



TOWN OF SURFSIDE
Building Department
9293 HARDING AVENUE
SURFSIDE, FL 33154
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www.townofsurfsidefl.gov

PRIVATE PROVIDER PROGRAM

Rev. 11-2021

General Information

The use of Private Providers is authorized by Florida Statute 553.791, *Alternative Plans Review and Inspection*. The Town of Surfside requires that the forms in this packet be used for Alternative Plans Review and Inspections for all Private Providers.

An Owner may elect to use a Private Provider at any time. However, the Private Provider is recognized only after the Town Of Surfside reviews and accepts the "Notice to Building Official". Private Provider services may include inspections only, or plans review and inspections. The Town of Surfside will not allow Private Provider plans review only. The Private Provider's role may be modified at any time by submitting a revised "Notice", subject to the restrictions set forth below.

Private Provider plans review. Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical and Plumbing. All other disciplines (Zoning, Fire, Public Works, etc.) will be reviewed by the Town.

Changing the Private Provider during Plans Review. If the Private Provider is terminated, or otherwise fails to complete the plan reviews and issue the appropriate affidavits, the Owner may hire another Private Provider to finish the reviews and assume all responsibility. Alternatively, the Town may take over the plan reviews, but will conduct a complete re-review subject to payment of full permit fees.

Changing the Private Provider during Inspections. If the Private Provider is terminated, or otherwise fails to complete the inspections and issue the final compliance documents, the Owner must secure another Private Provider to take over the inspection duties until the completion of the project. ***The Town of Surfside will not take over inspection duties.***

Private Providers must be registered with the Town Of Surfside. See below for more information.

Fee adjustments for building permits. A reduction in permit fees may apply, as follows: For plans review and inspections, the building department fees will be reduced by up to twenty percent (20.00%) Private Provider. For Private Provider inspections only, the fees will be reduced by up to ten percent (10.00%). For questions on the Town of Surfside's Private Provider program, or about the registration process, contact Building Official Manuel A. Salazar, at msalazar@townofsurfsidefl.gov.

PRIVATE PROVIDER DOCUMENTS

Guide to Using the Official Forms

Rev. 11-2021



To be submitted for Registration with the Town of Surfside:

Form R.1--- Private Provider Registration

553.791(15)(b)

The following supplemental information is also required:

1. Business:

- Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
- DBPR Certificate of Authorization for the firm.
- Occupational (Business) license for the firm's principal place of business.

2. Insurance:

- Certificate of professional liability insurance as required by FS 553.791(16). The certificate must include the Town of Surfside as the certificate holder, and must be sent to the Town directly by the insurance company.

3. Personnel:

- Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
- Copy of driver licenses for all personnel listed above.

Form R.2--- Employment affidavit for all Duly Authorized Representatives

553.791(8)

The following supplemental information is also required:

1. Licenses for all personnel regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors).



To be submitted at the time of Private Provider election:

Form A.1--- Notice to Building Official

553.791(4)

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

Form A.2--- Personnel Identification & Job Site Directory

553.791(4)

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project. NOTE: A second copy is to be posted at the job site during construction.



Private Provider plans review:

Form B.1--- Plan Compliance Affidavit

553.791(6)

This is required if the plans are reviewed by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

Form B.2--- Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

Form B.log--- List of Approved Drawings

This form records all of the individual approved drawings, including the latest dates.



Private Provider inspections:

Form A.2--- Personnel Identification & Job Site Directory

553.791(4)

Form C.1--- Inspection Report(s) *(Using the Private Provider's letterhead)*

553.791(10)

To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

Form C.2--- Inspection Summary *(Using the Private Provider's letterhead)*

553.791(10)

To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.



Project closeout (Statements of Inspection):

Form D.1--- Certificate of Compliance (CO/CC)

553.791(11)

This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the Town of Surfside and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

Form D.2--- Certificate of Compliance (TCO/TCC)

553.791(11)

This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.

Form R.1

PRIVATE PROVIDER REGISTRATION Identification Page

Florida Statutes §553.791(15)(b) Rev. 11-2021

PRIVATE PROVIDER FIRM

Name of Firm: _____ FL Certificate of Authorization no.: _____

Business Address: _____ Federal Employer ID # (FEIN): _____

Type of business entity: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP ☐ Other

Telephone: _____ Fax: _____ Email: _____

QUALIFIER

Name of Qualifier: _____ Signature: _____

☐ Architect, FL Reg. no: _____ ☐ Professional Engineer, FL License no: _____

For Engineers, state your area(s) of competency: _____

Address _____ Email: _____

Telephone: _____ Alternate Telephone: _____

STATE OF FLORIDA))
COUNTY OF _____))

