

PRIVATE PROVIDER APPLICATION CHECKLIST

City of Madeira Beach, Building Dept.

300 Municipal Drive, Madeira Beach FL 33708

Ph. 727-391-9951 x246

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 TIE-IN SURVEY CONFIRMING SETBACKS & FINISHED SLAB ELEVATION SHALL BE SUBMITTED TO AND APPROVED BY THE CITY OF MADEIRA BEACH, PLANNING & ZONING 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 Madeira Beach, Building Dept.
300 Municipal Drive, Madeira Beach FL 33708
Ph. 727-391-9951 x285

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 Madeira 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.

NOTICE TO BUILDING OFFICIAL
City of Madeira Beach, Building Dept.
300 Municipal Drive, Madeira Beach FL 33708
Ph. 727-391-9951 x285

For the use of Private Provider *Florida Statutes §553.791(4)*

Property Owner(s) Name: _____ Address: _____

Project Description _____ Parcel number: _____

Services to be provided (select one):

Inspections only **Plans Review and Inspections** ***Pursuant to §553.791(2), F.S.: The City of Madeira Beach does not allow the use of Private Providers for plans review only.*

I, _____, the fee owner (or authorized signatory) of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider Firm: _____ Phone _____

FL Cert. of Authorization or License # _____ Address: _____

Contact person: _____ Email: _____

Private Provider (*Qualifier for the Firm*): _____ Florida License # _____

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.

(2) 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 or structure that is the subject of the enclosed permit application.

(3) I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

(4) The following attachments are on file with the City of Madeira Beach, pursuant to §553.791, Florida Statutes: a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives. b) Proof of insurance for professional and comprehensive liability in the amount 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, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to § 553.791(16), F.S.

Indicate ownership type:

Individual Print Name: _____ Signature: _____

Or **Corporation or** **Partnership** Name of Business Entity: _____

By: _____ (signature) Telephone: _____

Print name & title: _____ Address: _____

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 _____ expiration _____.

Signature of Notary: _____ Print Name: _____
(NOTARY PUBLIC SEAL)

Duly Authorized Representative - Employment Affidavit

City of Madeira Beach, Building Dept.
300 Municipal Drive, Madeira Beach FL 33708
Ph. 727-391-9951 x285

This affidavit is required pursuant to the City of Madeira 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 Madeira Beach, Building Dept.
300 Municipal Drive, Madeira Beach FL 33708
Ph. 727-391-9951 x285

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 Madeira Beach, Building Dept.
300 Municipal Drive, Madeira Beach FL 33708
Ph. 727-391-9951 x285

NOTICE TO PRIVATE PROVIDER

It is the responsibility of the PRIVATE PROVIDER to ensure that a Tie-In Survey & Construction Elevation Certificate is provided to this department in a timely manner. **PRIOR TO FOUNDATION/SLAB POUR, A TIE-IN 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, a final Elevation Certificate or Flood Proofing Certificate, Non-Conversion Agreement & 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 Madeira Beach - Building, Planning & Zoning Departments 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 Madira Beach Planning & Development

300 Municipal Drive, Madeira Beach FL 33708

Ph. 727-391-9951 ext285

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 Madeira 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 3:30pm FOR CITY AUDIT INSPECTIONS****

MADEIRA BEACH BUILDING DEPARTMENT
24 - Hour Hotline
(727) 391-9951 ext. 285

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