



**Monroe County Growth Management Division**  
**Building Department**  
**Notice to the Building Official of Use of Private Provider**

Effective 9/1/2011

(Required Two Page Form)

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Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site RE #: \_\_\_\_\_

Owner Name : \_\_\_\_\_

Contractor: \_\_\_\_\_

Services to be provided:  Plans Review Only  Inspections Only  Both

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

I \_\_\_\_\_, fee owner,  
affirms I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: **PAUL'S PERMIT SERVICES LLC**

Private Provider: **Orlando Perez Jr.**

ADDRESS: **7729 NW 146 St Miami Lks FL 33016**

CONTACT PHONE: **305-394-4546** CONTACT EMAIL: **Orlando@PAULSPERMIT.COM**

Florida License, Registration or Certificate #: **AR0014354**

**Notice To The Building Official Of Use Of Private Provider – Owner Affidavit**

I, the fee owner, 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, engineering, land use, environmental, flood or other codes.**

<i><b>INDIVIDUAL</b></i>	<i><b>CORPORATION</b></i>	<i><b>PARTNERSHIP</b></i>
	_____ (Print Corporation Name)	_____ (Print Partnership Name)
(Signature) _____	By: _____ (Signature)	By: _____ (Signature)
Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Its: _____ Address: _____	Its: _____ Address: _____
Telephone No.: _____	Telephone No. _____	Telephone No.: _____

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
*Please use appropriate notary section below:*

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 _____ <b>corporation</b> , on behalf of the state corporation, who executed the foregoing instrument, acknowledged before me that same executed for the purposes therein expressed.	Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a <b>partnership</b> , 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 \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public: NOTARY STAMP