



Miramar | Building Division

Building, Planning & Zoning Department
2200 Civic Center Place | Miramar, Florida 33025
Tel: 954.602.3200 | Fax: 954.602.3635
www.miramarfl.gov

Alternative Plans Review and Inspections Application Forms (Private Provider)

Notwithstanding any other law or local government ordinance or local policy, the fee owner of a building or structure, or the fee owner's contractor upon written authorization from the fee owner, may choose to use a private provider to provide building code inspection services with regard to such building or structure and may make payment directly to the private provider for the provision of such services. All such services shall be the subject of a written contract between the private provider, or the private provider's firm, and the fee owner or the fee owner's contractor, upon written authorization of the fee owner. The fee owner may elect to use a private provider to provide plans review or required building inspections, or both. f.s 553.791(2)(a).

REQUIRED DOCUMENTS

- Notice to Building Official of use of Private Provider. f.s.553.791 (4)(c)
- Construction Documents and Plans Compliance Affidavit. f.s. 553.791(6).
- Private Provider Registration f.s.553.791(15)(b)
- Proof of Insurance f.s. 553.791(16)
- Blank Inspection Form/Report from Private Provider f.s.553.791(10).

GENERAL INFORMATION

- Routing and other Approvals Required, FBC 105.2.3: Before plans are brought to Building Department, they shall be approved by all required city and county agencies. There may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. Approvals for other agencies may be required (Miramar Fire Dept., Miramar Engineering Services, Broward Environmental Dept., Dept. of Prof. Regulations, Florida Agriculture, etc.)
- A private provider and any duly authorized representative may only perform building code inspection services that are within the disciplines covered by that person's licensure or certification under chapter 468, chapter 471, or chapter 481. A private provider may not provide building code inspection services pursuant to this section upon any building designed or constructed by the private provider or the private provider's firm. Section 553.791 (3). Florida Statutes.
- Private provider shall record such inspections on a form acceptable to the local building official. The form must be signed by the provider or the provider's duly authorized representative. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by a local enforcement agency is required. The private provider, before leaving the project site, shall post each completed inspection record, indicating pass or fail, at the site and provide the record to the local building official within 2 business days Section 553.791 (10). Florida Statutes.
- The local government, the local building official, and their building code enforcement personnel shall be immune from liability to any person or party for any action or inaction by a fee owner of a building, or by a private provider or its duly authorized representative, in connection with building code inspection services as authorized in this act. 553.791 (18). Florida Statutes.
- No vertical construction activity shall occur until the Survey and Elevation Certificate are approved. Upon completion of the project, an Elevation Certificate and/or Flood Proofing Certificate & Final Survey is required to be submitted to the Building Official in order to receive a TCO (Temporary Certificate of Occupancy), PCO (Partial Certificate of Occupancy) or CO (Certificate of Occupancy).

**FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 7th Edition (2020)**

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____

PROJECT NAME: _____

JOB ADDRESS _____ ZIP _____

LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance) *
*unless noted otherwise on planYes No
- 3) Connections – 110.10.2.3.....Yes No
- 4) Metal System Buildings – Section 110.10.2.4Yes No
- 5) Smoke Control Systems – Section 110.10.2.5Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
Critical Structural Connections – Section 110.10.1.1Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1Yes No
- 3) Pile Driving Only – Section 110.10.1.1Yes No
- 4) Precast Concrete Units – Section 110.10.2.1Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2Yes No
- 6) Other.....Yes No

C. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Permit Holder's Signature: _____ Date: _____

Printed Name: _____

License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: Registered Architect and/or Licensed Engineer

Signature of Special Building Inspector: _____

Printed Name of Special Building Inspector: _____

Address of Special Building Inspector: _____



State of Florida Registration # _____ Telephone # _____ Email _____

_____ Date: _____

Building Official (or designated representative)

*****BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE*****



Notice to Building Official of Use of Private Provider

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____
(Please, Initial next to the elected service)

Note: The fee owner may elect to use a private provider to provide plans review or required building inspections, or both. However, if the fee owner or the fee owner’s contractor uses a private provider to provide plans review, the local building official, in his or her discretion and pursuant to duly adopted policies of the local enforcement agency, may require the fee owner or the fee owner’s contractor to use a private provider to also provide required building inspections. Section 553.791(2)(a) Florida Statute

I, _____, the fee owner affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider Address: _____

City: _____ State _____ Zip Code _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

Acknowledgment from the fee owner

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building 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 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, 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.



