

Private Provider

Form D: Notice to Building Official

F.S. §553.791(4)

Services to be provided (select one): Plans Review and Inspections*		Permit number: Project name:				
*Pursuant to F.S. §553.791(4): The Callow the use of Private Providers for	•	Address:_				
Private Provider firm:		Address:				
Contact:	Title:	Phone:	Emai	l:		
Private Provider (Qualifying Agent):		FL Lic. #:	Signature	e:		
Affirmation: I, (name)	as the	(select one): [_Fee owner (ind	ividual) of the p	roperty	
referenced above, or	Authorized signatory of the	fee owner (provide	e title below), or	Fee owne	er's	
contractor, or Fee	owner's tenant (<i>lessee</i>), or	Tenant's contrac	ctor] hereby affi	rm that I have er	ntered	
into a contract with the	Private Provider firm identified	above to conduct	the building cod	le inspection ser	vices	
specified herein, and:						
submitted or perform the required review and/or required building in	lication, as authorized by Section 553.791, Floi building inspections to determine compliant spections will be performed by licensed or co at I understand that I may require more insurar	ce with the applicable code ertified personnel identified	es, except to the extent If in the application. The	specified in said law. In	stead, plans	
am satisfied that my interests are building code enforcement person	wledge that I have made inquiry regarding the adequately protected. I agree to indemnify, on nel from any and all claims arising from my g or structure that is the subject of the enclose	defend, and hold harmless use of these licensed or co	the local government,	the local building officia	l, and their	
pursuant to the standards establish any change update this Notice to re	Official retains authority to review plans, mak ned by Section 553.791, Florida Statutes. If I r eflect such changes. The building plans review do not include review for compliance with fire s	nake any changes to the lis w and/or inspection service	ted Private Providers, I es provided by the Priva	shall, within one busine	ss day after	
(SELECT ONE):	Signed by Individual	Signing for Corp	ooration I	Partnership	Trust	
Print name:		_ Business name:				
Signature:		By (name):				
Address:		_ Title:				
Phone:		Phone:	Signat	:ure:		
STATE OF	COUNTY OF					
Before me, this	day of,20	, personally appea	ared	, individ	lually (or on	
	orporation/partnership), who as executed for the purposes		-	ent, and acknov	vledged	
Personally known	Produced identification	Type of	ID produced:_			
Signature of Notary:	Print n	name:(NOTARY PUBLIC SEAL)				



Private Provider

D-2: Notice to Building Official

OWNER'S AUTHORIZATION TO USE PRIVATE PROVIDER

F.S. §553.791(4)

(NOTARY SEAL)

This is required whenever a property owner grants authority to their tenant or general contractor to use a Private Provider for building code inspection services in lieu of the City of Orlando Permitting Services Division. Specifically, this includes authorization to sign and submit the Notice to Building Official (NTBO). This form must be submitted together with the NTBO. NOTE: If Authorized Signatures cannot be verified through FL Division of Corporations (sunbiz.org), submit corporate documents.

Property address:			_			
Select one of the following:						
1) Fee Owner:	Individual					
2) Fee Owner*:	Corporation	1	Partnership	Other		
*Authorized Signatory:	Title:					
Owner's Authorization: I, (name)	, the Owner (or A	Authorized :	Signatory) as	s described above,		
hereby authorize the following person* to file the Not and use a Private Provider for building code inspection Permit number (if applicable):	on services in connecti	ion with the	e project des	cribed below:		
Description of Work:						
*Authorized Person:						
Address:		Telephone:				
I declare under penalty of perjury that I am the fee of the above information and certify its accuracy.	wner for the address	listed abov	e and I perso	onally filled out		
Fee Owner/Authorized Signatory:	horized Signatory: Signature:					
STATE OF COUNTY OF	=					
Sworn to (or affirmed) and subscribed before me this	day of	, 20	, by	,		
being personally known to meor having produce	ed as identification			, and who being		
fully sworn and cautioned, states that the foregoing is	s true and correct to t		his/her knov nmission Exp	_		
Signature of Notary Public Print	Name					