



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

Print Name _____

Signature _____

Notary Public, State of Florida _____

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.

[NOTARIAL SEAL]

Private Provider

Print Name _____

Signature _____

Notary Public, State of Florida _____

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.

[NOTARIAL SEAL]



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**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]



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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



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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:
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FIELD INSPECTION LOG

Permit #: _____ Trade: _____

Office Use Only	Date Received:	Reviewers Initials:
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