

**Notice to Building Official of Use of Private Provider**

**Project Name:** Robin Keller 15008 SW Tustenuggee Ave Fort White, FL 32038

**Parcel Tax ID:** 134E-060

**Services To be provided:**                      **Plan Review**            **x**            **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 to be used for both services under Section 553.791(2) Florida Statute.

I, Robin Keller the fee owner, affirm I or my contractor have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

**Private Provider Firm:** My Amelia, Inc DBA Inspected.com

**Private Provider:** Spencer Moore

**Address:** 150 S Pine Island Rd Suite 210 Plantation, FL 33324

**Telephone:** 954-820-4874

**Fax:**

**Email Address (optional):** Permits@inspected.com

**Florida License, Registration or Certificate #:** PE 99007

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building subject to 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 code, land use, environmental or other codes.

1250 S. Pine Island Road Suite 325, Plantation, FL 33324

(954) 820-4874

[Permits@Inspected.com](mailto:Permits@Inspected.com)

<https://www.inspected.com>

**The following attachments are provided as required:**

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

**Individual**

By: Robin Keller  
(Signature)

Print Name: Robin Keller  
Address: 15008 SW Tustnuggee Ave  
Fort White, FL 32038

Telephone No.: 352-222-8392

**Corporation**

Print Corporation Name  
By: \_\_\_\_\_  
(Signature)

Its: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Partnership**

Print Partnership Name  
By: \_\_\_\_\_  
(Signature)

Its: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Please use appropriate notary block.**

**Individual**

Before me, this 21 day of September 2021 personally appeared Robin Keller  
Who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

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 purposes therein expressed.

**Partnership**

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.

STATE OF FL COUNTY OF Columbia

Personally known \_\_\_\_\_ ; or Produced identification X Type of identification produced Florida ID

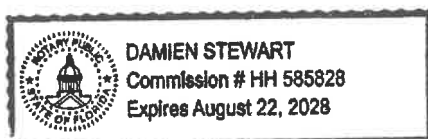
Signature of Notary: Damien Stewart Print Name: Damien Stewart

Notary Public: NOTARY STAMP BELOW

My commission expires: 8/22/21

K379-564-32-000-0

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