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
_____, being personally known to me _____ or having produced as
identification _____, and who being fully sworn and cautioned, states that the foregoing is
true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name

My Commission Expires:

(NOTARY SEAL)

Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives F S §553.791(8) Rev. 11-2021

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES: *(Use additional pages as necessary.)*

Print name	FL License no(s)	Discipline	Signature

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

I, _____, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

Florida License No. _____

STATE OF FLORIDA / COUNTY OF _____)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, being personally known to me _____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name

My Commission Expires:

(NOTARY SEAL)

Page ____ of ____

Form A.1

NOTICE TO BUILDING OFFICIAL

For the use of Private Provider

Florida Statutes §553.791(4)

Rev. 11-2021

Project Name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased Permit? ☐ Yes ☐ No

Services to be provided (select one): ☐ **Inspections only** ☐ **Plans Review and Inspections***

**Pursuant to §553.791(2), F.S.: The Town of Surfside does not allow the use of Private Providers for plans review only.*

 [Provide name & title] 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: _____ **FL Cert. of Authorization #** _____

Address: _____ Tel: _____ Fax: _____

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 Town of Surfside, 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.

☐ **Individual**  Print Name: _____ Signature: _____

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

By: _____ (signature) Print name & title: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this ____ day of _____, 20____, personally appeared _____, individually (or on behalf of the stated corporation/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 ID produced: _____

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

Form A.2

Private Provider

PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY

F.S. § 553.791(4)

Rev. 11-2021

Use multiple pages if necessary.

➡ Submit one copy with Form A.1 "Notice to Building Official", and post one copy at job site.

Project Name & Address: _____

Private Provider Company: _____ **Telephone:** _____

Contact name: _____ **Services:** ☐ Plans review ☐ Inspections

Plan Process no: _____ **Permit no:** _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

Name: _____ ☐ Private Provider ☐ Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: ☐ Plans Review ☐ Inspections Discipline(s): _____

LIST OF APPROVED DRAWINGS

Florida Statutes §553.791(6)

Rev. 11-2021

Project Information:

Name/ Address: _____

Plan number: _____

Master permit #: _____

This Submittal:

Scope of Work: _____

Calculations*: __yes __no # of pages _____

NOA's*: __yes __no *Listed after drawing sheets at right.

Private Provider Information:

Company name: _____

Duly Authorized Representative plans reviewer:

(Note: If utilized for the Plan Review, notarize below.)

Name: _____ License # _____

Signature: _____ Date: _____

STATE OF FLORIDA / COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day
of _____, 20____, by _____

Notary: _____ Signature: _____

Personally known____ or Identification type _____

My commission expires: _____ (NOTARY PUBLIC SEAL)

Private Provider:

Name: _____ License # _____

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Seal/Signature/Date

Drawing pages approved (Page __ of __)

Item#	Sheet#	Rev/Delta	Date
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Form B.1

Private Provider

PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Rev. 11-2021

Project Information:

Plan number: _____

Project Name: _____

Address: _____

Folio no.: _____

Notes: _____

Check all that apply:

☐ Master Plan

☐ Stand Alone Plan (Provide separate Notice to B.O.)

☐ Revision

Permit number: _____

☐ Additional plan / Shop Drawing

☐ Phased Permit

☐ Class I

☐ Class II

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Tel: _____ Fax: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by my Duly Authorized Representative* identified below, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider:

Discipline:

Name & FL License No.: _____

Use one Affidavit for each Review Discipline. Individually list all plan sheets reviewed, with dates. The submitted drawings must agree with this exactly. Attach additional pages of Form B.log as needed, signed and sealed.

L

J

Seal/Signature/Date

Duly Authorized Representative: *if utilized for the Plan Review, notarize this form below.

Name & FL License No. of person reviewing the plans: _____

Signature of reviewer: _____ Date: _____

STATE OF FLORIDA) Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
COUNTY OF _____) by _____.

(NOTARY SEAL)

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____

Form B.2

Private Provider (with separate Structural Peer Reviewer)
PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

Rev. 11-2021

Project Information:

⇒ Plan number: _____

Project Name: _____

Address: _____

Folio no.: _____

Notes: _____

Check all that apply:

☐ Master Plan

☐ Stand Alone Plan (Provide separate Notice to B.O.)

☐ Revision

Permit number: _____

☐ Additional plan / Shop Drawing

☐ Phased Permit

☐ Class I

☐ Class II

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Tel: _____ Fax: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed and approved in full accordance with the Town of Surfside Building Department requirements for Structural Peer Review by a separate Reviewing Engineer:

Name: _____ P.E. No: _____ Firm: _____

I HAVE VERIFIED that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the Town Of Surfside to perform a Structural Peer Review of this specific project.

