

City of Hialeah

Building Department

501 Palm Avenue, 2nd FL, Hialeah, FL 33010

(305) 883-5825 Fax: (305) 883-8082

www.hialeahfl.gov



Private Provider Requirements

POLICY

The Building Official may approve private providers to conduct plans review and inspections duties in lieu of the municipal building department personnel as authorized by Florida Statute 553.791

REQUIRED FORMS

- Notice to Building Official of Use of Private Provider
 - This form indicates that the fee owner has elected to participate in the Alternative Plan Review and Inspection Program. This form also includes information regarding the project and services being provided such as plan review, inspections, or both.
 - Along with this form, the private provider shall also submit proof of the requisite professional and liability insurance coverage.
- Duly Authorized Representatives Employment Affidavit
 - This form indicates that the duly authorized representatives are employees of the Private provider as required by Florida Statute 553.791.
 - Along with this form, you are required to submit resumes and copies of all duly authorized representatives' licenses.
- Private Provider plan compliance affidavit (if applicable)
 - The private provider plan compliance affidavit form is used by the private provider to attest to the building official the plans submitted by the private provider were reviewed for and are in compliance with the Florida building code and all local amendments to the Florida building code in effect. Each page of the submitted plans shall bear the Private provider stamp and signature of the applicable plans examiner.

Upon completion of all inspections, the private provider shall prepare a Statement of Inspection (Attached) on the private providers' letterhead for each discipline and summarize the inspections performed.

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.

The following attachments are provide as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

(Please notarize using the appropriate section below)

| | | |
|---|------------------------------|------------------------------|
| INDIVIDUAL | By: _____ (signature) | Print Name: _____ |
| STATE OF FLORIDA, COUNTY OF MIAMI DADE | | |
| Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, | | |
| by _____ | | |
| X _____ | _____ | |
| Notary Signature | Notary Stamp or Seal | |
| Personally Known | or | Produce Identification |
| | | Type of I.D. Produced: _____ |

| | | |
|---|--------------------------------|------------------------------|
| CORPORATION | PRINT CORPORATION NAME: | |
| By: _____ (signature) | Print Name: _____ | |
| STATE OF FLORIDA, COUNTY OF MIAMI DADE | | |
| Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, | | |
| by _____ | | |
| X _____ | _____ | |
| Notary Signature | Notary Stamp or Seal | |
| Personally Known | or | Produce Identification |
| | | Type of I.D. Produced: _____ |

| | | |
|---|--------------------------------|------------------------------|
| PARTNERSHIP | PRINT PARTNERSHIP NAME: | |
| By: _____ (signature) | Print Name: _____ | |
| STATE OF FLORIDA, COUNTY OF MIAMI DADE | | |
| Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, | | |
| by _____ | | |
| X _____ | _____ | |
| Notary Signature | Notary Stamp or Seal | |
| Personally Known | or | Produce Identification |
| | | Type of I.D. Produced: _____ |

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the
City Of Hialeah Alternative Plan Review and Inspection Registration Program.

I _____ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a second form if necessary)

| Print Name | License Number(s) | Trade Category | Signature |
|------------|-------------------|----------------|-----------|
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Submit resumes of each Duly Authorized Representative and copies of their licenses.

SIGNATURE OF THE PRIVATE PROVIDER _____

PRIVATE PROVIDER FIRM _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC:

CHECK ONE PERSONALLY KNOWN TO ME _____

PRODUCED IDENTIFICATION _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

City of Hialeah

Building Department

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Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: Plan Sheets:

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer

Print Name

SWORN AND SUBSCRIBED before me by _____ being personally known to me _____ or having produced as identification _____ and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

PRIVATE PROVIDER STATEMENT OF INSPECTION

THIS DOCUMENT MUST BE PREPARED IN STATIONARY WITH PRIVATE PROVIDER LETTERHEAD FOR EACH DISCIPLINE.

[DATE]

To: City Of Hialeah - Building Official
501 Palm Ave - 2nd Floor
Hialeah, FL 33010

RE: [Owner's Name]
[Address of Project]
[Permit No: & Type]

Dear Building Official:

I [private provider], having performed and approved the required inspections, as indicated in the attached approved inspection log, hereby attest that to the best of my knowledge, belief and professional judgment, the [structural, or electrical, or mechanical or plumbing/gas systems] covered by the above referenced permit have been approved in accordance with the approved plans and the provisions of all applicable laws and technical codes. I also attest that all construction deviations from the original permit application and all necessary shop drawings have been filed with the Building Department in the form of permit revisions and in compliance with all the provisions of the law.

This document is being prepared in accordance with F.S. 553.791 (10) and is being submitted to the City of Hialeah Building Department at the time of the final inspection for the above referenced permit.

Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

[PRIVATE PROVIDER'S SIGNATURE AND SEAL]