



PRIVATE PROVIDER PROGRAM

General Information

Rev. 03-05-2018

The use of Private Providers is authorized by Florida Statute 553.791, *Alternative Plans Review and Inspection*. The City of Miami requires that only the forms in this packet be used for any Private Provider documentation submitted to the City, except for inspection reports or similar.

An Owner may elect to use a Private Provider at any time. However, the Private Provider is recognized only after the City Of Miami reviews and accepts the “Notice to Building Official”. Private Provider services may include inspections only, or plans review and inspections. The City of Miami will not allow plans review only. The Private Provider’s role may be modified at any time by submitting a revised “Notice”, subject to the restrictions set forth below.

Private Provider plans review. Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical and Plumbing. All other disciplines (Zoning, Fire, Public Works, etc.) will be reviewed by the City.

Changing the Private Provider during Plans Review. If the Private Provider is terminated, or otherwise fails to complete the plan reviews and issue the appropriate affidavits, the Owner may find another Private Provider to finish the reviews and assume all responsibility. Alternatively, the City may take over the plan reviews, but will conduct a full re-review.

Changing the Private Provider during Inspections. If the Private Provider is terminated, or otherwise fails to complete the inspections and issue the final compliance documents, the Owner must secure another Private Provider to take over the inspection duties until the completion of the project. ***The City of Miami will not take over inspection duties.***

Private Providers must be registered with the City of Miami. See below for more information.

Fee adjustments for building permits. A reduction in permit fees may apply, as follows: For plans review and inspections, the building department fees will be reduced by up to one third (33.33%). For inspections only (or if the City began to review the plans before the Private Provider election was finalized), the fees will be reduced by up to one half of one third (16.67%).

For questions on the City of Miami’s Private Provider program, or about the registration process, contact John R. F. Porfiri, R.A., Quality Control Manager, at jporfiri@miamigov.com.



Form R.0

PRIVATE PROVIDER DOCUMENTS Guide to Using the Official Forms

Rev. 03-05-2018

➡ **To be submitted for Registration with the City of Miami:**

Form R.1--- Private Provider Registration

553.791(15)(b)

The following supplemental information is also required:

1. Business:

- Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
- DBPR Certificate of Authorization for the firm.
- Occupational (Business) license for the firm's principal place of business.

2. Insurance:

- Certificate of professional liability insurance as required by FS 553.791(16). The certificate must include the City of Miami as the certificate holder, and must be sent to the City directly by the insurance company.

3. Personnel:

- Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
- Copy of driver licenses for all personnel listed above.

Form R.2--- Employment affidavit for all Duly Authorized Representatives

553.791(8)

The following supplemental information is also required:

1. Licenses for all personnel regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors).

➡ **To be submitted at the time of Private Provider election:**

Form A.1--- Notice to Building Official

553.791(4)

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

Form A.2--- Personnel Identification & Job Site Directory

553.791(4)

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project. NOTE: A second copy is to be posted at the job site during construction.



⇒ **Private Provider plans review:**

Form B.1--- Plan Compliance Affidavit

553.791(6)

This is required if the plans are reviewed by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

Form B.2--- Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

Form B.log--- List of Approved Drawings

This form records all of the individual approved drawings, including the latest dates.

⇒ **Private Provider inspections:**

Form A.2--- Personnel Identification & Job Site Directory

553.791(4)

Form C.1--- Inspection Report(s) (Using the Private Provider's letterhead)

553.791(10)

To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

Form C.2--- Inspection Summary (Using the Private Provider's letterhead)

553.791(10)

To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.

⇒ **Project closeout (Statements of Inspection):**

Form D.1--- Certificate of Compliance (CO/CC)

553.791(11)

This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the City of Miami and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

Form D.2--- Certificate of Compliance (TCO/TCC)

553.791(11)

This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.