Notice to Building Official of Use of Private Provider (Cont.)

The following attachments are provided as required:

- Plans compliance Affidavit. f.s. 553.791(6)
- Private Provider Registration. f.s.553.791(15)(b)
- Proof of Insurance f.s. 553.791(16)

Individual _____ Corporation _____ Partnership _____
(Please, Initial next to the type of business)

Signature: _____

Print Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone No.: _____ Fax No.: _____

Sworn to (Or affirmed) and subscribed before me this _____ day of _____ 20_____

Personally known Produced Identification _____ I.D. No. _____

Notary Name: _____

My commission Expires: _____

Notary Signature: _____

(Notary Stamp Below)



Private Provider Plan Compliance Affidavit

(If Plans Review is elected by Fee Owner)

Note: A paper plans and plans in digital format are required. An Affidavit for Digital Identical Documents shall be submitted along with this form.

Private Provider Firm: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone No.: _____ Fax No.: _____

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.

Project Name: _____

Folio/Parcel Id: _____

No. Sheets in Plans: _____

Please, provide below the pages per discipline/trade.

Building Front Pages _____ Architectural _____ Structural _____

MEP's _____ Others _____

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

Printed Name of Reviewer: _____

Signature of Reviewer: _____

Sworn to (Or affirmed) and subscribed before me this _____ day of _____ 20 _____

Personally known Produced Identification _____

I.D. No. _____

Notary Name: _____ My commission Expires: _____

Notary Signature: _____

(Notary Stamp Below)



City of Miramar | Building Division
 Community & Economic Development Department
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Affidavit of Identical Documents

PDF Files:

I, *(print full name)* _____ **Architect/Engineer of Record** with registration number AR/PE # _____ with the Architectural/Engineering Firm (Name) _____, hereby attest or affirm that the electronic files submittal of the plans for project located at the location shown below are an exact and accurate duplicate of the complete hardcopy set of plans submitted to the Building Division.

Project Name _____

Property Address: _____

Folio No.; _____

I also hereby acknowledge that if there are any discrepancies between the two versions, the review process for said project will be terminated, become null and void, and require re-application under a new permit application number. Previously reviewed plans and comments will be discarded. This affidavit will apply to all documents submitted electronically throughout the life of the project including initial submittal, re-works, revisions, shop drawings, etc.

Plan's reference/job identification number from title block: _____



Designer of Record Contact Phone: _____

Contact Email: _____

Architect/Engineer of Record Signature & Seal

Sworn to (Or affirmed) and subscribed before me this _____ day of _____ 20_____,

Notary Name: _____

Notary Signature: _____ *Notary Seal* _____

Personally known Produced Identification _____ I.D. No. _____



ALTERNATIVE PLANS REVIEW AND INSPECTIONS

PRIVATE PROVIDER REGISTRATION

A local enforcement agency, local building official, or local government may establish, for private providers and duly authorized representatives working within that jurisdiction, a system of registration to verify compliance with the licensure requirements of paragraph (1)(i) and the insurance requirements of subsection (16). Florida Statutes 553.791(15)(b)

REQUIRED DOCUMENTS

The following documents are required

- Copy of current Florida license for the business entity (Certificate of Authorization).
- Copy of Florida licenses for all Private Providers.
- Resume for Qualifier and all Private Providers.
- Business Tax Receipt registration.
- Certificate of Insurance must be sent directly from your insurance company to the **City of Miramar, Building Division**. Florida Statutes 553.791(15)(b)

PRIVATE PROVIDER FIRM	
Name of Business:	
Business Address:	
Telephone No.	Fax No.
Email	
PRIVATE PROVIDER QUALIFIER	
Name of Qualifier:	
Qualifier Address:	
Telephone No.	Fax No.
Email	

Signature of the Qualifier: _____

Sworn to (Or affirmed) and subscribed before me this _____ day of _____ 20_____

Personally known Produced Identification _____ I.D. No. _____

Notary Name: _____ My commission Expires: _____

Notary Signature: _____

(Notary Stamp Below)