PERMIT BY AFFIDAVIT APPLICATION PACKAGE

Rev: 11 | **Revision Date:** 8/3/2026 | **Print Date:** 8/3/2026 | **I.D. Number:** E-BLD-37

ALL DOCUMENTS MUST BE STAMPED REVIEWED FOR CODE COMPLIACE AND WITH THE PRIVATE PROVIDER'S LOGO PRIOR TO BEING SUBMITTED TO THE BUILDING DEPARTMENT.

Any entity that seeks approval to be pre-registered must provide a licensed Duly Authorized Representative (DAR) as described in F.S.553.791. The licensures or certifications required must be as described in the Florida Statutes under title XXXII Chapter 471 (Engineer), Chapter 481 (Architect), or Chapter 468 (for a Plan Reviewer or Inspector). A duly authorized representative who only holds a provisional certificate under part XII of chapter 468 must be under the direct supervision of a person licensed as a building code administrator under part XII of chapter 468. A DAR will be required for plan review and for inspections in each of the following trades: Building, Mechanical, Electrical and Plumbing (BMEP). A DAR for each trade must be provided. Applications with DARs provided for only one, two, or three of the four trades will be denied unless the application is for a single-trade permit.

THE APPLICATION STARTS ON PAGE 2. PLEASE SCROLL DOWN.

CHECK THE APPROPRIATE BOX/FIELD IF YOU ARE A SINGLE DISCIPLINE PRIVATE PROVIDER:

- □ BUILDING / STRUCTURAL
- □ ELECTRICAL
- □ MECHANICAL
- □ PLUMBING

Alternate Plans Reviews and Inspections Requirements

General Information:

The use of a Private Provider is authorized by Florida Statute 553.791 under "Alternate Plans Review and Inspection". The City of Fort Lauderdale Development Services Department (DSD) requires that the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

Note: The Private Provider firm must be registered with the City of Fort Lauderdale. Contact the Development Services Department Assistant Building Official by email at NZamora@FortLauderdale.gov for detailed registration requirements.

The items 1 through 11 below are registration related documents that must be submitted to the Assistant Building Official for approval of any Private Provider. The Private Provider must notify us of any new hire after initial submittal of registration documents.

The following are to be presented in a ring binder to the Assistant Building Official.

1.) **Form R.1:** Private Provider registration
2.) **Form R.2:** Employment affidavit for Duly Authorized Representatives (DAR). As per the statutes, the DAR must be an employee of the private provider entitled to receive reemployment assistance benefits under chapter 443. This means a W2 recipient and not a 1099 recipient. Noncompliance will cause rejection of request for registration. Note that a duly authorized representative who only holds a provisional certificate under part XII of chapter 468 must be under the direct supervision of a person licensed as a building code administrator under part XII of chapter 468.
3.) **Form R.3:** Private Provider Agreement
4.) A Department of Business and Professional Regulation (DBPR) Certificate of Authorization for the firm.
5.) A copy of the Professional Licenses for each of the DAR personnel regulated by Florida Statutes chapter 481 (Architects), chapter 471 (engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors).
6.) **Item 1:** Certificate of Insurance The Certificate must name City of Fort Lauderdale Development Service Department as the certificate holder. This certificate is provided by the insurance carrier, and must be submitted with each permit application. It is also submitted at the time of the initial registration with the City of Fort Lauderdale. It must show coverage in the statutory amounts pursuant to F.S. 553.791(18) and must include the City of Fort Lauderdale as the certificate holder.
7.) Contact information for the main office, main qualifier, plan reviewers and inspectors working on projects in the city of Fort Lauderdale area.
8.) **Form B:** Private Provider Personnel Identification & Qualifications Statement
9.) This document identifies the Private Providers' Duly Authorized Representatives (DARs) that will be utilized in the City of Fort Lauderdale. It shall contain the current licenses numbers that they hold to perform their specified type of work on any possible projects, their contact phone number, email address, the responsibility that the DAR will have for the specific project. Form B should reflect prior experience on structures and/or projects located in the High Velocity Hurricane Zones (HVHZ). This form is filled out for each of the DAR of the Private Provider. Form B is only for the Building Official to keep as reference.
10.) **Form A:** **Private Provider Duly Authorized Agent (DAR) Identification Form**
This document identifies each of the Private Providers Duly Authorized Representatives (DAR) that will be utilized on the specific project that is being requested for issuance of this type of permit. It shall contain the numbers of the current licenses that they hold to perform their specified type of work on the project, their contact phone number, email address, the responsibility that the DAR will have for the specific project. This form is filled out for each of the DARs of the Private Provider. Each DAR (Inspector or Plans Examiner) must hold a valid State of Florida license and be verifiable through the Florida DBPR online services website at: https://www.myfloridalicense.com/wl11.asp?mode=0&SID
11.) A copy of the driver's license or other valid photo Identification for each DAR.

