



## 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):                      William Campbell

Florida License or Registration Number:                      PE79269

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/](http://www.ci.marathon.fl.us/government/building/)