



Department of Regulatory and Economic Resources
Board and Code Administration Division
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MEMO

TO: All Building Officials in Miami-Dade County

FROM: Secretary of the Board
Board of Rules and Appeals (BORA)

A handwritten signature in blue ink, appearing to read "Jaime Gascon".

DATE: November 15, 2024

SUBJECT: BORA QUALITY ASSURANCE MINIMUM
GUIDELINES - PRIVATE PROVIDERS

At their meeting of November 14th, 2024, the Miami-Dade County Board of Rules and Appeals (BORA) approved the Quality Assurance Minimum Guidelines - Private Providers. This action was based on the input of local Building Officials and recommendations from the Board.

A copy of the Quality Assurance Minimum Guidelines - Private Providers is attached.

Should you have any questions, please contact Jaime D. Gascon, Board and Code Administration Division Director at (786) 315-2508.

QUALITY ASSURANCE MINIMUM GUIDELINES - PRIVATE PROVIDERS

1.0 SCOPE

This guideline establishes the minimum requirements for private providers performing alternative plan reviews and inspections in Miami-Dade County. The purpose of these guidelines is to ensure compliance with statutory requirements, building code standards and maintain public safety.

DEFINITIONS

DULY AUTHORIZED REPRESENTATIVE (DAR) - An agent of the private provider identified in the permit application who reviews plans or performs inspections as provided under F.S. 553.791 and who is licensed as an engineer under F.S. chapter 471 or as an architect under F . S . chapter 481 or who holds a standard or provisional certificate under part XII of F.S. chapter 468. A duly authorized representative who only holds a provisional certificate under part XII of F . S . chapter 468 must be under the direct supervision of a person licensed as a building code administrator under part XII of F . S . chapter 468. The duly authorized representative must be an employee of the private provider entitled to receive reemployment assistance benefits under F.S. Chapter 443.

IMMEDIATE THREAT TO PUBLIC SAFETY AND WELFARE - A building code violation that, if allowed to persist, constitutes an immediate hazard that could result in death, serious bodily injury, or significant property damage. This paragraph does not limit the authority of the local building official to issue a Notice of Corrective Action at any time during the construction of a building project or any portion of such project if the official determines that a condition of the building or portion thereof may constitute a hazard when the building is put into use following completion as long as the condition cited is shown to be in violation of the building code or approved plans.

PRIVATE PROVIDER - A person licensed as a building code administrator under part XII of F.S. chapter 468, as an engineer under F.S. chapter 471, or as an architect under F.S. chapter 481. For purposes of performing inspections under this section for additions and alterations that are limited to 1,000 square feet or less to residential buildings, the term "private provider" also includes a person who holds a standard certificate under part XII of F.S. chapter 468.

PRIVATE PROVIDER FIRM - A business organization, including a corporation, partnership, business trust, or other legal entity, which offers services under F.S. 553.791 to the public through licensees who are acting as agents, employees, officers, or partners of the firm. A person who is licensed as a building code administrator under part XII of F.S. chapter 468, an engineer under F.S. chapter 471, or an architect under F.S. chapter 481 may act as a private provider for an agent, employee, or officer of the private provider firm.

2.0 REGISTRATION

- 2.1 Miami-Dade County Board and Code Administration Division (BCAD) shall register all *private provider firms*, *private providers* and *duly authorized representatives* performing alternative plan review and inspections throughout all jurisdictions in Miami-Dade County. The list of *private providers* and *duly authorized representatives* will serve as the qualified list of personnel that may perform plan reviews and inspections on any project within Miami-Dade County.
- 2.2 Documents required for registration:
1. *Private provider firm* - Certificate of Insurance (COI) verifying professional liability covering all services performed as a private provider in the type and amounts required by State law, F.S. 553.791 (18) and registration for at least one private provider.
 2. *Private provider* - A copy of engineer, architect or building code administrator license and resume of qualifications for one or more private providers who will qualify the firm.
 3. *Duly Authorized Representatives* – Duly Authorized Representative Employment Affidavit form listing all DARs, license or certificate numbers and trade discipline.