To be submitted with the initial permit application:

Please note: The submitted Documents for construction will be Audited only for completeness of the Building, Mechanical, Electrical and Plumbing (BMEP) portions. Alternative plans review and inspections per FS 553.791(8)(a) do not include Zoning, Fire, Landscaping, Engineering, or Flood. A Development Review Committee (DRC) approved set of prints will be needed to accompany the construction documents. DRC set might not be required depending on the scale, scope, and type of work, if the DRC determines it is not needed.

1.) **Form A:** **Notice to Building Official**
This is the principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of inspections only or whether the services will include plans reviews and inspections. This document must be accompanied by the Personnel Directory and Qualifications Statement (**Form B**) and the certificate of insurance (**Item 1**), both listed below. (Note: If a private provider performs the plan reviews, they will also be required to perform the required inspections.)

Alternate Plans Reviews and Inspections Requirements (continued)

2.) A Special Inspector forms must be submitted at the same time construction documents are submitted for permitting The Special Inspector can be downloaded from LauderBuild at:
https://www.fortlauderdale.gov/home/showpublisheddocument/6475/637558172255000000

3.) **Form C:** **Private Provider Plan Review Compliance Affidavit (only required if PP is doing plans reviews)**
This form must be submitted to the City of Fort Lauderdale along with the plans after the Private Provider has completed the required plan reviews for the BMEP trades and approved the plans for code compliance within the scope permitted by F.S. 553.791 (see PXA2, Form A). This form will not be required for jobs where the Private Provider is only going to perform Inspections (see PXA1, Form A). Form C must be prepared for each DAR performing plan review for each trade (BMEP) and shall be digitally signed and sealed by Private Provider Qualifier. Approved electronic or stamped paper copies of Form C must be available at the job site for inspections.

4.) Provide Authorized Agent Form if Applicable. The form can be downloaded from LauderBuild at: https://www.fortlauderdale.gov/files/assets/public/v/1/development-services/documents/dsd-documents-amp-forms/authorized-agent-form.pdf

5.) Other Public Service Agency Approvals: Depending on the project, this may include, but is not limited to, a Broward County Environmental Review Approval Certificate, a Broward County Transportation Concurrency Satisfaction Certificate, a Broward County Statement of Responsibilities Regarding Asbestos (SRRA), and Broward County elevator approval, among others.

Job site documentation:

1.) **Form D:** **Private Provider Duly Authorized Agent (DAR) Identification Form**
This is to identify each individual Duly Authorized Representative (DAR) that is going to be involved with inspections or plans reviews involved for the particular project. Form Ds must be submitted for approval with digitally signed and sealed construction documents. Approved electronic or stamped paper copies of Form D must be available at the job site and kept current by the Private Provider Any new entries to the worksite log will need to be approved first by the Building Official. The inspection reports that will be submitted to the Building Official at the final inspection must be written only by those previously vetted inspectors. Form Ds will be required whether private provider is only doing inspections (PXA1) or inspections and plan reviews (PXA2).

