



**MIAMI-DADE COUNTY, FLORIDA  
HERBERT S. SAFFIR PERMITTING AND INSPECTION CENTER**

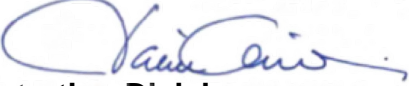
**Department of Regulatory and Economic Resources  
Board and Code Administration Division**

11805 SW 26<sup>th</sup> Street (Coral Way) • Room 230  
MIAMI, FLORIDA 33175-2474  
(786) 315-2509 FAX (786) 315-2560

[www.miamidade.gov/building](http://www.miamidade.gov/building)

**ADVISORY MEMO**

**TO: ALL BUILDING OFFICIALS IN MIAMI-DADE COUNTY**

**FROM: Jaime D. Gascon, P.E.**   
**Board and Code Administration Division**

**DATE: December 23, 2024**

**SUBJECT: Private Providers – New Notice to Building Officials Form**

---

Pursuant to the Florida Department of Business and Professional Regulations Building Codes and Standards December 18, 2024 notice, on revised Form #61G20-2.005-2002-01- Use of Private Providers, attached please find approved copy to substitute into the BORA Quality Assurance Minimum Guidelines – Private Providers.

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

## 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, 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: \_\_\_\_\_

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 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(18), Florida Statutes.

**Individual**

**Corporation**

\_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Telephone  
 No.: \_\_\_\_\_

\_\_\_\_\_  
 Print Corporation Name  
 By: \_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email 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.

Personally known \_\_\_\_\_; or Produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Print Name \_\_\_\_\_

Notary Public: NOTARY STAMP BELOW

My commission expires: