



Building Department

401 W. Venice Avenue, Venice, FL 34285
Phone: (941) 486-2626 FAX: (941) 486-2448
www.venicegov.com

For Office Use Only PLANS EXAMINERS INITIALS

20 _____

PRIVATE PROVIDER REGISTRATION FORM

Please submit the following documents. All items must be included to process. Instruct your insurance company to fax certificates of insurance directly to the City of Venice as well as to the qualifier and include the documents with the finished packet. Allow three (3) business days for processing mailed documents.

1. Copy of current State License
2. Occupational License from qualifier's home county
3. Current Driver's License
4. Resume
5. Certificate of Insurance for General Liability and Worker's Compensation or qualifiers exemption card. Certificate must list The City of Venice Building Department as a certificate holder.

Certificate Holder's Name: _____

Name of Business: _____

Certificate Classification: _____

Certificate Number: _____

Federal I. D. #: _____ Date of Birth: _____

Business Address: _____

Business Mailing Address: _____

Home Address: _____

Business Phone: _____ Fax No. _____ Home Phone: _____

Certificate Holder's Signature: _____
(Power of Attorney not Accepted)

STATE OF FLORIDA

County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____

who is personally known to me or has produced _____

as identification and who did/did not take an oath.



Notary Seal

Signature of Notary: _____

Notary's Printed Name: _____

Commission Number: _____



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Notice to Building Official For Use of Private Provider

Project Name: _____ Parcel Tax ID: _____
 Location/Address: _____ Lot: _____ Block: _____
 Services to be Provided: Plans Review _____ Inspections _____

NOTE: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be sued for both services pursuant to Section 553.791 (2) Florida Statute.

I, _____, the fee owner, affirm I have entered
Please Print Full Name
 into a contract with the Private Provider indicated below to conduct the services indicated above.
 Private Provider Firm: _____ Private Provider: _____
 Florida License, Registration or Certificate #: _____
 Address: _____
 Phone: _____ Fax: _____
 Email Address: _____

I have elected to use one or more private providers to provide building code plans review and/or inspections 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. 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. 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 code, land use, environmental or other codes.

Signature of owner: _____

State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____
 by _____ of _____
 a _____ Name and Title of Officer or agent _____ Name of Corporation
 _____ state or place of incorporation corporation, on behalf of the corporation, who is personally known to me
 or has produced _____ as identification and who did/did not take an oath.
 Signature of Notary _____
 Notary's Printed Name _____
 Notary Seal _____



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Notice to Building Official of Use of Private Provider (con't)

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of Insurance: A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or height policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the architect or engineer must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, the private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

PLEASE USE APPROPRIATE BLOCK

INDIVIDUAL

Signature: _____ Print Name _____

Address _____ Telephone No.: _____

State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____

who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Signature of Notary _____

Notary's Printed Name _____

Notary Seal

CORPORATION

Print Corporation Name: _____ by (signature): _____

Address _____ Print Name _____

ITS _____ Telephone No.: _____

State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____ of _____
Name and Title of Officer or agent Name of Corporation

a _____ corporation, on behalf of the corporation, who is personally known to me
state or place of incorporation

or has produced _____ as identification and who did/did not take an oath.

Signature of Notary _____

Notary's Printed Name _____

Notary Seal

PARTNERSHIP

Print Partnership Name: _____ by (signature): _____

Address _____ Print Name _____

ITS _____ Telephone No.: _____

State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____, partner (or agent) on behalf of _____, a partnership, who is
Name of acknowledging partner or agent Name of partnership

personally know to me or has produced _____ as identification and who did/did not take an oath.

Signature of Notary _____

Notary's Printed Name _____

Notary Seal