2.) **Item 2:** **Inspection Reports**
The Private Provider shall submit to the Building Official, prior to commencement of construction, the Florida Building Commission inspection form that will be used to document required inspections. Upon completion of each applicable phase of construction, the Private Provider shall record the inspection on the Florida Building Commission inspection form acceptable to the local building official. Each inspection record shall bear the written or electronic signature of the Private Provider or the Private Provider's duly authorized representative and shall be posted and provided to the local building official within four (4) business days, in accordance with section 553.791, Florida Statutes.

To be submitted before any approval for Certificate of Completion or Certificate of Occupancy is issued:

1.) **Item 3: Official Log for all Completed Inspections**

The official log will include all inspection reports (Item 2) completed by each Duly Authorized Representative (DAR). It will be organized by discipline (Building, Mechanical, Electrical, Low Voltage, Plumbing, Roofing, etc.) and will contain all inspection reports, regardless of whether it was approved or rejected. The log will also include the Form D and Form C for all plan reviewers and/or inspectors and any closing documents that pertain to the job.

Examples of closing documents: Building: Architects Compliance Letter, Engineers Compliance Letter, Elevator certificate, Contractors Affidavit of Construction, Final Survey, Elevation Certificate, Termite Treatment certificates (initial treatments and final treatments), Soil compactions reports, Engineers soil statement of designed bearing capacity, Waterproofing certificate for above ground, Water proofing below grade certificate, fenestration water testing, Landscaping certificate, Glass and storefront completion certificate, Test and Balance Reports, Certification for back flow preventer, blower door test result (if applicable), Sound Proofing certificates, Insulation Certificates, Roofing Warranty, Light Weight Pull Test (official/formal/final), Roofing Tile uplift test, Sprinkler Certification, Fire Penetration Affidavits from each trade Mechanical, Electrical, Plumbing, and Building, for all penetrations, unless if a single Fire Stopping Contractor is used (then just from the F.S. Contractor) and that affidavit must state that all penetrations were protected including those from each trade: the Building, the Mechanical the Electrical and Plumbing must be stated, Fire safing certificate of completion in areas between floor decks and envelope and throughout, sprinkler and fire suppression systems final certification, in addition:

- If requesting a Temporary Certificate of Occupancy (TCO) or a Partial Certificate of Occupancy (PCO): Submit the TCO/PCO inspection report identifying all outstanding items required for final approval for each permitted trade. Also provide fire department inspection reports or an approval letter confirming approval for each floor, or for all floors, as applicable.
- If requesting Final Certificate of Occupancy (CO): Submit the final inspection report for each trade associated with every permit issued under the Building, Mechanical, Electrical, and Plumbing (BMEP) permits.

  If threshold or specialty inspections were performed, provide the following, as applicable: Threshold Inspection Logs; Final Threshold Inspection and Building Envelope Completion/Acceptance Letter from the Threshold Inspection Company; Threshold Inspection Final Approval Letter from the Private Provider; Specialty Inspection Logs; Welder Certifications; Specialty Inspection Final Approval Letter from the Specialty Inspection Company; Specialty Inspections Final Acceptance Letter from the Private Provider; and Private Provider Affidavits for TCO, PCO, and/or CO for each applicable trade (see Form E).

2.) **Form E: Certificate of Compliance from the Private Provider**

Upon completion of all Code-required inspections, the private provider firm shall prepare a Certificate of Compliance, on a form provided by the commission and acceptable to the local building official, summarizing the inspections performed. The Certificate of Compliance may be executed by any qualified licensed individual employed full-time by the private provider firm, provided the inspections were performed under that individual's responsible authority.

3.) **A full list of required documents will be provided by the building department for the type of completion warranted by your project, i.e. Certificate of Completion or Certificate of Occupancy.**

Form A

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 1, 2025
Rule 61G20-2.005, F.A.C.

Project Name: _____

Parcel Tax ID: _____

Services to be provided: ☐ Plans Review ☐ Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I _____, the

☐ fee owner / ☐ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: Telephone: _____

Email Address: _____

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 or structure 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 or structure 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.

