Form #61G20-2.005-2002-01
Notice to Building Official of Use of Private Provider

Hover over form fields for instructions.

Instructions for submission: Upload completed form to
Accela Citizen Access (ACA) Portal using this link or email to mcpro@martin.fl.us

Effective January 1, 2025 | 61G20-2.005, F.A.C

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

Project name _____ Parcel tax ID _____ Fee owner name _____

Select one ◯ Fee owner ◯ Fee owner's contractor

Service(s) to be provided (select all that apply)

☐ Plan review ☐ Inspections

Private provider firm _____ Private provider name _____ Phone _____

Florida license, registration, or certificate number _____ Email _____

Private provider address Street _____ City _____ State _____ ZIP Code _____

I, the above-named fee owner (or fee owner's contractor), have entered into a contract with the Private Provider to conduct the services as indicated above.

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure 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 or structure 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, or within 2 business days before the next scheduled inspection, 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 prevention, fire safety, land use, environmental or other codes.

The following attachments are provided, as required.

- Qualification statements and/or resumes of the private provider and all duly authorized representatives
- A certificate of insurance as required by section 553.791(18), Florida Statutes

Individual

Name | Phone | Email

Street | City | State | ZIP Code

Individual signature & date

Corporation

Corporation name | Representative name | Phone | Email

Street | City | State | ZIP Code

Corporate representative signature & date