



Approved PPAF Form 2023-0105
Copyright PPAF Adopted 5/17/2023

NOTICE TO BUILDING OFFICIAL
CLARIFICATION

s. 553.791, Fla. Stat. states “[a] fee owner of the fee owner’s contract using a private provider to provide building code inspection services shall notify the local building official in writing at the time of permit application, or by 2 p.m. local time, 2 business days before the first scheduled inspection by the local building official or building code enforcement agency that a private provider has been contracted to perform the required inspections of construction under this section, including single-trade inspections, *on a form to be adopted by the commission.*” The Florida Building Commission has adopted no such form, and since they have not adopted such a form the NTBO submitted with this packet is legally compliant as it contains the requisite information per statute.

Section 553.791 (16)(a), Fla. Stat. states “[a] local enforcement agency, local building official, or local government may not adopt or enforce any laws, rules, procedures, policies, qualifications, or standards more stringent than those prescribed by this section”. Any policy that is not a mere repetition of the Florida Building Code Act, the Florida Building Code, or the registration of private providers as per s. 553.791 (16)(b), Fla. Stat., is unenforceable.

Any requests to submit the NTBO on any form other than what has been provided in this packet cannot be enforced and may be denied by the private provider and/or the contractor.

Also, a Contractor may sign the NTBO as an agent of the Fee Owner. If the Contractor has a signed agreement with the Fee Owner, s/he may sign the NTBO as an agent of the Fee Owner.



Form # 9B-3.053-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 20, 2003

Project Name: Hanks Residence

Parcel Tax ID: 14-6S-16-03818-211

Services to be provided: Plans Review X Inspections X

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 Brian and Christina Hanks, 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: Freedom Code Compliance

Private Provider: Michael Williams

Address: 2885 SE Monroe St, Stuart, FL 34997

Telephone: 239-800-9025 Fax:

Email Address (Optional): permits@freedomcodecompliance.com

Florida License, Registration or Certificate #: BU2215, PX4929, BN7822

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 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.

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

X [Signature]
 (signature)

X Print BRIAN HANKS
 Name: CHRISTINA HANKS
 Address: 423 SW PATHFINDER
GLW FT. WHITE 32028
 Telephone No.: 727-773-5241

Corporation

Print Corporation Name _____

By: _____
(signature)

Print Name: _____

Its: _____
Address: _____

Telephone No.: _____

Partnership

Print Partnership Name _____

By: _____
(signature)

Print Name: _____

Its: _____
Address: _____

Telephone No.: _____

Please use appropriate notary block.

STATE OF Florida

COUNTY OF Columbia

Individual

Before me this 2nd day of October
 personally appeared X appeared via online
 notarization _____
Brian and Christa Hanks
 who executed the foregoing instrument and
 acknowledged before me that same was
 executed for the purposes therein contained.

Corporation

Before me this _____ day of _____
 personally appeared _____
 appeared _____ appeared via online
 notarization _____
 on behalf 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
 contained.

Partnership

Before me this _____ day of _____
 personally appeared _____ or appeared via
 online notarization _____
 a partner/agent, on behalf of _____
 a partnership, who executed the foregoing
 instrument and acknowledged before me that
 same was executed for the purposes therein
 contained.

Personally known X; or Produced identification _____ Type of identification produced _____

Signature of Notary [Signature]

Print Name Daniel Huddleston

Notary Public: NOTARY STAMP BELOW

My commission expires:

