

This form is used for the following requests:

1. Change from one Private Provider to another\*...and/or
2. Change the level of services of the Private Provider (Inspection only or Plans Review and Inspections\*)
3. Change from Private Provider to City of Orlando plan review and/or inspections (restrictions apply).

**\*NOTE: a revised Notice to Building Official (Form D-1) is required, except for Request #3.**

**PROJECT IDENTIFICATION**

Master permit number: \_\_\_\_\_

Job address: \_\_\_\_\_

**CURRENT STATUS (From)**

Private Provider firm: \_\_\_\_\_ Contact name: \_\_\_\_\_

Services:      Plans review & inspections                      Inspections only                      Phone: \_\_\_\_\_

**PROPOSED CHANGES (To)**

City of Orlando Permitting Services Division (*requires authorization from the Building Official*)

Private Provider firm: \_\_\_\_\_ Contact name: \_\_\_\_\_

Services:      Plans review & inspections                      Inspections only                      Phone: \_\_\_\_\_

**OWNER'S AUTHORIZAION:**      I, (name) \_\_\_\_\_, the fee owner      of the property referenced above, or, alternatively, the authorized signatory of the fee owner      (*provide title* \_\_\_\_\_), who personally executed a previous Notice to Building Official (NTBO) for this project, or who currently has the authority to rescind the said NTBO, am hereby rescinding said NTBO to effect the change(s) described above. I will execute a new NTBO to reflect this new information, as may be required, and will submit same to the Building Department. I understand that the City will not consider any changes until the new NTBO is approved.

**Individual**  Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Corporation**      or      **Partnership**  Name of business entity: \_\_\_\_\_

By: \_\_\_\_\_ (signature)      Print name & title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared \_\_\_\_\_, individually (or on behalf of stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that the same was executed for the purposes therein expressed.

Personally known      or      Produced Identification      Type of ID produced: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Print name: \_\_\_\_\_ (NOTARY SEAL)