City of Weston
Alternative Plan Review and Inspection Program
Notice to Building Official of
Use of Private Provider

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**, 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: _____

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. 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 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(17), 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

CITY OF WESTON, FLORIDA
ALTERNATIVE PLANS REVIEW AND INSPECTION PROGRAM
AFFIDAVIT AND VERIFICATION FORMS
FOR PERFORMANCE OF INSPECTIONS ONLY

FOR MASTER PERMIT NUMBER: _____
JOB ADDRESS: _____

PROPERTY OWNER AFFIDAVIT:
I have opted to participate in the alternative plans review and inspection program made available to me by the applicable laws of the State of Florida, Broward County and the City of Weston. I understand that I have selected the optional program for performance of inspections by a private provider, and the Building Official for City of Weston may perform code inspections, for quality assurance.

INDIVIDUAL	**CORPORATION**	**PARTNERSHIP**
_____ Signature: _____ Print Name: Address:_____ _____ Telephone No.: _____	_____ Print Corporation Name _____ Signature: Print Name: Address:_____ _____ Telephone No.: _____	_____ Print Partnership Name _____ Signature: Print Name: Address: _____ _____ Telephone No. _____
INDIVIDUAL	**CORPORATION**	**PARTNERSHIP**
STATE OF FLORIDA COUNTY OF BROWARD 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. (SEAL) ____ Personally known ____ or Produced Identification	STATE OF FLORIDA COUNTY OF BROWARD Before me, this _____ day of _____, 20___, personally appeared _____, a_____ **corporation**, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. (SEAL) ____ Personally known ____ or Produced Identification	STATE OF FLORIDA COUNTY OF BROWARD Before me, this _____ day of _____, 20___, personally appeared _____, partner/agent on behalf of _____**partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed. (SEAL) ____ Personally known ____ or Produced Identification

INSTRUCTIONS

Once a permit is secured, deviations from the approved documents during construction shall result in inspection rejection by the registered person and or City inspector at the time of quality control inspection. Any required changes must be filed with the Building Official as revisions to the permit and be approved prior to inspection approval. Any revisions that include a change of the list of individuals authorized to perform inspections must be submitted to the Building Official and include a signed affidavit and verification form prepared by the same individual who issued the original affidavit and verification form. Further be advised that the individual permit holders must request required inspection from the Building Official in accordance with established procedures.

AFFIDAVIT

Building Inspections will be performed by

Name	License Number
Name	License Number
Name	License Number

Mechanical Inspections will be performed by

Name	License Number
Name	License Number
Name	License Number

Electrical Inspections will be performed by

Name	License Number
Name	License Number
Name	License Number

Plumbing Inspections will be performed by

Name	License Number
Name	License Number
Name	License Number

I have confirmed that these individuals are duly authorized by law to perform those duties, have valid licenses and will maintain those licenses in active status throughout the project. I assume full responsibility for the inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code acknowledging that the Board of Rules and Appeals will rely on the truth and accuracy of this statement. I hereby certify that the following affiant is duly authorized to perform inspections pursuant to Section 553.791 Florida Statue and holds the appropriate license or certificate of insurance commensurate wit the construction value of the project.

I am aware that I must maintain at the job site an inspection log in a form specified by the County and that all inspections required under the FBC will be made by the individuals listed in the verification forms and recorded in the log. Upon completion of the work I will submit to the Building Official the completed inspection log and a certification.

I further state, I am not the design professional who signed and sealed the plans. Additionally, I hold no financial interest in the construction.

AFFIANT FOR ALL DISCIPLINES

_____ _____

PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

OR, AFFIANT PER DISCIPLINE

_____ _____

BUILDING AFFIAN PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

_____ _____

STRUCTURAL AFFIANT PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

_____ _____

MECHANICAL AFFIANT PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

_____ _____

PLUMBING AFFIANT PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

_____ _____

ELECTRICAL AFFIANT PRINT NAME SIGNATURE AND SEAL

_____

REGISTRATION NUMBER

Private Provider

Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____ City: _____ State: _____ Zip: _____

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 numbers and description:

_____ _____ _____

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
☐ Personally Known to me, or ☐ Produced Identification. Type of identification produced _____ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of their knowledge or belief.

