

## Monroe County Building Department

Middle Keys Office: 2798 Overseas Highway, Marathon, FL, 33050, (305) 289-2501 ❖ Lower Keys Office: 5503 College Road, Key West, FL 33040, (305) 295-3990  
 Upper Keys Office: 102050 Overseas Highway, Key Largo, FL, 33037, (305) 453-8800 ❖ Ocean Reef Office: 11601 CR 905, Key Largo, FL 33037, (305) 453-8765  
 Website: <http://fl-monroecounty.civicplus.com/149/Building-and-Permitting>

### Notice to the Building Official of Use of Private Provider (Required Two-Page Form)

NOTE: FS 553.791(4) "A fee owner or the fee owner's contractor using a private provider to provide building code inspection services shall notify the local building official at the time of permit application, or no less than 2 business days prior to the first scheduled inspection...".

<b>Permit #</b>	<b>Date:</b>
<b>Site Address:</b>	<b>Site RE #:</b>
<b>Owner Name :</b>	<b>Contractor:</b>
<b>Private Provider Firm:</b> Keys Inspections Services, INC.	<b>Private Provider Name:</b> Ronald Rogers
<b>Address:</b> 5800 Overseas Hwy, STE 32 Marathon, FL 33050	<b>Florida License, Registration or Certificate #:</b> PE72067
<b>Telephone:</b> 305-440-2663	<b>Email Address:</b> info@keysinspectionservices.com

**Services to be provided:**     **Plans Review Only**     **Inspections Only**     **Both**  
*Note: If the notice applies to either private plan review and/or private inspection services the Building Official may require, at his or her discretion, the private provider to be used for both services pursuant to Section 553.791(2)(a) Florida Statute.*

I \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

I am applying for a Monroe County building permit under the "Private Provider" section FS 553.791. I understand that my complete application package will be submitted at the building department. At that time, my application will receive a tracking number so that plan review can be performed by Planning, Environmental Resources, Floodplain Management, Fire Marshal and County Engineer as applicable. Upon approval of the LDR Compliance Review, this application will be submitted to the Building Department for review. At this time, I further understand that under the Florida Building Code the Building Department has thirty (30) days to complete their review and issue the requested permit pursuant to FS 553.791..

**Private Provider Acknowledgement – Signature below acknowledges the Private Provider services to be provided as checked above on the permit noted above.**

\_\_\_\_\_  
 Private Provider Signature

\_\_\_\_\_  
 Date

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### Notice To The Building Official Of Use Of Private Provider Affidavit

I, the fee owner, have elected to use one or more private providers to provide building code plans 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, 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. 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. 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, engineering, land use, environmental, flood or other codes.
- 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 or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes.

<b>Owner (print):</b>	<b>Private Provider (print):</b>
<b>Signature:</b>	<b>Signature:</b>
<b>STATE OF FLORIDA</b> <b>COUNTY OF _____</b> The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____	<b>License #:</b> <b>STATE OF FLORIDA</b> <b>COUNTY OF _____</b> The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____
<b>NOTARY</b> <b>Name:</b> _____ <b>NOTARY</b> <b>Signature:</b> _____ My Commission Expires on: (SEAL)	<b>NOTARY</b> <b>Name:</b> _____ <b>NOTARY</b> <b>Signature:</b> _____ My Commission Expires on: (SEAL)