

ALL DOCUMENTS MUST BE STAMPED WITH THE PRIVATE PROVIDER'S LOGO PRIOR TO BEING SUBMITTED TO THE BUILDING DIVISION.

THE APPLICATION STARTS ON PAGE 2. PLEASE SCROLL DOWN.

Alternate Plans Reviews and Inspections Requirements

Rev. 04-07-2020

General Information:

The use of a Private Provider is authorized by Florida Statute 553.791 under “Alternate Plans Reviews and Inspections”. The City of Hollywood requires that only the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

Note: All Private Provider firms must be registered with the City of Hollywood.

Contact the City of Hollywood Building Official or the Assistant Building Official by email at ddecker@hollywoodfl.org or rlong@hollywoodfl.org for detailed registration requirements. To be submitted for registration with the City of Hollywood:

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

- 1.) **Form R.1** Private Provider registration
- 2.) **Form R.2** Employment affidavit for Duly Authorized Representatives (DAR)
- 3.) **Form R.3** Private Provider Agreement (this will be required for new permit applications submitted on or after July 1st, 2017)
- 4.) 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.) Certificate of professional liability insurance as required by FS 553.791(16)
- 7.) A Blank Original of the actual inspection report form to be used on the project for inspection by the
DAR. Normally this would be a three or a four part form (white on top with a yellow, pink and blue copy behind it).

To be submitted with the initial permit application:

- 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 plans reviews, it then will be required that a Private Provider also perform the required inspections.)
- 2.) **Form B:** Personnel Directory & Qualifications Statement
This document identifies all 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 a 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 and a Qualification Statement and a current resume for each DAR. This form is filled out for each of the DAR of the Private Provider. The Form B is only for the Building Official to keep as reference. Another similar form (Form D) will be kept at the job site. Every DAR (Inspector or Plans Examiner) shall be State of Florida and Broward County Board of Rules and Appeals certified (BORA) as per Section 104 of the Florida Building Code, Broward Edition.
- 3.) **Item 1:** Certificate of Insurance:

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 Hollywood.

Alternate Plans Reviews and Inspections Requirements (continued)

It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the City of Hollywood as the certificate holder.

To be submitted as a **PREREQUISITE** to the building permit if Private Provider will do the plans reviews:

4.) Form C: Plan Compliance Affidavit

This form is required for submittal of plans to the City of Hollywood after the Private Provider has performed the required plans reviews and has approved those plans for code compliance under the scope allowed by F.S. 553.791. (This form will not be required for jobs where the Private Provider is only going to perform Inspections.)

Job site documentation:

1.) Form D: Private Provider Job Site Identification Form

This is to identify each individual Duly Authorized Representative (DAR) that is going to be involved at the work site or for the plan reviewers involved for the pertaining plans. A set of the D forms must be provided when the plans are submitted so they can be perforated and then returned to the jobsite log book. The Form D for each DAR will be kept on the jobsite in a log and will be updated and kept current by the Private Provider. The City of Hollywood Development Services Building Division personnel will perform occasional jobsite visits at their discretion and the Form D entries will be compared to inspections reports. 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.

2.) Item 2: Inspection Reports

The Private Provider shall submit to the Building Official for approval before the start of the project, the exact form that will be supplied by the Private Provider to the DAR that will be using it for recording and logging the inspections in the jobsite log. If the Building Official approves the form, then, the inspection form provided to the Building Official will be the form that is used for the inspections of the project. The inspection reports must provide at a minimum, a space for the following information, and when completed will state: the date the inspection was performed, the permit number for the inspection, the job address, the project name, the Private Providers company contact information, the inspectors name, the inspectors license number, the inspectors signature, the inspection comments (what the inspection result was based on, and the location/area that the inspection was for), the inspection results (Approved, Partial Approval, or Rejected), the corrections required (if corrections or further action is required).

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 inspections reports (Item 2) performed by each Duly Authorized Representative (DAR), and will be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.) and contain all inspections reports for inspections done whether approved or rejected. The log will also include the Form D for all 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, , Landscaping certificate, Glass and storefront completion certificate, Test and Balance Reports, Certification for back flow preventer, 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 TCO: the TCO inspection report with pending items for a final approval listed for each permitted trade, Inspections reports or approval letter from fire department indicating each floor or all floors were approved,
- If requesting Final: the final inspection report for each trade
- If there are threshold or specialty inspections performed; Logs for threshold inspections, Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold inspecting company, Threshold Inspection Final Approval Letter from the Private Provider, Logs from special inspectors, Welders Certifications, Specialty Inspector Inspection Final Approval Letter from specialty inspection company, Acceptance for the Specialty Inspections Final Letter from the Private Provider, Affidavit for TCO/CO from private provider for each trade, see **Form E**.

