this ____ day of _____, _____, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____

PROJECT NAME: _____

JOB ADDRESS _____ ZIP _____

LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance) *
*unless noted otherwise on planYes No
- 3) Connections – 110.10.2.3.....Yes No
- 4) Metal System Buildings – Section 110.10.2.4Yes No
- 5) Smoke Control Systems – Section 110.10.2.5Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
Critical Structural Connections – Section 110.10.1.1Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1Yes No
- 3) Pile Driving Only – Section 110.10.1.1Yes No
- 4) Precast Concrete Units – Section 110.10.2.1Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2.....Yes No
- 6) Other.....Yes No

C. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Permit Holder's Signature: _____ Date: _____

Printed Name: _____

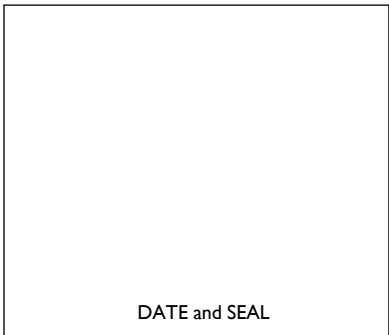
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: Registered Architect and/or Licensed Engineer

Signature of Special Building Inspector: _____

Printed Name of Special Building Inspector: _____

Address of Special Building Inspector: _____



State of Florida Registration # _____ Telephone # _____ Email _____

_____ Date: _____

Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE



**FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)**

City of Tamarac Addendum

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Sections 110.10, of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____

BUILDING PERMIT #: _____

PROJECT NAME: _____

JOB ADDRESS: _____

FOLIO #: _____

Description of inspections to be covered (attach additional sheet if needed):

Permit Holder's Signature: _____

Printed Name: _____

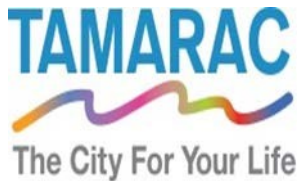
SPECIAL BUILDING INSPECTOR: _____
Signature of Special Building Inspector, Embossed Seal AND Date

Printed Name of Special Building Inspector

Address of Special Building Inspector

State of Florida Registration #

Telephone # _____



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

(Request for Certificate of Occupancy)

Florida Statutes 553.791 (11)

Project Name: /Address: _____

Permit number: _____ Folio number: _____

Private Provider Firm: _____

Business Address: _____

Telephone: _____

Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

- checkbox Certificate of Occupancy checkbox Certificate of Completion
checkbox Temporary Certificate of Occupancy (TCO) checkbox Certificate of Occupancy Partial

Private Provider Qualifier's signature: _____

Florida License Number: _____

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of checkbox Physical Presence or checkbox Online Notarization,

this ___ day of ___, ___, by ___
Day Month Year Name of Person Swearing or Affirming

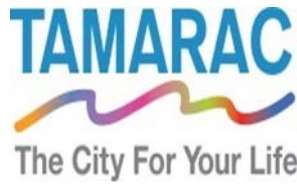
Signature of Notary Public - State of Florida

Name of Notary Typed, Printed or Stamped

- checkbox Personally Known
checkbox Produced Identification

Place Notary Seal Stamp Above

Type of Identification Produced: _____



Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider License#: _____

Email: _____

Permit Number: _____

I hereby certify to the best of my knowledge and belief the plans submitted were reviewed 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:

Reviewer Name: _____ Plan sheets #(s): _____

Florida License/Registration/Certification #: _____

Reviewer's signature

Print reviewer's name

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization,

this _____ day of _____, _____, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above