



Private Provider Requirements **Registration Submittal**

*All forms provided by the City of Lake Alfred shall be used. Unless otherwise provided for by applicable Florida law, **no substitutions will be accepted.***

Section 553.791(17) of the Florida Statutes authorizes the City of Lake Alfred to adopt a system of registration to verify compliance with the licensure and insurance requirements.

*Pursuant to Section 553.791(15) of the Florida Statutes, any notice to be provided by the City of Lake Alfred Building Official shall be deemed to be provided to the person or entity when successfully transmitted to the e-mail address listed for that person or entity in the permit application or revised permit application. **In the event an e-mail address is not provided or listed on a permit application, it is acknowledged and agreed that the e-mail address provided or listed herein shall be used for purposes of complying with Section 553.791(15) of the Florida Statutes.***

The following items **shall** be completed for contractor registration, as follows:

1. **For both a private provider and any duly authorized representative:** Copies of all documents necessary to satisfy the requirements set forth by Section 553.791(1)(n) of the Florida Statutes which includes, but is not limited to, Florida DBPR licenses under Chapter 471 as a Professional Engineer, Chapter 481 as an Architect, or Chapter 468 as a Standard Building Code Administrator and Standard Inspector.
2. **Form:** Duly Authorized Representatives' Employment Affidavit (signed & notarized).
3. **Form:** Affidavit for Building Code Inspection Services (signed and notarized).
4. Copies of the Private Provider's Certificate of Insurance.

The following items **shall** be completed prior to the release of permit(s), as follows:

1. **Form:** Notice to Building Official (signed, sealed and notarized).
2. **Form:** Private Provider Plan Compliance Affidavit (signed and notarized).

The following items **shall** be complete prior to the release of any Certificate of Completion or Occupancy

1. Private provider certificate of compliance (request for certificate of occupancy)

All inspection reports shall be completely filled out and signed by Private Provider or Duly Authorized Representative. In the event an inspection report is required and not completed and/or signed as provided herein, the City of Lake Alfred shall not accept same.

In the event you have any questions, please call the City of Lake Alfred at (863) 291-5748.

City of Lake Alfred
120 E. Pomelo Street
Lake Alfred, Florida 33850



Tel. (863) 291-5748
www.mylakealfred.com

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the City of Lake Alfred Alternative Plan Review and Inspection Registration Program. §553.791(2)(a), Fla. Stat. (2024).

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive reemployment assistance benefits under Chapter 443 of the Florida Statutes, as required by Section 553.791(8) of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Signature of Private Provider _____ License # _____

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 I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

City of Lake Alfred
120 E. Pomelo Street
Lake Alfred, Florida 33850



Tel. (863) 291-5748
www.mylakealfred.com

Affidavit for Building Code Inspection Services

This affidavit is required pursuant to the City of Lake Alfred Alternative Plan Review and Inspection Registration Program. §553.791(2)(a), Fla. Stat. (2024).

I, _____, the Private Provider/Duly Authorized Representative do hereby affirm that no building code inspection services have been and/or will be performed on and/or for any building designed or building constructed by the Private Provider and/or Private Provider's Firm. §553.791(3), Fla. Stat. (2024).

REPRESENTATIVES:

(List individually; use a separate form for each Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

Signature _____ License # _____

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 I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

Form # 9B-3.053-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 20, 2003

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) 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: _____

Telephone: _____ Fax: _____

Email Address (Optional): _____

Florida License, Registration or Certificate #: _____

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.

The following attachments are provided 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.

Individual

 (signature)
 Print Name: _____
 Address: _____

 Telephone No.: _____

Corporation

 Print Corporation Name
 By: _____
 (signature)
 Print Name: _____
 Its: _____
 Address: _____

 Telephone No. _____

Partnership

 Print Partnership Name
 By: _____
 (signature)
 Print Name: _____
 Its: _____
 Address: _____

 Telephone No.: _____

Please use appropriate notary block.

STATE OF _____

COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known ____; or Produced identification ____ Type of identification produced _____

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires:

City of Lake Alfred
120 E. Pomelo Street
Lake Alfred, FL 33850



Tel. (863) 291-5748
www.mylakealfred.com

Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

License# _____

Job Address: _____

Phone: _____ Fax: _____

Email: _____

I (reviewer/affiant) hereby certify that, to the best of my knowledge and belief, I am duly authorized to perform plans review pursuant to Section 553.791 of the Florida Statutes and hold the appropriate license(s) and/or certificate(s); and the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code.

Reviewer Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

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 I.D. ___

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____