Form A ***Continued***:

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, or within 2 business days before the next scheduled inspection, 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 prevention, firesafety, 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. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

_____
Print name

_____
Address (line 1)

_____
Address (line 2)

_____
Telephone Number

_____
Email Address

_____
Signature Date

Corporation

_____
Print name

_____
Representative name

_____
Address (line 1)

_____
Address (line 2)

_____
Telephone Number

_____
Email Address

_____
Signature Date

Form B

PRIVATE PROVIDER PERSONNEL IDENTIFICATION

Florida Statutes § 553 791(4)

Please use a separate page for each Private Provider Duly Authorized Representative (DAR).

Project Name & Address: _____

Permit Number: _____

Duly Authorized Representative Name: _____

Type of Service/(s) to be performed by this DAR **(plan review, inspections or both and what TRADE):**

Services: ☐ PLAN REVIEW ☐ INSPECTIONS

Discipline: ☐ BLDG ☐ STRUCT ☐ ELECT ☐ MECH ☐ PLUMB

Does DAR have experience within the jurisdiction of the HVHZ: ☐ YES ☐ NO

DAR Email address: _____

Telephone: _____

Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Experience in the High Velocity Hurricane Zones (HVHZ):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Form C

PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT

Form is to be completed by the qualifier (required for PXA2 only)

Florida Statutes §553.791(7)

Project Name / Address: _____

Plan number: _____ Folio number: _____

Construction Documents ☐ Revisions ☐ Shop Drawings ☐ As-Built ☐ Other ☐

If "other" is marked, please clarify: _____

Master permit number: _____

Private Provider Firm: _____

Private Provider Address: _____

Telephone: _____ Fax: _____

Email: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the documents submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider Qualifier: _____

Qualifier Florida License No. _____

Seal/Signature/Date

Discipline Reviewed: ☐ BLDG ☐ STRUCT ☐ ELECT ☐ MECH ☐ PLUMB

Name of person reviewing the plans (if applicable): _____

Florida License/Registration/Certification numbers: _____

Plan Sheets covered by this affidavit: _____

Signature of reviewer: _____ Date: _____

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

Signature of Notary: Print Name: Date:

Notary Public: NOTARY PUBLIC STAMP BELOW My Commission Expires: _____

Form D

PRIVATE PROVIDER DULY AUTHORIZED AGENT (DAR) IDENTIFICATION FORM

Project Name & Address: _____

Permit Number: _____

Florida Statute §553.791(4) 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, including single-trade inspection.

PRIVATE PROVIDER JOB SITE DIRECTORY

This form must be posted on the job site or be electronically available for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

{ Part 1 of 2 }

PRIVATE PROVIDER JOB SITE DIRECTORY, Form D *Continued:* Rev. 12-6-2023

Provider or Duly Authorized Representative: ____________________
Email: ____________________
Telephone: ____________________ Fax: ____________________
Florida professional licenses: ____________________
Company: ____________________
Address: ____________________
Type of Service Performed: ____________________
Insurance Policy: ____________________

Provider or Duly Authorized Representative: ____________________
Email: ____________________
Telephone: ____________________ Fax: ____________________
Florida professional licenses: ____________________
Company: ____________________
Address: ____________________
Type of Service Performed: ____________________
Insurance Policy: ____________________

Provider or Duly Authorized Representative: ____________________
Email: ____________________
Telephone: ____________________ Fax: ____________________
Florida professional licenses: ____________________
Company: ____________________
Address: ____________________
Type of Service Performed: ____________________
Insurance Policy: ____________________

Provider or Duly Authorized Representative: ____________________
Email: ____________________
Telephone: ____________________ Fax: ____________________
Florida professional licenses: ____________________
Company: ____________________
Address: ____________________
Type of Service Performed: ____________________
Insurance Policy: ____________________

{ Part 2 of 2 }

Form E

PRIVATE PROVIDER FINAL AFFIDAVIT

(For Requesting a Certificate of Occupancy, Partial Certificate of Occupancy, Temporary Certificate of Occupancy, or Certificate of Completion by filling this out and checking off appropriate check box on this form)

Florida Statutes §553.791

To the Building Official for City of Fort Lauderdale Development Services Department
700 N.W. 19th Avenue, Fort Lauderdale, FL 33311