3.0 PERMIT SUBMITTAL

- 3.1 When providing plan review services, the permit submittal documents shall include the Notice to Building Official, Plan Compliance Affidavit, the *private provider* approved plans and all other required construction documents applicable to the proposed scope of work.
- 3.2 When providing inspections only, the permit applicant must submit a Notice to Building Official 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.
- 3.3 The local Building Official may require an updated Certificate of Insurance (COI) verifying professional liability covering all services performed as a *private provider* in the type and amounts required by State law, F.S. 553.791 (18) for each permit submittal.
- 3.4 The Private Provider Plan Compliance Affidavit form is used by the *private provider* to attest to the Building Official that the plans submitted by the *private provider* were reviewed for and follow the Florida Building Code and all local amendments to the Florida Building Code. The affidavit must include the name and license number(s) of the plan examiner(s) and a list of all plan sheets approved by the *private provider* or *DAR*. The affidavit must include a statement indicating that the *private provider* has verified the validity of

design professionals' signatures. The affidavit must be concatenated with all approved sheets and shall be submitted as a single concatenated document, digitally signed by the *private provider*.

4.0 **PLAN REVIEW**

- 4.1 The Building Official may review the plans in the form of a quality check within the allowable time as per F.S. 553.791 (10). Any plan deficiencies resulting from the quality check shall be provided in a written notice to the permit applicant.
- 4.2 The Building Official may verify the plan reviewer's credentials on the RER BCAD online information system.
- 4.3 No work shall be performed prior to issuance of the permit.

5.0 **DEFERRED SUBMITTALS (SHOP DRAWINGS) AND SUBSIDIARY PERMITS**

- 5.1 Work by subcontractors shall not be inspected until the required trade sub-permit is obtained.
- 5.2 Installation of products, equipment and other items not fully detailed in the approved construction drawings shall not be inspected until the deferred submittal (shop drawing) is submitted and approved by the Building Official, and a separate permit is issued, if required.

6.0 **SITE VISITS AND INSPECTIONS**

- 6.1 The Building Official may require a preconstruction meeting prior to permit issuance or commencement of construction. The Building Official may require any or all of the following to attend: *private provider*, contractor of record, the property owner or property owner's representative.
- 6.2 A *private provider firm* performing required inspections under F.S. 553.791 shall inspect each phase of construction as required by the applicable codes. No inspections shall be performed prior to issuance of the permit.
- 6.3 The *private provider* may have a duly authorized representative perform the required inspections, provided the *DAR* is registered with BCAD for the *private provider firm* and all required reports are prepared by and bear the digital signature of the *private provider* or the private provider's *duly authorized representative*, whichever individual performs the inspection.

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- 6.4 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.
- 6.5 The local building official may visit the building site as often as necessary to verify that the *private provider* is performing all required inspections, and the inspections reflect the actual progress of the work.
- 6.6 The *private provider* shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.
- 6.7 When deficiencies are found involving a noncomplying item related to the building code or permitted documents, a notice must be posted by the Building Official or the *private provider*. Such notice may be physically posted at the job site or electronically posted. After corrections are made, the item must be reinspected by the *private provider* or *duly authorized representative* before being concealed.
- 6.8 Florida Statutes do not limit the authority of the local building official to issue a stop work order for a building project or any portion of the project, as provided by law, if the official determines that a condition on the building site constitutes an *immediate threat to public safety and welfare*, subject to the requirements of F.S. 553.791 (15).
- 7.0 **CHANGE OF PRIVATE PROVIDER FIRM OR PRIVATE PROVIDER**
- 7.1 A change of *private provider* on a project at any phase, either plan review or inspections, requires a new Notice to Building Official for the new *private provider*.
- 7.2 A change of *private provider firm* in the plan review phase to either the municipality or another *private provider firm* shall require a new Notice to Building Official. This will require registration with BCAD of the successor *private provider firm*, *private provider* and all *DAR's* if applicable as well as all documents required as per section 3.1 of these guidelines.
- 7.3 A change of private provider firm in the inspection phase to either the municipality or another *private provider firm* shall require a new Notice to Building Official and a copy of all inspection reports completed by the previous *private provider firm*.

