



## INFORMATION SHEET FOR USE OF PRIVATE PROVIDER NOTICE TO BUILDING OFFICIAL COVER PAGE

(REVISED: 3/30/2026)

\* Indicates a required field

PROJECT INFORMATION	
* Permit Number:	_____
* Project Address:	_____
* Property Owner:	_____
Owner's Phone #:	_____
Owner E-Mail:	_____

PRIVATE PROVIDER SERVICES TO BE PROVIDED		
<b>Plans Review</b> <input type="checkbox"/>	<b>Inspections</b> <i>Mark all that apply</i>	
<b>Note: Private Provider to perform all inspections in each category selected.</b>	<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Roofing	

CONTRACTOR INFORMATION	
* Company name:	_____
* Qualifier: _____	* License #: _____
* Phone #: _____	* Email: _____
* Primary Contact: _____	
* Phone #: _____	* Email: _____
Secondary Contact: _____	
Phone #: _____	Email: _____



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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

**Individual**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Corporation**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date