Project Name / Address: _____
Permit number:_____, Folio number:_____
Private Provider Firm: _____
Business Address: _____
Telephone:_____,Fax:_____,
Email:_____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

☐ Certificate of Occupancy
☐ Certificate of Completion
Temporary Certificate of Occupancy (TCO)
Partial Certificate of Occupancy (PCO)

Respectfully submitted,
Private Provider Qualifier
Name:_____
Florida License No.:_____

Seal/Signature/Date

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

Signature of Notary | Print Name | Date

Notary Public Stamp: My Commission Expires:_____

Form F

(Private Provider company letterhead here)

PERMIT BY AFFIDAVIT

PRIVATE PROVIDER FINAL CERTIFICATE OF COMPLIANCE

_____

(Date)

To: City of Fort Lauderdale Development Services Department
700 NW 19th Avenue
Fort Lauderdale, FL 33311

RE: (*project name if one is available*)
(*Project address*)
Fort Lauderdale, FL
Master Permit Number: (_____)
Permit number for this Statement of Compliance: (_____)
Description: *(low voltage, accessory structure, plumbing, roofing, windows, kitchen hoods, etc.)*

Dear Building Official:

I, (*state the name here*), being a qualifying authorized representative for (company name) hereby state that certified inspectors have performed and approved all the required inspections, as indicated in the attached approved inspection log, and attest that to the best of my knowledge, belief and professional judgement, the (*the description name what was noted on the description above*) covered by the above referenced permit have been approved in accordance with the approved plans and the provisions of all applicable laws, regulations and technical codes. I also attest that all construction deviations from the original permit application, shop drawings, and construction documents have been filed with the Building Department in the form of permit revisions and comply with all applicable provisions of the law. This document is being prepared in accordance with F.S. 553.791 and is being submitted after a final inspection approval by our Duly Authorized Representative/Inspector.

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

Sincerely,

Dated
Signed
Sealed

(Name of engineer)
PE License:(license number here)

Form G

(Private Provider company letterhead here)

PERMIT BY AFFIDAVIT

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE FOR TCO/PCO

_____

(Date)

To: City of Fort Lauderdale Development Services Department
700 NW 19th Avenue
Fort Lauderdale, FL 33311

RE: *(project name if one is available)*
(Project address)
Fort Lauderdale, FL
Master Permit Number: (_____)
Permit number for this Statement of Compliance: (_____)
Description: *(low voltage, accessory structure, plumbing, roofing, windows, kitchen hoods, etc.)*

Dear Building Official:

I, (*state the name here*), being a qualifying authorized representative for *(company name)* hereby state that certified inspectors have performed and approved all the required inspections for a Temporary or Partial Certificate of Occupancy (TCO/PCO), as indicated in the attached approved inspection log, and attest that to the best of my knowledge, belief and professional judgement, the (*name what was noted on the description above*) covered by the above referenced permit have been approved for TCO/PCO in accordance with the approved plans and the provisions of all applicable laws, regulations and technical codes. I also attest that all construction deviations from the original permit application, shop drawings, and construction documents have been filed with the Building Department in the form of permit revisions and comply with all applicable provisions of the law.

This document is being prepared in accordance with F.S. 553.791 and is being submitted after an approved inspection for TCO/PCO performed by our Duly Authorized Representative/Inspector.

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

Sincerely,

Dated
Signed
Sealed

(Name of engineer)
PE License:(license number here)

Form R.1

PRIVATE PROVIDER REGISTRATION

Florida Statutes §553.791(17)(b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the City of Fort Lauderdale Development Services Department.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers Duly Authorized Representatives (DARs).
3. Qualification Statements or Resume for Qualifier and all Private Providers DARs.
4. Occupational license.
5. Copy of Driver's License for each DAR.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the City of Fort Lauderdale as the certificate holder.
7. A copy of tax W-2 for each DAR.

City emails are public, do not provide drivers licenses or W-2 forms by email. These documents should be provided in person or mailed to us.

