



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

**(F.S. 553.791)**  
**NOTICE TO BUILDING**  
**OFFICIAL FOR THE USE**  
**OF PRIVATE PROVIDER**

Permit Number: \_\_\_\_\_ Project Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Property 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.

Private Provider Firm: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Private Providers' Name: \_\_\_\_\_ Florida License # (PE, AR, BU or BN): \_\_\_\_\_

**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 reemployment assistance benefits under chapter 443 as required by FS 553.791 (8).

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

- Professional liability of \$1 million per occurrence and \$2 million in the aggregate for project cost of \$5 million or less.
- Professional 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]



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

## Private Provider Certificate of Compliance

Permit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor Name \_\_\_\_\_ Owner Name \_\_\_\_\_

**Note: This Document must be submitted through the Citizen Serve Portal to be processed**

In accordance with Florida Statute 553.791(11), as the Private Provider of record, we herewith provide the Town of Sewall's Point Building Department with final disposition on the Building components inspected under our authority.

*To the best of my knowledge and belief, I certify by my signature below that the building components and site improvements outlined herein and inspected under my authority have been completed in conformity with the approved plans, applicable codes and the Florida Building Code: **(Indicate all that apply)***

Building	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Mechanical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Electrical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Plumbing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Gas	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Private Provider Name \_\_\_\_\_

License Number \_\_\_\_\_

Private Provider Signature \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn and subscribed 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.

NOTARY PUBLIC, STATE OF FLORIDA \_\_\_\_\_

[NOTARIAL SEAL]

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**SPECIAL INSPECTOR****(Licensed Engineer or Registered Architect)**

In addition to the inspections specified in Sections 110.3 through 110.3.7, 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. Tilt up wall panels construction	<input type="checkbox"/>	<input type="checkbox"/>
2. Post tension concrete systems	<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. As determined by the Building Official	<input type="checkbox"/>	<input type="checkbox"/>
6. Structural elements of type I construction not classified as threshold building	<input type="checkbox"/>	<input type="checkbox"/>
7. Concrete design strength more than 3,000 Psi	<input type="checkbox"/>	<input type="checkbox"/>
8. Deep foundation systems (piles, pile caps)	<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**



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

## THRESHOLD INSPECTOR

Permit Number: \_\_\_\_\_ Project 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 500 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: \_\_\_\_\_

**Architect or Engineer**

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

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_



## TOWN OF SEWALL'S POINT BUILDING DEPARTMENT PRIVATE PROVIDER INSPECTION COMPLETION REPORT

Permit Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Name of the Private Provider or Duly Authorized Representative: \_\_\_\_\_

License type: \_\_\_\_\_

License #: \_\_\_\_\_

List the types of inspections performed (must be consistent with the required inspections noted in the FBC Section 110).

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

*To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.*

Signature

Date

Florida License # (PE, AR, BU or BN): \_\_\_\_\_

Office Use Only

Date Received:

Reviewer's Initials:

[illegible]Page 6 of 6