CITY OF GULFPORT, FLORIDA

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PRIVATE PROVIDER REGISTRATION CHECKLIST

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 IS USED FOR BOTH SERVICES PURSUANT TO SECTION 553.791(2) FLORIDA STATUTE.

- ☐ Private Provider Registration Form
- ☐ Copy of State License issued by DBPR under FS 471 as a Professional Engineer, FS 481 as an Architect, or FS 468 as a Standard Building Code Administrator or Standard Inspector for inspections on residential additions or alterations (of 1000 square feet or less), FS 553.971(i).
- ☐ Certificate of General Liability Insurance (minimum requirements for your category) showing Certificate Holder as The City of Gulfport, Florida, 2401 53rd Street South, Gulfport, Florida 33707.
- ☐ Workmen's Compensation Insurance showing the City of Gulfport, Florida as the Certificate Holder and or a copy of Workers Comp Exemption filed with the State.
- ☐ Private Provider Resume
- ☐ Duly Authorized Representatives Employment Affidavit, signed and notarized, with their resumes and State Licenses issued by the DBPR for plans examiners and or inspectors that will be performing the plan review or inspections as authorized representatives.
- ☐ Copy of Driver's License for Private Provider and Duly Authorized Employees.

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PRIVATE PROVIDER REGISTRATION

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 IS USED FOR BOTH SERVICES PURSUANT TO SECTION 553.791(2) FLORIDA STATUTE.

License Holder: _____
Last Name First Name MI

Name of Company: _____

Mailing Address: _____
Street City State Zip

Phone numbers:
Business:_____, Cell: _____, Fax:_____

E-mail Address: _____

State License #: _____

Printed Name: _____
License Holder

Signature: _____
License Holder

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Notice to Building Official of Use of Private Provider

Project Name and Address: _____

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 or my contractor 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: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plan 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.

Individual	**Corporation**	**Partnership**
	_____	_____
	Print Corporation Name	Print Partnership Name
	By: _____	By: _____
_____	(Signature)	(Signature)
(Signature)	Print	Print
Print	Its: _____	Its: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Telephone: _____	Telephone: _____	Telephone: _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual	**Corporation**	**Partnership**
Sworn to and subscribed before me by means of ☐ physical presence OR ☐ online notarizations this _____ day of _____, 20____ , by _____ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	Sworn to and subscribed before me by means of ☐ physical presence OR ☐ online notarizations this _____ day of _____, 20____ , by _____ 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.	Sworn to and subscribed before me by means of ☑ physical presence OR ☑ online notarizations this _____ day of _____, 20____ , by _____ a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary Public _____
Print Name _____
My commission expires: _____ (SEAL)
Personally known __ or Produced Identification .
Type of Identification Produced _____

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Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the City of Gulfport 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 _____
STATE OF FLORIDA COUNTY OF PINELLAS
Sworn to and subscribed before me by means of ☐ physical presence OR ☐ online notarizations this __ day of _____, 20__ , by _____.
Signature of Notary Public _____
Print Name _____
My commission expires: _____ (SEAL)
Personally known __ or Produced Identification _
Type of Identification Produced _____

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Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Project Name and 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 affidavit, 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: _____

STATE OF FLORIDA COUNTY OF PINELLAS

Sworn to and subscribed before me by means of ☑ physical presence OR ☑ online notarizations this __ day of _____, 20__ , by _____.

Signature of Notary Public _____

Print Name _____

My commission expires: _____ (SEAL)

Personally known __ or Produced Identification .

Type of Identification Produced _____

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PRIVATE PROVIDER INSPECTION REPORT

(Must be filled out completely, incomplete reports will not be accepted)

At the completion of each inspection the private provider shall:

- Post each completed inspection record on the Permit Placard posted on site, Indicating pass or fail.
- The "private provider" shall also provide the record on this form to the Building Official. The original signed inspection report must be hand delivered, mailed or electronically delivered via email.
- 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 #: _____

Site Address: _____

Inspection Type: _____, Inspection Date: _____

Owner Name: _____

Private Provider: _____

Contractor: _____

Inspection Result: ☐ Passed ☐ Partial Pass ☐ Failed ☐ Canceled

Comments: _____

_____

I hereby certify that the above-referenced inspection has been completed and is in conformance with the approved plans and applicable codes.

By: _____, License #: _____
(Print Name)

Certified: _____
(Signature)

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PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Request for Certificate of Completion / Occupancy

Date: _____

Permit #: _____

Address: _____

In accordance with FS 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide City of Gulfport Building Department with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes (check all that apply):

1. Building: ☐ Yes ☐ No ☐ N/A
2. Mechanical: ☐ Yes ☐ No ☐ N/A
3. Electrical: ☐ Yes ☐ No ☐ N/A
4. Plumbing: ☐ Yes ☐ No ☐ N/A
5. Gas: ☐ Yes ☐ No ☐ N/A

Private Provider Name: _____, License #: _____

Private Provider Signature: _____

STATE OF FLORIDA COUNTY OF PINELLAS

Sworn to and subscribed before me by means of ☐ physical presence OR ☐ online notarizations

this ___ day of _____, 20___ , by _____.

Signature of Notary Public _____

Print Name _____

My commission expires: _____ (SEAL)

Personally known ___ or Produced Identification __

Type of Identification Produced _____