



THE VILLAGE OF PALM SPRINGS
 PLANNING, ZONING & BUILDING DEPARTMENT
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(F.S. 553.791)
NOTICE TO BUILDING
OFFICIAL FOR THE USE
OF PRIVATE PROVIDER

Permit Number: _____ Project Name: _____ Parcel ID: _____

Project Address: _____

To be completed by the owner:

Services to be provided: Inspections Plan Review and Inspections

I _____, fee simple owner (or authorized agent) of the above referenced property, hereby affirm that I have entered into a contract with the Private Provider Firm identified below to conduct the services indicated above. 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 shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change.

Private Provider Firm: _____ Phone: _____

Address: _____

Private Providers' Name: _____ Florida License # (PE, AR or BU): _____

To be completed by the Private Provider:

I, _____, do hereby affirm that the Duly Authorized Representatives listed below are my employees, and are entitled to receive unemployment compensation benefits under Chapter 443 F.S. 553.791 (8).

Please provide the minimum requirements for insurance: **F.S Section 553.791(16)**

- Comprehensive liability of \$1 million per occurrence and \$2 million in the aggregate for project cost of \$5 million or less
- Comprehensive liability of \$2 million per occurrence and \$4 million in the aggregate for project cost over \$5 million

Duly Authorized Representative(s):

Name: _____ Bldg. Electrical Mechanical Plumbing License # _____

Name: _____ Bldg. Electrical Mechanical Plumbing License # _____

Name: _____ Bldg. Electrical Mechanical Plumbing License # _____

Name: _____ Bldg. Electrical Mechanical Plumbing License # _____

Property Owner:

Private Provider:

 Print Name

 Print Name

 Signature

 Signature

 Notary Public, State of Florida

 Notary Public, State of Florida

State of Florida, County of _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification.

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____ 20____, by _____ who is personally known to me or has produced _____ as identification.

[NOTARIAL SEAL]

[NOTARIAL SEAL]



In addition to the inspections specified in Sections 110.3 through 110.3.9, the building official is authorized to make or require other inspections of any construction work to ascertain compliance with the provisions of this code and other laws that are enforced by the department. The Special Inspector shall maintain progress inspection reports on-site during construction and must submit to the inspection report to the jurisdiction on a weekly basis. **NOTE:** The Building Official shall determine which discretionary inspections are to be delegated.

Permit Number: _____ Project Name: _____

Property Owner's Name: _____

Property Address: _____

Legal Description: Section _____ Block _____ Lot _____ Parcel ID _____

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Stem wall, monolithic slab on grade, footings/grade beams, pilings and pile cap | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lintel, tie beams, columns, masonry units, reinforcing steel and shoring | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Structural steel, connections, welding, bolts and anchor rods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smoke control systems | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Threshold building – F.S. Section 553.79(5) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Bldg. and structures of unusual design or methods of construction (windows/doors, structural and fire resistance integrity) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Building type 1 construction | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Major structural alterations | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Where the concrete design is based on comprehensive strength more than 3,000 pounds per square inch | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Buildings with an area greater than 20,000 square feet | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. For buildings more than 2 stories in height | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Pile driving | <input type="checkbox"/> | <input type="checkbox"/> |

Architect/Engineering Firm Name: _____ Firm Registration #: _____

Email: _____ Ph: _____

Address: _____

Project Qualifier Name: _____ Signature: _____

License #: _____ Registered Architect Engineer

Email: _____ Ph: _____

Duly Authorized Representatives:

Name: _____ License # _____

Name: _____ License # _____

Name: _____ License # _____

Architect or Engineer



Permit Number: _____ Project Name: _____

Property Owner's Name: _____

Property Address: _____

Legal Description: Section _____ Block _____ Lot _____ Parcel ID _____

Definition:

Threshold Inspector: Any building which is greater than three stories or 50 feet in height, or which has an assembly occupancy classification as defined in the Florida Building Code which exceeds 5,000 square feet in area and an occupant content of greater than persons.

F.S. 553.71(5)(a)

A structural inspection plan must be submitted to an approved by the enforcing agency before the issuance of a building permit for the construction of a threshold building. The purpose of the structural inspection plan is to provide specific inspection procedures and schedules so that the building can be adequately inspected for compliance with the permitted documents. The special inspector shall determine that a professional engineer who specializes in shoring has inspected the shoring and re-shoring for conformance with the showing plans submitted to the enforcing agency as required by FBC 110.7.

The following plans must be submitted by the designer of records:

1. Structural inspection plan (must be submitted prior to the issuance of the permit)
2. Shoring and re-shoring plan (must be submitted prior to the first inspection)

Property Owner's Name: _____

Architect/Engineering Firm Name: _____ Firm Registration #: _____

Email: _____ Ph: _____

Address: _____

Project Qualifier Name: _____ Signature: _____

License #: _____ Registered Architect Engineer

Email: _____ Ph: _____

Duly Authorized Representative(s) per FAC 61G15-35-004(2):

Name: _____ License # _____

Name: _____ License # _____

Name: _____ License # _____

Architect or Engineer