_____ _____
Signature of Notary Name of Notary

My commission expires: (Place Stamp)

CITY OF WESTON, FLORIDA

ALTERNATIVE PLANS REVIEW AND INSPECTION PROGRAM

PROCEDURES FOR JOBSITE DOCUMENTATION

AND SITE INSPECTIONS

PERMIT NUMBER: _____

JOB ADDRESS: _____

The following is required Job site documentation log check inspections.

1. Private Provider Job Site Identification Form this is to identify each individual Duly Authorized Representative (DAR) involved. Forms must be provided when the plans are submitted so they can be perforated/stamped and returned to the job-site. Form(s) for each DAR shall be kept on the job-site in a log and shall be updated and kept current by the Private Provider.

2. The building official may require a preconstruction meeting prior to permit issuance or commencement of construction. The Building Official may require any or all the following to attend: private provider, contractor of record, the property owner or property owner's representative.

All inspections shall be scheduled through the Building Department inspection scheduling system in the same manner as required for all permits issued by the local building department.

3. Building Code Services will perform periodic job-site visits at their discretion per FS 553.791(9). Form entries will be compared to inspection reports. Any new entries to the worksite log will need to be approved first by the Building Official. The log check inspection shall be scheduled by the Building Official within **every two weeks for each trade** and at the final inspection. Inspection reports must only be written by those previously approved inspectors.

Note: The Building Official or designee may visit the building site as often as necessary to verify that the "Private Provider" is performing all required inspections pursuant to Section 553.791(9) Florida Statute.

PRIVATE PROVIDER

Name: _____

Signature and seal: _____

Date: _____

New	☐
Update	☐

BUILDING CODE SERVICES
CONTRACTOR - UNLICENSED - PRIVATE PROVIDER

REGISTRATION FORM

APPLICATION TYPE (Select One):

☐ **Licensed Contractor** ☐ **Unlicensed Contractor** ☐ **Architect / Engineer** ☐ **Building Code Administrator**

Applicant Information:
Name: _____
Phone No: _____Email: _____

Business Information
Business Name (DBA): _____
Business Address: _____City / State / Zip: _____
Business Phone No.: _____ Business Email: _____

Licensed Contractor

Applicants must provide copy of all the following:

- ☐ State Certification or Broward County Certificate of Competency license
- ☐ Certificate of General Liability Insurance
- ☐ Sunbiz (Florida Division of Corporations) registration
- ☐ Proof of Workers Compensation Insurance or Exemption
- ☐ Business Tax Receipt (Local Business Tax)
- ☐ Driver's License ID Photo

Unlicensed Contractor (Previously Licensed with Broward County - Limited Scope of Work)

Applicants must provide copy of all the following:

- ☐ Certificate of General Liability Insurance
- ☐ Proof of Workers Compensation Insurance or Exemption
- ☐ Business Tax Receipt (Local Business Tax)
- ☐ Driver's License ID Photo

Architect / Engineer / Professional Engineer - Applicants must provide of all the following:

☐ State of Florida Certification or Registration ☐ Driver's License ID Photo

Certification: I certify the information provided is true and correct to the best of my knowledge.

Signature: _____ **Print Name:** _____

State of Florida, County of _____
Acknowledged before me this _____ day of _____**, 20** ___ by _____
Personally Known ___ or Produced ID ___ID Provided: _____

Notary Signature: _____
Commission #: _____ **Expiration:** _____ STAMP

Email all documents to the Building Department's email: Building@westonfl.org

Note: All documents are required to be submitted along with this registration form.

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