



City of Anna Maria

NOTICE TO PRIVATE PROVIDER PRIVATE PROVIDER SPOT SURVEY AFFIDAVIT

It is the responsibility of the PRIVATE PROVIDER to ensure that a Spot Survey & Elevation Certificate is provided to this department in a timely manner. PRIOR TO FOUNDATION/SLAB POUR, A SPOT SURVEY CONFIRMING SETBACKS AND FINISHED SLAB ELEVATION SHALL BE SUBMITTED TO AND APPROVED BY THE PLANNING & DEVELOPMENT DEPT. No further construction activity will occur until the survey and elevation are approved. Upon placement of the lowest habitable floor or horizontal structural member, an “under construction” elevation certificate shall be submitted for review and approval by the Planning & Development Dept. Upon completion of the project, an Elevation Certificate or Flood Proofing Certificate & Final Survey must be submitted to this department in order to receive a C.O.

I understand that I am subject to enforcement action by this department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by the City of Anna Maria Planning & Development Department pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Notary for private provider

STATE OF _____

COUNTY OF _____

Before me this day personally appeared, _____, who, being duly sworn deposes and says that he has read, understands, and agrees to comply with all the aforementioned conditions.

Private Provider’s Signature _____

Sworn to and subscribed before me this _____ day of _____, 20 ____

_____ My commission expires:
Notary Public

**If you have any questions regarding this Affidavit or its intent, please contact the
City of Anna Maria, Florida 941.708.6132 X 25**

PRIVATE PROVIDER APPLICATION CHECKLIST

NOTE: The following items must be completed prior to the release of any permits.

- Notice to Building Official Form completed
- Duly Authorized Representative Employment Affidavit
- Private Provider Plan Compliance Affidavit
- **Two** completely assembled sets of signed and sealed plans
- Fully completed permit application

PRIOR TO FOUNDATION/SLAB POUR, A SPOT SURVEY CONFIRMING SETBACKS & FINISHED SLAB ELEVATION SHALL BE SUBMITTED TO AND APPROVED BY THE CITY OF ANNA MARIA PLANNING & DEVELOPMENT DEPT.

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.

RECORDED NOTICE OF COMMENCEMENT MUST BE POSTED IF THE PROJECT VALUE EXCEEDS \$2,500.00

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

For more information regarding private provider guidelines, please refer to:

FLORIDA STATUTE 553.791 ALTERNATIVE PLANS REVIEW AND INSPECTION

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the City of Anna Maria, Florida Alternative Plan Review and Inspection registration program.

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

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a second form if necessary.)

NAME	LICENSE NUMBER

SIGNATURE OF THE PRIVATE PROVIDER _____

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: PERSONALLY KNOWN TO ME ____

PRODUCED IDENTIFICATION ____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

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:

Name: _____ Plan Sheets: _____

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

Signature of Reviewer: _____

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

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: _____

Notice to Building Official of Use of Private Provider

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: _____

Phone: _____ Fax: _____

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 that is the subject of the enclosed permit application, as authorized by §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 levels 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 §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 one (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. (continued next page)

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 five (5) years subsequent to the performance of building code inspection services.

**Individual
(Property Owner)**

Corporation

Partnership

_____	_____	_____
(signature)	Print Corporation Name	Print Partnership Name
Print	By: _____	By: _____
Name: _____	(signature)	(signature)
Address: _____	Print	Print
_____	Name: _____	Name: _____
Telephone	Its: _____	Its: _____
No.: _____	Address: _____	Address: _____
	_____	_____
Telephone	Telephone	Telephone
No.: _____	No.: _____	No.: _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Corporation

Partnership

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.	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 purposed therein expressed.	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.
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Personally known ____ ; or Produced identification ____
 Type of identification produced: _____
 Signature of Notary _____
 Print Name _____
 Notary Public: NOTARY STAMP BELOW
 My Commission expires: _____