8.0 PERMIT CLOSE OUT, CERTIFICATE OF COMPLETION OR CERTIFICATE OF OCCUPANCY REQUESTS

- 8.1 Upon completing the required inspections at each applicable phase of construction, the *private provider* shall record such inspections on a form acceptable to the local building official in compliance with F.S. 553.791 (9). The form must bear the written or electronic signature of the *private provider* or the *private provider's duly authorized representative*.
- 8.2 Unless electronically posted, as defined in F.S. 553.791 (1)(i), records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local building official.
- 8.3 Upon completion of all required inspections, the *private provider* shall prepare a certificate of compliance complying with F.S. 553.791 (13).

9.0 DISPUTE RESOLUTION

- 9.1 Pursuant to F.S. 553.791(15)(b) - If the local building official and *private provider* are unable to resolve a dispute, the matter shall be referred to the Miami-Dade County Board of Rules and Appeals, which shall consider the matter at its next scheduled meeting or sooner. Any decisions by the Miami-Dade County Board of Rules and Appeals may be appealed to the Florida Building Commission, in accordance with applicable law.
- 9.2 Pursuant to F.S. 553.791(15)(c) - Any decisions regarding the issuance of a building permit, certificate of occupancy, or certificate of completion may be reviewed by the Miami-Dade County Board of Rules and Appeals. Any such decision by the Miami-Dade County Board of Rules and Appeals may be appealed to the Florida Building Commission, which shall consider the matter at the commission's next scheduled meeting in accordance with applicable law.



APPENDIX

- TAB A DAR Affidavit
- TAB B Sample Insurance Certificate
- TAB C Notice to Building Official
- TAB D Plan Compliance Affidavit
- TAB E Inspection Report Form
- TAB F Certificate of Compliance

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the
Miami-Dade County Alternative Plan Review and Inspection Registration Program.

I _____ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by F.S. 553.791 and are entitled to receive unemployment compensation benefits under F.S. Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:
(List individually; use a second form if necessary)

Print Name	License Number(s)	Trade Category	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

SIGNATURE OF THE PRIVATE PROVIDER _____

PRIVATE PROVIDER FIRM _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of physical presence OR

online notarizations this _____ day of _____, 20____,

by _____ Signature of Notary Public _____

Print Name _____

Personally known _____

(SEAL)

or Produced Identification _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p>PRODUCER</p> <p style="text-align: center; color: red; font-weight: bold;">Insurance Agent name and address</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext): FAX (A/C, No):</p> <p>E-MAIL ADDRESS:</p> <hr/> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE NAIC #</p> <p>INSURER A: Insurance Company FL # #</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>
<p>INSURED</p> <p style="text-align: center; color: red; font-weight: bold;">Private Provider Firm name and address</p>	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <hr/> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p> <p>OTHER:</p>						<p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL & ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COM/OP AGG \$</p> <p>\$</p>
	<p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY</p> <p><input type="checkbox"/> HIRED AUTOS ONLY</p>						<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p> <p>\$</p>
	<p>UMBRELLA LIAB <input type="checkbox"/> OCCUR</p> <p>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</p> <p>DED <input type="checkbox"/> RETENTION \$</p>						<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p>
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>						<p>PER STATUTE OTH-ER</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>
	<p style="color: yellow;">Professional Liability</p>			<p style="color: yellow;">Policy number</p>			<p style="color: red; font-weight: bold;">Limits as per F.S. 553.791(18)</p>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<p>CERTIFICATE HOLDER</p> <p>Miami-Dade County Board and Code Administration Division - Private Provider Registration 11805 SW 26 St Miami, FL 33175</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p>
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Notice to Building Official of Use of Private Provider

Project Name: _____

Parcel Tax ID: _____

Services to be provided: Plans Review _____ Inspections _____

Note: If the notice applies to private plan review services the Building Official may require, at his or her discretion, the private provider be used for inspection services pursuant to F.S. Section 553.791(2) (a).

I _____, 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: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

Email Address (Optional): _____

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 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 or within 2 business days before the next scheduled inspection, 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

 (signature)
 Print
 Name: _____
 Address: _____

 Telephone
 No.: _____

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 _____

COUNTY OF _____

Individual

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 who executed the foregoing instrument,
 and acknowledged before me that same
 was executed for the purposes therein
 expressed.

