



**City of Bellevue**  
5525 SE 119th St.  
Bellevue, FL 34420  
Phone: 352-245-7021 Ext. 2105  
Email: [DSStaff@bellevuefl.org](mailto:DSStaff@bellevuefl.org)  
[www.bellevuefl.org](http://www.bellevuefl.org)

## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Permit Number: \_\_\_\_\_

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

Parcel Tax ID: \_\_\_\_\_

Services to be provided: **Inspections only** \_\_\_\_\_ **Inspections and Plans Review** \_\_\_\_\_

I, \_\_\_\_\_, the fee owner or fee owner's contractor, 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 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 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 one (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 plan review and/or inspection services provided by the private provider are limited to compliance with the Florida Building Code and any local technical amendments to the Florida Building Code, but does not include review for fire code, land use, environmental, FEMA requirements or other codes.



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## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

**The following items are required:**

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavits are signed and notarized and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
4. Section 553.791(18) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. **If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.** The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a Certificate of Insurance evidencing that the coverage's required under this subsection are in force."
5. In accordance with section 553.791(9), the private provider shall notify the building official of inspection requests by contacting the building dept. via email at DSStaff@bellevuefl.org prior to performing any inspections by the Private Provider on the permitted building structure(s). Please provide the approximate date and time the inspection will be performed.

\_\_\_\_\_  
Initials



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## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

*Forms approved by the Building Official are provided as part of this package and must be used for each event. No substitute forms will be accepted.*

(Check Section Below)

**For an individual acting in his/her own right:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Signature \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of    physical presence or    online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

**For a corporation:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Signature \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of    physical presence or    online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public



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## NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

**For a partnership:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Signature \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of    physical presence or    online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public



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## **DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT**

**Permit Number:** \_\_\_\_\_

This affidavit is required pursuant to the City of Bellevue's Alternative Plan Review and Inspection Registration Program. F.S. 553.791

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

### **DULY AUTHORIZED REPRESENTATIVES:**

(List individually; use a separate form for each Authorized Representative)

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

**License Number – Standard Plans Examiner** \_\_\_\_\_ **Standard Inspector** \_\_\_\_\_

**Trade Categories** \_\_\_\_\_

**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

**Signature of Private Provider** \_\_\_\_\_ **License #** \_\_\_\_\_

**PRIVATE PROVIDER FIRM** \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Notary Public**



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## PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT

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

**Parcel ID:** \_\_\_\_\_

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

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby certify that the following is true and correct to the best of my knowledge and belief:

- 1) The plans were reviewed by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes and holds the appropriate license or certificate.
- 2) The plans comply with the most current version of the Florida Building Code, National Electric Code, and all local codes and amendments.

**Name of Affiant:** \_\_\_\_\_

**Plan Sheets Reviewed:** \_\_\_\_\_

**Applicable Florida License/Registration/Certification #(s) and description:**  
\_\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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\_\_\_\_\_ who is personally known to me or has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public



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## PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

Permit Number: \_\_\_\_\_

(Please check all that apply)

### **Building Inspections**

1.  101-Foundation
2.  102-Slab
3.  103-Tie Beam
4.  104-Columns/Pilings
5.  105-Rough Framing
6.  107-Insulation
7.  110-Firewall/Tenant Separation
8.  111-Floor
9.  113-RV tie down
10.  114-Sheathing (Wall)
11.  115-Sheathing (Roof)
12.  117-Mobile Home Move
13.  125-Opening Protection/Shutters
14.  130-Engineering/Strap/Tie down
15.  199-Final Building

For: Accessory

- Awning
- Demolition
- Dock/Shoreline
- Fence
- Mobile Home Move
- RV (set-tie down)
- Shutter
- Shed (set-tie down)
- Sign

16.  204-Final Plumbing
17.  305-Final Electrical
18.  402-Final Mechanical
19.  501-Roof Dry-In
20.  502-Roof In Process
21.  503-Roof Final



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## **PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS**

(Please check all that apply)

### **Electrical Inspections**

1.  301-Temporary Pole or Underground (TUG)
2.  302-Electrical Underground
3.  303-Service Change
4.  304-Rough Electrical
5.  305-Final Electrical
6.  306-Temp/Perm Power (Commercial)
7.  308-House Meter Only (Commercial)
8.  310-Temp Overhead

### **Sign Inspections**

1.  101-Foundation
2.  302-Electrical Underground
3.  304-Rough Electrical
4.  305-Final Electrical

### **Dock and Shoreline Inspections**

1.  601-Tie Back/Deadman
2.  602-Seawall Cap
3.  603-Rip Rap
4.  604-Piles



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## **PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS**

(Please check all that apply)

### **Mechanical/Plumbing Inspections**

1.  201-Rough Plumbing (DWV)
2.  202-Underground Plumbing
3.  203-Sewer
4.  204-Final Plumbing
5.  205-Tub Set/Shower Pan
6.  206-Water Supply
7.  207-Rough Gas
8.  208-Gas Line
9.  209-Gas Tank
10.  210-Final Gas
11.  401-Rough A/C
12.  402-Final A/C



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## PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

(Please check all that apply)

### **Pool/Spa Inspections**

1.  101-Foundation
2.  104-Piles/Pile Cap
3.  108-Pool Steel
4.  109-Pool Deck
5.  118-Pool Safety (incl. Final Electrical before filling)
6.  120-Pressure Affidavit
7.  123-Main Drain (plumbing at shell)
8.  124-1<sup>st</sup> Bonding (shell)
9.  125-2<sup>nd</sup> Bonding (deck)
10.  127-Light Potting



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## PRIVATE PROVIDER INSPECTION REPORT

Permit Number: \_\_\_\_\_

*(Must be filled out completely, incomplete reports will not be accepted by the City)*

At the completion of each inspection the private provider shall:

Post each completed inspection record with the permit card on site, indicating pass or fail. The private provider shall also provide the record on this form to the local Building Official within two (2) business days. The original certified inspection report must be hand delivered, mailed, or electronically delivered via email; faxes are not acceptable. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Permit # \_\_\_\_\_ Date \_\_\_\_\_

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

Inspection Report #: \_\_\_\_\_ Inspection Date \_\_\_\_\_

Owner Name \_\_\_\_\_

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

Contractor \_\_\_\_\_

Inspection Code \_\_\_\_\_ Inspection Type \_\_\_\_\_

**Inspection Result:**

1. Passed

2. Partial Pass

3. Fail

4. Cancelled

Comments: \_\_\_\_\_

*To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.*

By: \_\_\_\_\_ License # \_\_\_\_\_  
(Print Name)

Certified \_\_\_\_\_ (Signature)



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## PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

**Permit Number:** \_\_\_\_\_

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

Attention: Building Official  
City of Bellevue Building Department

Permit #:

**Job Address:** \_\_\_\_\_

In accordance with Section 553.791(13) Florida Statutes, pertaining to private provider inspection services, I herewith provide the City of Belleview with final disposition on the building components inspected under my authority.

I certify by my signature below that, to the best of my knowledge and belief, the building components and site improvements outlined herein were completed in conformance with the approved plans and the applicable codes: *(Circle all that apply)*

Building	YES	NO	N/A
Mechanical	YES	NO	N/A
Electrical	YES	NO	N/A
Plumbing	YES	NO	N/A
Gas	YES	NO	N/A

Private Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_

Private Provider Signature:

## STATE OF

## COUNTY OF

The foregoing instrument was acknowledged before me by means of \_\_\_\_ physical presence or  
\_\_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known to me or has produced  
as identification.

## Notary Public