PRIVATE PROVIDER FIRM

Name of Firm:_____
Business Address: _____
Telephone:_____Fax:_____
Email:_____
Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER **(QUALIFIER):**

Name of Qualifier: _____Signature:_____
Home Address: _____
Home Telephone: _____Alternate Telephone:_____

State of FLORIDA)
County of Broward)

SWORN AND SUBSCRIBED before me by_____, being personally known to me___or having produced as identification_____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP BELOW My Commission Expires _____

Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives (DAR) F S §553.791(8)

Florida Statute 553.791(9) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

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

DULY AUTHORIZED REPRESENTATIVES:

If more space is needed to list all DAR, have another separate FORM R.2 signed and sealed, to list them.

Print name	**Florida License no(s):**	**Discipline:**	**Signature:**

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

Private Provider Qualifier Name: _____

Florida License No.:_____

SWORN AND SUBSCRIBED before me by _____, Seal/Signature/Date

being personally known to me ____or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public Stamp: My Commission Expires: _____

Form R.3

PRIVATE PROVIDER AGREEMENT

The Private Provider (PP) will agree to abide by the constraints below. If not adhered to, disciplinary action by the Development Services Department (DSD) will be taken. This is for PXA2, or PXA1 where applicable:

1. The construction documents used on a project must have prior approval from the Private Provider and DSD each page must bear the Private Provider stamp and reviewer initials.
2. No work shall be allowed to continue beyond the scope defined on the approved construction drawings or the scope that was provided and stated under the issued permit.
3. The duly authorized representative (DAR) that performs inspections must do so using the approved documents and shall not allow any work to commence on any portion of construction that does not have preapproved (reviewed and accepted) documents.
4. If any work requires revision to construction drawings, those construction documents must be reviewed and approved by the Private Provider DAR but, must also have an acceptance stamp by the plan reviewers of the City of Fort Lauderdale DSD before work is allowed to commence on that portion of the project.
5. Upon completion of each required inspection, the private provider shall record the results, indicating a pass or fail determination, and shall post the completed inspection report to the City of Fort Lauderdale through the LauderBuild Citizen's Portal. All such records shall be submitted to the City within four (4) business days of the inspection's completion.
6. If the fee owner or the fee owner's contractor makes any change to the listed private providers or to the services to be performed by those private providers, the fee owner or the fee owner's contractor shall resubmit the notice to the building official (Form A) to DSD to reflect such changes. Such update must be submitted within one (1) business day after the change occurs, or no later than two (2) business days prior to the next scheduled inspection, whichever occurs first.

First Noncompliance/Stop work order:

i. The DSD will red tag a jobsite and shall stop the progress on any portion/all construction work that does not comply with the constraints stated above.

ii. If the Private Provider fails to comply with the constraints noted above, and depending on the severity of the non-compliance, at the discretion of the Building Official, the Private Provider will be placed on notice.

Second Noncompliance/Stop work order:

iii. If the Private Provider continues to not follow the constraints that are noted above on the same jobsite or on a different jobsite, and depending on the severity of the noncompliance, at the discretion of the Building Official, the Private Provider will be placed on suspension from the Private Provider program for a period of (1) one year. No new applications for performing work as a Private Provider will be approved by DSD, or until all prior work/projects are successfully completed and closed out by DSD.

Third Noncompliance/Stop work order:

iv. If the Private Provider is noncompliant with the constraints that are noted above for a third time, depending on the severity of the offense and at the discretion of the Building Official, for a 2 year period, the Private Provider will be removed from the list of registered Private Providers on file at DSD and cannot submit for registration again to the City of Fort Lauderdale for (2) two years. The Building Official will also notify the State of Florida Department of Business and Professional Regulations, which may impose additional disciplinary actions on the individual DAR and on the Private Provider Company and Engineer or Qualifier we may also file a report with the Florida Board of Professional Engineers if applicable.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website http://dos.myflorida.com/sunbiz/search/ as a company authorized/registered agent.