Form R.1

PRIVATE PROVIDER REGISTRATION Identification Page

Florida Statutes §553.791(15)(b) Rev. 03-05-2018

PRIVATE PROVIDER FIRM

Name of Firm: _____ FL Certificate of Authorization no.: _____

Business Address: _____ Federal Employer ID # (FEIN): _____

Type of business entity: Corporation Partnership LLC LLP Other

Telephone: _____ Fax: _____ Email: _____

QUALIFIER

Name of Qualifier: _____ Signature: _____

Architect, FL Reg. no: _____ Professional Engineer, FL License no: _____

For Engineers, state your area(s) of competency: _____

Address _____ Email: _____

Telephone: _____ Alternate Telephone: _____

STATE OF FLORIDA))
COUNTY OF _____))

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, being personally known to me _____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public

Print Name

My Commission Expires:

(NOTARY SEAL)



Form A.1

NOTICE TO BUILDING OFFICIAL For the use of Private Provider

Florida Statutes §553.791(4) Rev. 03-05-2018

Project Name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased Permit? Yes No

Services to be provided (select one): **Inspections only** **Plans Review and Inspections***

**Pursuant to §553.791(2), F.S.: The City of Miami does not allow the use of Private Providers for plans review only.*

[Provide name & title] I, _____, the fee owner (or authorized signatory) 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: _____ **FL Cert. of Authorization #** _____

Address: _____ Tel: _____ Fax: _____

Contact person: _____ Email: _____

Private Provider (Qualifier for the Firm): _____ Florida License # _____

(1) I 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.

(2) 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.

(3) 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. 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.

- (4) The following attachments are on file with the City of Miami, pursuant to §553.791, Florida Statutes:
- a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
 - b) Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to § 553.791(16), F.S.

Individual Print Name: _____ Signature: _____

Corporation or Partnership Name of Business Entity: _____

By: _____ (signature) Print name & title: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this ____ day of _____, 20____, personally appeared

_____, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally known or Produced Identification Type of ID produced: _____

Signature of Notary: _____ Print Name: _____ (NOTARY PUBLIC SEAL)



Form A.2

Private Provider

PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY

F.S. § 553.791(4)
Rev. 03-05-2018

Use multiple pages if necessary.

➡ Submit one copy with Form A.1 "Notice to Building Official", and post one copy at job site.

Project Name & Address: _____

Private Provider Company: _____ **Telephone:** _____

Contact name: _____ **Services:** Plans review Inspections

Plan Process no: _____ **Permit no:** _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

LIST OF APPROVED DRAWINGS



Project Information:

Name/ Address: _____

Plan number: _____

Master permit #: _____

This Submittal:

Scope of Work: _____

Calculations*: __yes __no # of pages _____

NOA's*: __yes __no *Listed after drawing sheets at right.

Private Provider Information:

Company name: _____

Duly Authorized Representative plans reviewer:

(Note: If utilized for the Plan Review, notarize below.)

Name: _____ License # _____

Signature: _____ Date: _____

STATE OF FLORIDA / COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day

of _____, 20____, by _____

Notary: _____ Signature: _____

Personally known____ or Identification type _____

My commission expires: _____ (NOTARY PUBLIC SEAL)

Private Provider:

Name: _____ License # _____

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Seal/Signature/Date

Drawing pages approved (Page __ of __)

Item#	Sheet#	Rev/Delta	Date



Form B.2

**Private Provider (with separate Structural Peer Reviewer)
PLAN COMPLIANCE AFFIDAVIT**

Florida Statutes §553.791(6) Rev. 03-05-2018

Project Information:

⇒ Plan number: _____
 Project Name: _____
 Address: _____
 Folio no.: _____
 Notes: _____

Check all that apply:

- Master Plan
- Stand Alone Plan (Provide separate Notice to B.O.)
- Revision
Permit number: _____
- Additional plan / Shop Drawing
- Phased Permit Class I Class II

Private Provider Information:

Name of Firm: _____ Email: _____
 Address: _____ Tel: _____ Fax: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed and approved in full accordance with the City of Miami Building Department requirements for Structural Peer Review by a separate Reviewing Engineer:

Name: _____ P.E. No: _____ Firm: _____

I HAVE VERIFIED that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the City of Miami to perform a Structural Peer Review of this specific project. []

I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the City of Miami Building Department requirements for Structural Peer Review.

I FURTHER CERTIFY that to the best of my knowledge and belief, I (or my Duly Authorized Representative*) have reviewed the plans submitted herewith for conformance with *Rule 61G15-23.001 of the Florida Administrative Code*, which sets forth the minimum standards for sealing engineering documents and the information to be included therein. L J

Private Provider:

Name & FL License No.: _____

Seal/Signature/Date

Duly Authorized Representative: *if utilized for the Plan Review, notarize this form below.

