# Alternate Plans Review and Inspection Policy

**Policy Title:** Alternate Plans Review and Inspection Policy

**Policy Number:** 323GM

**Date Adopted:** January 3, 2003

**Date of Last Revision:** May 15, 2008

**Authority:** Florida Statute (FS), Section 553.791

**Scope and Applicability:** This policy shall be used in administering the requirements of FS 553.791 as it pertains to the application for building permits when a fee owner of a building chooses to use a private provider to perform plans review and/or inspection services.

**Policy Statement:** The Building Inspection Division (BID) shall allow the alternate plans review and/or inspection, pursuant to FS 553.791 and this policy.

**Procedures:**

**Application:** The application for building permit may be accepted once the appropriate fees have been paid and all of the following documentation, approvals and/or permits, have been provided:

- Completed Building Permit application form.
- Land Use Compliance Certificate.
- Environmental Permit, or the required simultaneous review form must be submitted.
- Two (2) sets of properly signed and sealed construction documents.
- One (1) properly signed and/or sealed State energy form and HVAC load calculation.
- One (1) properly signed and sealed soils report if required.
- Owner’s Affidavit properly signed and notarized.

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**Division:** Building Inspection Division

**Department / Division Head Signature:** Ronnie L. Spooner, Building Official
### POLICY TITLE:
Alternate Plans Review and Inspection Policy

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- Notice of Intent to use a private provider on the form adopted by the Florida Building Commission (FBC), with all required attachments dealing with the private provider qualifications and insurance.
- Affidavit from the private provider who has performed the plans review to determine compliance with the applicable codes on the form adopted by the FBC.
- A form provided by the BID and signed by the owner indicating the approvals required prior to issuance of the building permit and stating that the owner understands that the review time allowed under FS 553.791 does not begin until all required approvals are obtained.

#### 323.04.02

**Review Time:** The thirty (30) day review period allowed under FS 553.791 shall not begin until the following approvals and/or permits, if required, are obtained in addition to those items required for the building permit application:

- Zoning Approval
- Fire Department Approval
- Environmental Permit
- Health Department Approval
- Electrical Utilities Approval.
- Water Department Cross Connection Approval
- Solid Waste Department Approval

#### 323.04.03

**Preliminary Review Meeting:**
Any applicant must schedule a meeting with the Building Official upon submitting an application for a permit for which a private provider is to be used. The meeting requirement may be waived at the discretion of the Building Official if the applicant has had previous experience with the process. The purpose of the meeting is to familiarize the applicant with the plans review and inspection process of the division, and to insure that the applicant understands the plans review and inspection requirements of FS 553.791. The meeting may be held prior to the submittal of the application.
### Plans Review:
The plans review process for the division shall be the same for those plans using a private provider as any other plans review. Any plan that cannot be reviewed within the time constraints of FS 553.791 will continue to be reviewed, and any deficiencies found will be required to be corrected. The issuance of the permit shall not deter the plan review process.

### Inspections:
- **Notification:** The BID shall be notified whenever any inspection is to be performed by the private provider. Notification shall include the type of inspection to be done, the date the inspection will be done, and the approximate time the inspection will be done. The notification shall be done using the Interactive Voice Response System, Velocity Hall, or direct contact with BID personnel.

- **Inspection Records:** Upon completing the required inspections at each applicable phase of construction, the private provider shall record such inspections on a form acceptable to the Building Official. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by a local enforcement agency is required. The private provider, before leaving the project site, shall post each completed inspection record, indicating pass or fail, at the site. Records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local Building Official. The private provider shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.
GROWTH MANAGEMENT DEPARTMENT POLICY

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- **BID Inspector Audit:** The BID inspector shall make every effort to inspect all work inspected by the private provider. The BID inspector shall record every inspection made by the private provider into the PERMITS system indicating the private provider making the inspection and the results of the inspection. All inspection results of the private provider shall be maintained in the permit file and database.

- **Electrical Releases:** The BID Electrical Inspector shall release the electrical power to the building upon review of the private provider's inspection and finding the inspection to be in order.

- **Gas Meter Set:** The BID Mechanical Inspector shall be present for the gas meter set inspection to unlock the gas meter and turn on the gas. The gas will not be turned on if the BID Mechanical Inspector is not satisfied that the appliances being connected are in compliance.

323.04.06 **Certificate of Occupancy/Completion:**
The contractor shall, upon completion of the permitted work, submit a request for the Certificate of Occupancy (CO) or Certificate of Completion (CC). The request shall include a record of the inspections made and the certificate of compliance required by FS 553.791(11), on the form approved by the Building Official. The CO or CC shall be issued within 2 business days of receipt of the request and approval of all other approvals required by law. Any deficiencies shall be transmitted to the contractor within 2 business days of the request.