Corporation

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 _____ **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

Sworn to and subscribed before me by
 means of physical presence OR
 online notarizations this _____
 day of _____, 20_____,
 by _____
 a **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 identification produced _____

Signature of Notary _____ Print Name _____

Notary Public: NOTARY STAMP BELOW

My commission expires:



Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

Project Name: _____ Site Address: _____

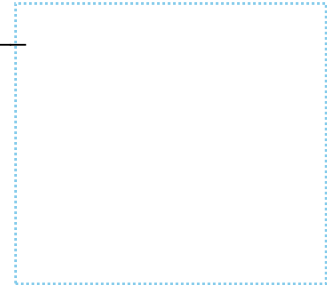
Process No.: _____ (Check one): Master Permit (or) Revision/Shop Drawing
Master Permit No.: _____

Select all applicable trades Building Electrical Mechanical Plumbing Structural

I hereby certify, under oath, that the following is true and correct to the best of the private provider's knowledge and belief that the plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license or certificate, and the plans comply with the applicable codes.

Private Provider Name: _____ Lic. No.: _____

Signature: _____ Date: _____
(Wet or digital signature & seal for architect or engineer, notary for building code administrator)



Seal/Signature/Date

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

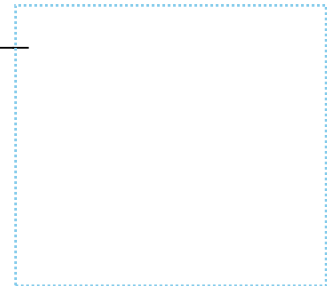
Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)

Signature of Duly Authorized Representative if used for plan review in addition to the private provider's signature.

Plans Examiner Name: _____ Lic. No.: _____

Signature: _____ Date: _____
(Wet or digital signature & seal for architect or engineer, notary for BCAIB certified plans examiner)



Seal/Signature/Date

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

Name of Notary Public: _____ Signature of Notary: _____

Personally known to me or Produced identification (type) _____ (NOTARY SEAL)

TAB E

STANDARDIZED PRIVATE PROVIDER INSPECTION REPORT

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contractor Company Name: _____ Owner Builder:

Qualifier Name: _____ Qualifier Phone No.: _____

Project Name/Description: _____

Site Address: _____

Master Permit No.: _____ Subsidiary Permit No.: _____

Trade: Building Electrical Mechanical Plumbing Roofing

Inspection Date: _____ Time: _____ Inspection Report No.: _____

Inspection Category & Type: (_____) _____ Disposition: _____

Comments:

- Additional Actions Required:
- | | |
|---|---|
| <input type="checkbox"/> Re-inspection Required | <input type="checkbox"/> Elevation Certificate Required |
| <input type="checkbox"/> Plan Revision Required | <input type="checkbox"/> Shop Drawing Required |
| <input type="checkbox"/> Subsidiary Permit Required | <input type="checkbox"/> Special Insp. Report Required |
| <input type="checkbox"/> Other: _____ | |

I hereby certify that the above inspection is true and correct and has been inspected in accordance with the applicable Florida Building Code, reference standards, and approved permit documents.

Duly Authorized Rep. Name: _____ License No.: _____

Signature: _____

STANDARDIZED PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Instructions: Submit one certificate of compliance separately for each permit.

Date Issued: _____

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contractor Company Name: _____ Owner Builder:

Qualifier Name: _____ Qualifier Phone No.: _____

Project Name/Description: _____

Site Address: _____

Master Permit No.: _____ Subsidiary Permit No.: _____

Attestation statement:

As the private provider of record having performed and approved the required inspections, as indicated in the attached approved inspection log, I hereby attest that to the best of my knowledge, belief and professional judgment,

Select all applicable trades: Building Electrical Mechanical Plumbing Roofing

covered by the above referenced permit has been approved in accordance with the approved plans and the provisions of all applicable laws and technical codes. I also attest that all construction deviations from the original permit application, plans, and all necessary shop drawings have been filed with the building department in the form of permit revisions and in compliance with all the provisions of the law. This document is being prepared in accordance with F.S. 553.791 (13) and is being submitted to the Miami-Dade County Building Department at the time of the final inspection for the above referenced permit.

Private Provider's Name: _____ License No.: _____

Signature: _____

(Wet or digital signature and seal for architect or engineer, notary for building code administrator)