



Notice to Building Official

Form A.1

For the use of Private Provider

Project Number: _____ Date: _____

Property Owner's Name: _____

Address: _____

RE#: _____

Contractor: _____

Services to be provided (select one): Inspections only Plans Review Only Both

Note: If the notice applies to either private plan review and/or private inspection services the Building Official may require, at this discretion, the Private Provider to be used for both services.

I, _____, the fee owner 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: _____ **Keys Inspection Services, LLC.**

Private Provider (Qualifier for the Firm): _____ **Ron Rogers, PE**

Florida License or Registration Number: _____ **PE72067**

Address: _____ **5800 Overseas Hwy STE 32, Marathon, FL 33050**

Phone: _____ **305-440-2663** Alt Phone: _____ Email: _____ **info@keysinspectionsservices.com**

Private Provider/Inspector Name (Please Print)

Private Provider Signature

Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or Produced ID: _____

Signature of Notary Public – State of _____

My Commission Expires:

I, the fee owner, 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.
- 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 or structure that is the subject of the enclosed permit application.
- 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.
- For new construction or elevated additions, upon approval of the inspection which establishes the lowest floor elevation in AE flood zones or the bottom of the lowest horizontal structural member in VE zones, I understand I must notify the Building Department liaison/staff member and submit within 21 days of this passed inspection a Preliminary Certificate of Elevation. I understand no further inspections will be allowed to be scheduled after 21 days unless a Preliminary Certificate of Elevation has been received and approved by the Floodplain Management Department.
- 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.

Owner's Name (Please Print)

Ownership Type:
Individual, LLC, or Corp.

Owner's Signature

Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or Produced ID: _____

Signature of Notary Public – State of _____

My Commission Expires:

City of Marathon Building Department

9805 Overseas Highway, Marathon, FL 33050

Phone (305) 743-0033 | www.ci.marathon.fl.us/government/building/