I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the Town of Surfside Building Department requirements for Structural Peer Review.

I FURTHER CERTIFY that to the best of my knowledge and belief, I (or my Duly Authorized Representative*) have reviewed the plans submitted herewith for conformance with Rule 61G15-23.001 of the Florida Administrative Code, which sets forth the minimum standards for sealing engineering documents and the information to be included therein.

Private Provider:

Name & FL License No.: _____

Seal/Signature/Date

Duly Authorized Representative: *if utilized for the Plan Review, notarize this form below.

Name & FL License No. of person reviewing the plans: _____

Signature of reviewer: _____ Date: _____

⇒ Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this log exactly. Attach as many pages of Form B.log as needed, signed and sealed.

STATE OF FLORIDA)) Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
COUNTY OF _____)) by _____.

(NOTARY SEAL)

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____

Private Provider's Company Letterhead

Form C.1 F.S. §553.791(10)

INSPECTION REPORT (Sample)

Rev. 11-2021

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. The report must be kept at the jobsite at all times, available for review by the Building Official or his/her representatives.

Master Permit no. _____ Inspection date: _____ Report no. _____

Project name: _____ Job Address: _____

Contractor: _____ Contractor's representative: _____

Contractor's representative: _____ Received this report? ___no ___yes (initial) _____

Was the permitting agency notified of this inspection? ___no ___yes

Trade: ___ Structural
 ___ Building
 ___ Roofing
 ___ Electrical
 ___ Elect Low Volt
 ___ Mechanical
 ___ Plumbing

Type (category) of inspection: _____

Sub-permit no. (if applicable) _____

Area(s) inspected: _____

Results of this inspection: ___ Approved
 ___ Approved partially
 ___ Rejected
 ___ Field check only
 ___ Category finalized?

Remarks: _____

Actions required: ___ Call for re-inspection
 ___ Plan revision
 ___ RFI from design professional

Inspector: _____ License no. _____ Signature: _____

Private Provider's Company Letterhead

Form C.2

INSPECTION SUMMARY

(Sample)

Rev. 11-2021

F.S. §553.791(10)

Use this document to finalize each inspection trade, i.e.: Building, Electrical, Plumbing, etc.

(Date)

Mr. Manuel A. Salazar
Building Official
Town of Surfside
Building Department
9293 Harding Ave Surfside, Florida 33154

RE:

Project address: _____

Permit number: _____

Inspection trade: _____

Dear Building Official,

I, _____, hereby certify that all required inspections under the inspection trade captioned above have been completed and approved, as evidenced by the accompanying final reports of each inspection category within that trade.

This document has been prepared in accordance with F.S. 553.791(10) and is being submitted to the Town of Surfside Building Department for the purpose of closing out the permit captioned above.

Respectfully submitted,

(Private Provider Name)
(Florida License No.)

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Seal/Signature/Date

Private Provider's Company Letterhead

Form D.1

CERTIFICATE OF COMPLIANCE

Rev. 11-2021

F.S. § 553.791(11)

Request for CO/CC

(Sample)

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Manuel A. Salazar
Building Official
Town of Surfside
Building Department
9293 Harding Ave, Surfside,
Florida 33154

CERTIFICATE OF COMPLIANCE (CO/CC)

RE:

Project Name: _____

Address: _____

Permit number: _____

Dear Building Official,

I, _____, having reviewed and approved inspection reports numbers 1 to ____ (Structural); numbers 1 to ____ (Building); numbers 1 to ____ (Roofing); numbers 1 to ____ (Electrical); numbers 1 to ____ (Mechanical); and numbers 1 to ____ (Plumbing), 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 Town of Surfside 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,

(Private Provider Name)

(Florida License No.)

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Seal/Signature/Date

Private Provider's Company Letterhead

Form D.2

F.S. § 553.791(11)

CERTIFICATE OF COMPLIANCE

Request for TCO/TCC

(Sample)

Rev. 11-2021

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Manuel A. Salazar
Building Official
Town of Surfside
Building Department 9293
Harding Ave, Surfside,
Florida 33154

CERTIFICATE OF COMPLIANCE (TCO/CC)

RE:

Project Name: _____

Address: _____

Permit number: _____

Dear Building Official,

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, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

[EXPLAIN IN DETAIL] *[Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project.]*

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of **[Occupancy or Completion]**.

Respectfully submitted,

(Private Provider Name)
(Florida License No.)

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Seal/Signature/Date