

**NOTICE TO HOMEOWNER – USE OF PRIVATE PROVIDER**  
**(In accordance with Florida Statutes § 553.791)**

Date: \_\_\_\_\_ Municipality Applying to: \_\_\_\_\_

Homeowners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Permit Number (if assigned): \_\_\_\_\_

**Notice**

This notice is to inform you that the permit applicant/contractor has elected to use a Private Provider to perform Plan Review and/or Building Inspections for the project identified above, as authorized by Florida Statutes §553.791.

**Private Provider Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

License Type/Number: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Services being Provided: \_\_\_\_\_ Plan Review \_\_\_\_\_ Inspections

**Important Information**

A Private Provider is a licensed individual or firm authorized to perform building code plan review and/or required inspections in place of the local building department. The Private Provider is responsible for ensuring compliance with the Florida Building Code and all approved plans. The local building official retains the authority to perform limited audits of the Private Provider's work as permitted by law. The jurisdiction will not perform routine inspections covered under the Private Provider agreement. You may request and obtain copies of all inspection reports and the final compliance affidavit upon completion of the project.

**Homeowner Acknowledgment**

By signing below, you acknowledge you have been notified of the use of a Private Provider for this project.

Homeowner Printed Name: \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Applicant / Contractor**

Contractor Name: \_\_\_\_\_ Lic # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_