Private Provider Company Name: _____

Authorized Agent for Private Provider Company (Print Name):_____

Authorized Agent for Private Provider Company (Title):_____

Special Updated Notices

Applications for a Certificate of Occupancy (CO) or Certificate of Completion (CC) must include the following required documentation: **(1) Form E, (2) Form F, and (3) the final inspection report from the DAR**. The DAR inspector must include a written determination on the final inspection report indicating whether the project is approved for issuance of a CO or CC. Failure to submit any of the required documents may result in a delay in the issuance of the Certificate of Occupancy or Certificate of Completion.

Applications for Partial Certificate of Occupancy (PCO) or Temporary Certificate of Occupancy (TCO) must include the following required documentation: **1). Form E, 2). Form G, and 3). the final inspection report from the DAR.** The DAR inspector must include a written determination on the final inspection report indicating whether the project is approved for issuance of a PCO or TCO. Failure to submit any of the required documents may result in a delay in the issuance of the Certificate of Occupancy or Certificate of Completion.

- Per Section 110.10.6.2 of the Florida Building Code, Broward County Amendments, signed and sealed progress reports and inspection reports for threshold buildings shall be submitted to the Chief Structural Inspector or Chief Mechanical Inspector, as applicable, on a weekly basis for transmittal to the Building Official. This requirement applies to all threshold building permits, including those reviewed and inspected under the Alternate Plans Review and Inspection process authorized by Section 553.791. Failure to submit progress reports may result in a stop work order and may delay construction progress.

  A **Threshold inspector** is required when:
  i. If Structure height over 50 feet
  ii. If structure is more than 3 stories
  iii. If type of occupancy is an Assembly Occupancy with over 500 persons and over 5,000 square feet.

  Examples of what needs a **Special inspector** inspection (this list is not all inclusive):
  i. waterproofing,
  ii. smoke control
  iii. window walls
  iv. steel connections including welding and mechanical
  v. lightweight concrete
  vi. CMU installation
  vii. Pile work (Driven, Auger, Cast in Place, Helical)

Broward County Board of Rules and Appeals

Effective: 04/24/2024

FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 8TH EDITION (2023)

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 NUMBER _____

PROJECT NAME _____

JOB ADDRESS _____ ZIP CODE _____

LEGAL DESCRIPTION _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

1. Precast Concrete Units – Section 110.10.2.1 ..... YES ☐ NO ☐
2. Reinforced Unit Masonry – Section 110.10.2.2 (TMS 402, TMS 602, FBC 2122.2 – 2122.10) * ..... YES ☐ NO ☐
   ** Unless noted otherwise on the plan.*
3. Connections – 110.10.2.3 ..... YES ☐ NO ☐
4. Metal System Buildings – Section 110.10.2.4 ..... YES ☐ NO ☐
5. Smoke Control Systems – Section 110.10.2.5 ..... YES ☐ 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 110.10.1.1 ..... YES ☐ NO ☐
2. Windows, Glass Doors, and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1 ..... YES ☐ NO ☐
3. Pile Driving Only – Section 110.10.1.1 ..... YES ☐ NO ☐
4. Precast Concrete Units – Section 110.10.2.1 ..... YES ☐ NO ☐
5. Reinforced Unit masonry – Sections 110.10.2.2 ..... YES ☐ 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. ..... YES ☐ NO ☐
2. Progress Report/Inspection reports during construction in accordance with Section 110.10.6. ..... YES ☐ NO ☐
3. Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7. ..... YES ☐ NO ☐

ACKNOWLEDGMENT

PERMIT HOLDER'S SIGNATURE _____ DATE _____

PRINTED NAME _____ LICENSE # (IF APPLICABLE) _____

SPECIAL BUILDING INSPECTOR: ☐ Registered Architect ☐ Licensed Engineer

SIGNATURE OF SPECIAL BUILDING INSPECTOR _____ PRINTED NAME OF SPECIAL BUILDING INSPECTOR _____

ADDRESS OF SPECIAL BUILDING INSPECTOR _____ DATE AND SEAL

STATE OF FLORIDA REGISTRATION # _____ TELEPHONE _____ EMAIL _____

BUILDING OFFICIAL (OR DESIGNATED REPRESENTATIVE) _____ DATE _____

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