



## **Building Department**

2650 N Dixie Freeway  
New Smyrna Beach, FL 32168  
Phone: (386) 410-2800  
Fax: (386) 410-2805  
[www.cityofnsb.com](http://www.cityofnsb.com)

## **Notice for use of a Private Provider in the City of New Smyrna Beach**

**Section 1**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**Section 2**

**I will be providing the plan review or inspections for the above project.**

Plan Review  Inspections  Both

Private Provider Firm: \_\_\_\_\_

Private Provider Name: \_\_\_\_\_

Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Florida License, Registration or Certificate Number: \_\_\_\_\_

**Section 3**

I have elected to use one or more private providers to provide building code plan review and inspection services on the building that is the subject of the enclosed permit and plan review application, as authorized by s.553.791, Florida Statutes. Plan review and required building inspections will be performed by licensed or certified personnel identified in this application. I understand that the local building official will also review the plans submitted and will perform the required building inspections to determine compliance with the applicable codes. 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 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 and plan review applications.

I understand that the Building Official retains the 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 I business day after any change, update this notice to reflect such changes. The building plans review and 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 individual Name By: _____ (signature)	Print Corporation Name By: _____ (signature)	Print Partnership Name By: _____ (signature)
Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____
Telephone No: _____	Telephone No: _____	Telephone No: _____

Please use appropriate notary block

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**Individual**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a  
Corporation, on behalf of the state executed the foregoing instrument, and acknowledged behalf of, before me that same was executed for the purposes therein expressed.

**Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared Partner/agent on \_\_\_\_\_ a 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 identification produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: \_\_\_\_\_