323.05 **ADMINISTRATION:** This policy shall be administered by the Building Inspection Division of the Growth Management Department.
# Alternate Plans Review and Inspection Policy

**DEPARTMENT:** Growth Management Department

**EFFECTIVE DATE:** January 3, 2003

**ATTACHMENTS:**
- Building Inspection Division – Private Provider Checklist and Acknowledgement.
- Building Inspection Division – Private Provider Inspection Record form.
- Building Inspection Division – Private Provider Certificate of Compliance.
- Building Inspection Division – Authorization from Owner Authorizing Contractor to Use Private Provider.
PRIVATE PROVIDER
CHECKLIST and ACKNOWLEDGEMENT

Project Name: ________________________________
Project Address: _______________________________ Parcel ID: ________________

☐ Notice to Building Official of use of private provider on form approved by the Florida Building Commission, properly signed and notarized.

☐ Private provider plan compliance affidavit on form approved by the Florida Building Commission. One form required for each reviewer involved in the plans review.

☐ The preliminary review meeting required by GM Policy 323.04.03 has been scheduled or the Building Official has waived the meeting requirement.

☐ All other submittals required for the building permit submittal have been provided.

I, ________________________________, owner of the subject project understand that the building permit application is being accepted for review although all of the required approvals and permits have not been obtained. I further understand that the 30 day plan review period allowed by FS 553.791(6)(a) will not begin until all the required approvals and/or permits have been obtained and submitted. The following list indicates the approvals that have or have not been obtained:

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<th>Approval</th>
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_________________________________________  ____________________________
Print Name                                                      Date

_________________________________________
Signature

STATE OF ________________________________ COUNTY OF ________________________________

The foregoing instrument was acknowledged before me by ________________________________

Who is personally known to me or who has produced ________________________________
as identification and who did not take an oath.

WITNESS my hand and official seal this ________ day of ____________________________ A.D., ________

_________________________________________  ____________________________
Signature of Notary                                                      Print Name of Notary

_________________________________________
Notary Public Seal State of Florida at Large
PRIVATE PROVIDER
CERTIFICATE OF COMPLIANCE

Private Provider: _____________________________________________________________

Job Address: ___________________________________________________________________

Permit #s: Building: __________ Electrical: ___________ Mechanical: ___________
Gas: ___________ Plumbing: ___________ Roofing: ___________

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 the applicable codes. I have attached a summary of all inspections
performed by me or my authorized representatives.

__________________________________________  ________________________________
Print Name          Florida License/Registration No.

__________________________________________  ________________________________
Signature          Date

STATE OF ________________________    COUNTY OF ________________________

The foregoing instrument was acknowledged before me by ________________________

Who is personally known to me or who has produced ________________________
as identification and who did not take an oath.

WITNESS my hand and official seal this _______ day of ________________ A.D., _______

__________________________________________  ________________________________
Signature of Notary          Print Name of Notary

__________________________________________  ________________________________
Notary Public Seal           State of Florida at Large
**PRIVATE PROVIDER INSPECTION RECORD**

Inspection Requests (850) 891-1800

T D D 711

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<tr>
<th>Date</th>
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Form # 9B-3.053-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 20, 2003

Project Name: ________________________________________________________________

Parcel Tax ID: ________________________________________________________________

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.

Page 1 of 2
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.

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<th>Individual</th>
<th>Corporation</th>
<th>Partnership</th>
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Please use appropriate notary block.

STATE OF ________________
COUNTY OF ________________

Individual
Before me, this ____________ day of ________________ , 20___, personally appeared ______________________, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation
Before me, this ____________ day of ________________ , 20___, personally appeared ______________________, a ________________, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership
Before me, this ____________ day of ________________ , 20___, personally appeared ______________________, a partner/agent on behalf of ________________, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known ____; or Produced identification _____ Type of identification produced ____________________________

Signature of Notary ____________________________ Print Name ____________________________

Notary Public: NOTARY STAMP BELOW

My commission expires:

Page 2 of 2
Plan Compliance Affidavit
Effective January 20, 2003

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: _______________________________________________________

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:
Notice to Building Official
Authorization for Contractor to Use a Private Provider

553.791(2)

Project Name: _____________________________________________________________

Parcel Tax ID: _____________________________________________________________

I _____________________________________________________________, the fee owner, affirm I have entered into a contract with the Contractor indicated below to provide the construction services for the project indicated above.

Contractor Name: _________________________________________________________

Address: __________________________________________________________________

Telephone: Fax: __________________________________________________________________

Email Address: __________________________________________________________________

Florida Contractor License #: _________________________________________________

I have authorized the contractor listed above 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. 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. 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.
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Please use appropriate notary block.

STATE OF ______________________
COUNTY OF ______________________

**Individual**

Before me, this ____________ day of ______________________, 20___, personally appeared ______________________, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

Before me, this ____________ day of ______________________, 20___, personally appeared ______________________, a corporation, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

**Partnership**

Before me, this ____________ day of ______________________, 20___, personally appeared ________________, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known ____; or Produced identification _____ Type of identification produced ______________________

Signature of Notary ______________________ Print Name ______________________

Notary Public: NOTARY STAMP BELOW

My commission expires: