



**Town of Redington Beach**  
 18001 Gulf Boulevard  
 Redington Shores, FL 33708  
 727.202.6825 Phone  
 727.258.4986 Fax  
[www.fmsbuildingdepartment.com](http://www.fmsbuildingdepartment.com)

## 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, 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: \_\_\_\_\_

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, plan 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, update this notice to reflect such changes. The building plan review and/or inspection services provided by the private provider is 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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**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.
3. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
4. Proof of Insurance required by Section 553.791(16) of the Florida Statutes.
5. The Private Provider shall schedule inspections one day prior to the inspection being performed. Inspection request can be by e-mail to [redington@safebuilt.com](mailto:redington@safebuilt.com). Please provide the approximate time inspections will be performed.

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

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

**Acknowledgment as an Individual**

**Acknowledgment for a Corporation**

an officer of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the corporation.

**Acknowledgement for a Partnership**

a partner (or agent) on behalf of \_\_\_\_\_, a partnership.

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