Name & FL License No. of person reviewing the plans: _____

Signature of reviewer: _____ Date: _____

⇒ Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this log exactly. Attach as many pages of Form B.log as needed, signed and sealed.

STATE OF FLORIDA)) Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,
 COUNTY OF _____)) by _____.

(NOTARY SEAL)

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____

Private Provider's Company Letterhead

Form C.1 F.S. §553.791(10)

INSPECTION REPORT (Sample)

Rev. 03-05-2018

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. The report must be kept at the jobsite at all times, available for review by the Building Official or his/her representatives.

Master Permit no. _____ Inspection date: _____ Report no. _____

Project name: _____ Job Address: _____

Contractor: _____ Contractor's representative: _____

Contractor's representative: _____ Received this report? ___no ___yes (initial) _____

Was the permitting agency notified of this inspection? ___no ___yes

Trade: ___ Structural
 ___ Building
 ___ Roofing
 ___ Electrical
 ___ Elect Low Volt
 ___ Mechanical
 ___ Plumbing

Type (category) of inspection: _____

Sub-permit no. (if applicable) _____

Area(s) inspected: _____

Results of this inspection: ___ Approved
 ___ Approved partially
 ___ Rejected
 ___ Field check only
 ___ Category finalized?

Remarks: _____

Actions required: ___ Call for re-inspection
 ___ Plan revision
 ___ RFI from design professional

Inspector: _____ License no. _____ Signature: _____

Private Provider's Company Letterhead

Form C.2

INSPECTION SUMMARY

Rev. 03-05-2018

F.S. §553.791(10)

(Sample)

Use this document to finalize each inspection trade, i.e.: Building, Electrical, Plumbing, etc.

(Date)

Mr. Maurice Pons
Building Official
City of Miami Building Department
444 SW 2nd Avenue, 4th Floor
Miami, Florida 33130

RE:

Project address: _____

Permit number: _____

Inspection trade: _____

Dear Building Official,

I, _____, hereby certify that all required inspections under the inspection trade captioned above have been completed and approved, as evidenced by the accompanying final reports of each inspection category within that trade.

This document has been prepared in accordance with F.S. 553.791(10) and is being submitted to the City of Miami Building Department for the purpose of closing out the permit captioned above.

Respectfully submitted,

(Private Provider Name)
(Florida License No.)

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Seal/Signature/Date

Private Provider's Company Letterhead

Form D.1

F.S. § 553.791(11)

CERTIFICATE OF COMPLIANCE Request for CO/CC (Sample)

Rev. 03-05-2018

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Maurice Pons
Building Official
City of Miami Building Department
444 SW 2nd Avenue, 4th Floor
Miami, Florida 33130

CERTIFICATE OF COMPLIANCE (CO/CC)

RE:
Project Name: _____
Address: _____
Permit number: _____

Dear Building Official,

I, _____, having reviewed and approved inspection reports numbers 1 to ____ (Structural); numbers 1 to ____ (Building); numbers 1 to ____ (Roofing); numbers 1 to ____ (Electrical); numbers 1 to ____ (Mechanical); and numbers 1 to ____ (Plumbing), as evidenced in the accompanying log of completed inspections, HEREBY CERTIFY that all building components and site improvements for the project captioned above have been inspected under my authority, and,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes; and,

All required plan revisions and/or additional plans have been submitted to the City of Miami and have been approved; and,

The scope of work authorized under the aforementioned permit has been fully completed; therefore, I have no objection to the issuance of a Certificate of [**Occupancy** or **Completion**].

Respectfully submitted,

(Private Provider Name)
(Florida License No.)

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Seal/Signature/Date

Private Provider's Company Letterhead

Form D.2

F.S. § 553.791(11)

CERTIFICATE OF COMPLIANCE

Request for TCO/TCC

(Sample)

Rev. 03-05-2018

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Maurice Pons
Building Official
City of Miami Building Department
444 SW 2nd Avenue, 4th Floor
Miami, Florida 33130

CERTIFICATE OF COMPLIANCE (TCO/CC)

RE:

Project Name: _____

Address: _____

Permit number: _____

Dear Building Official,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

[EXPLAIN IN DETAIL] *[Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project.]*

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of **[Occupancy or Completion]**.

Respectfully submitted,

(Private Provider Name)
(Florida License No.)

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Seal/Signature/Date