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

This will come from the Private Provider and will be signed and sealed by the Professional In Charge of the Duly Authorized Representatives (DAR) as outlined in F.F. 553.791. The inspections that were required to be performed as per Code requirements and as per Official Construction Documents will be affirmed by the designated Professional In Charge for the Private Provider company DAR's.

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DEVELOPMENT SERVICES BUILDING DIVISION
2600 HOLLYWOOD BLVD., HOLLYWOOD, FL. 33020
TELEPHONE (954) 921-3335
WWW.HOLLYWOODFL.ORG

Form A

NOTICE TO BUILDING OFFICIAL

For the use of Private Provider Florida Statutes §553.791(4)

Project Name / Address: _____

Permit/Process number: _____

Project address: _____ Parcel tax ID: _____

Services to be provided (select one): Inspections only Plans Review and Inspections*

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

I, _____, the fee owner of the property referenced above, 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: _____

Private Provider (Qualifier for the Firm): _____

Florida License or Registration number: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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, Assistant 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 that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

{ Part 1 of 2 }

Form A Continued:

The following attachments are provided as required by Section 553.791, Florida Statutes:

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 and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to FS Section 553.791(16).

(Please notarize using the **appropriate section** below)

Individual: By: _____ (signature) Print name: _____
 Address: _____ Telephone: _____
 STATE OF _____ COUNTY OF _____ 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.

Personally known or Produced Identification Type of ID produced: _____
 Signature of Notary: _____, Print Name _____
 Notary public stamp: _____ My commission expires: _____

Corporation: Print Corporation Name: _____

By: _____ (signature) Print name: _____ Its: _____
 Address: _____ Telephone: _____
 STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared, _____ on behalf of the stated corporation, 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 ID produced: _____

Signature of Notary: _____ Notary Stamp: _____
 Print Name _____

Partnership: Print Partnership Name: _____

By: _____ (signature) Print name: _____ Its: _____
 Address: _____ Telephone: _____
 STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared, _____ partner/agent on behalf of the 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 ID produced: _____

Signature of Notary: _____ Notary Stamp: _____
 Print Name: _____

{ Part 2 of 2 }

Form B

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & QUALIFICATION STATEMENT

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):

DAR Email address: _____

Telephone: _____

Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Qualifications Statement (or attach Resume):

Form C

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Florida Statutes §553.791(6)

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: _____

Florida License No. _____

Seal/Signature/Date

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

Florida License/Registration/Certification numbers: _____

Discipline and 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 JOB SITE DIRECTORY

Project Name & Address: _____

Permit Number: _____

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

PRIVATE PROVIDER JOB SITE DIRECTORY

Florida Statute §553.791(4) requires that this form be posted at the job site 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:*

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 R.3

PRIVATE PROVIDER AGREEMENT

Private Provider will agree to work under these four constraints which will result in disciplinary action by the Development Services Building Division (DSBS) if not adhered.

Constraints under which the Private Provider will be allowed for the construction to proceed:

1. The construction documents used on a project must have prior approval from the Private Provider and 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 audit review by the plan reviewers of the City of Hollywood Development Services Building Division before work is allowed to commence on that portion of the project.

First Noncompliance/Stop work order:

- The Development Services Building Division will red tag a jobsite and shall stop the progress on any portion/all construction work that does not comply with the four constraints stated above.
- 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:

- If the Private Provider repeats noncompliance to any of the constraints that are noted above on the same jobsite or on a different jobsite within a period of (2) two years from the time any stop work order is issued, depending on the severity of the noncompliance and 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. In that year, no new applications for performing work as a Private Provider will be approved by DSBD.

Third Noncompliance/Stop work order:

- If the Private Provider is noncompliant with the constraints that are noted above for a third time, within a 2 year period, depending on the severity of the offense and at the discretion of the Building Official, the Private Provider will be removed from the list of registered Private Providers on file at DSBD and cannot submit for registration again to the City of Hollywood 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.

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): _____

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: _____