

# SEMINOLE COUNTY FLORIDA - PRIVATE PROVIDER PROGRAM

## General Information

The use of Private Providers is authorized by Florida Statute Section 553.791, Alternative Plans Review and Inspection.

Seminole County permits by structure and address. Sub-permits will be included on the master permit. Additional permits will be required for shells, a duplex, site lighting, pools and others. Optional required permits for walk-in coolers and commercial exhaust hoods depending on the contract. Notification is required if a grease trap is part of your scope of work. One complete private provider packet will be required for each master permit. Contact us for assistance with your complete scope of work.

When an Owner elects to use a Private Provider per F.S. Section 553.791, Seminole County requires that only the forms in this packet be used for any Private Provider documentation submitted to the County, except for inspection reports or similar. However, the Private Provider is recognized only after the Seminole County reviews and accepts the "Notice to Building Official."

Seminole County highly recommends submitting your private provider packet with the initial application submittal through the contractor for the most efficient processing. By placing "private provider" on the submitted residential or commercial application will assist Seminole County with your request to utilize a private provider for your project. A point of contact for the contractor and private provider must be provided on the form in this packet. These will be the individuals whom Seminole County corresponds with and will refer prospective emails and phone calls (i.e design professionals, subcontractors and owners) to those individuals as needed.

It is the general contractor's responsibility to track and maintain records for all permits for their project. They are also responsible for submitting any revisions to the original approved plans after permit issuance. You may track this information on our [Building Permits Online](#) on our website.

Private Provider services may include inspections only, or plans review and inspections. Seminole County will not allow plans review only. The Private Provider's role may be modified at any time by submitting a revised "Notice", subject to the restrictions set forth below.

All documents requiring a signature and seal must contain a digitally, wet or embossed seal. Digital signatures must comply with the Florida Administrative Code or Seminole County to be submitted electronically. Wet or embossed sealed documents must be submitted to our office, in person or mail delivery. 1101 1<sup>st</sup> St. Sanford, FL 32771.

Flood Elevation Certificates- After approved by the private provider inspection agency, signed and sealed Elevation Certificates shall be submitted to the Seminole County Building Division for record retention purposes.

The following inspections required for County approval:

Fire inspections must be called into 407-665-7422.

Engineering inspections must be scheduled [online](#).

**Notice to Building Official F.S. 553.791(4):** A owner or the owner’s contractor using a private provider to provide building code inspection services shall notify the local building official *at the time of permit application, or by 2 p.m. EST, 2 business days before the first scheduled inspection* by the local building official or building code enforcement agency for a private provider performing required inspections of construction. After construction has commenced and if the local building official is unable to provide inspection services in a timely manner, the owner or the owner’s contractor may elect to use a private provider to provide inspection services by notifying the local building official of the owner’s or contractor’s intention to do so by 2 p.m. local time, 2 business days before the next scheduled inspection.

**Audits F.S. 553.791(18):** The Building Official may audit the performance of building code inspection services by private providers operating within the local jurisdiction. However, the same private provider may not be audited more than four times in a calendar year unless the local building official determines a condition of a building constitutes an immediate threat to public safety and welfare. If an issue or complaint arises regarding the building construction that warrants an inspection by the Building Official and it is determined that an audit is necessary, the permit applicant is responsible for the audit fee separate from all other fees, per the Seminole County Fee Resolution.

**Private Provider Plans Review:** Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical and Plumbing. *All other disciplines (Zoning, Fire, Public Works, etc.) will be reviewed by the County.*

**Changing the Private Provider - Acknowledgment from the fee owner to Seminole County:**

If the fee owner or the fee owner’s contractor makes any changes to the listed private providers or the services to be provided by those private providers, the fee owner or the fee owner’s contractor shall, within 1 business day after any change, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change. In addition, the fee owner or the fee owner’s contractor shall post at the project site, before the commencement of construction and updated within 1 business day after any change, on a form to be adopted by the commission, the name, firm, address, telephone number, and facsimile number of each private provider who is performing or will perform building code inspection services, the type of service being performed, and similar information for the primary contact of the private provider on the project.

If the Private Provider is terminated during Plan Review, or otherwise fails to complete the plan reviews and issue the appropriate affidavits, the Owner may find another Private Provider to finish the reviews and assume all responsibility. Alternatively, the County may take over the plan reviews, but will conduct a full re-review.

If the Private Provider is terminated during Inspections, or otherwise fails to complete the inspections and issue the final compliance documents, the Owner must secure another Private Provider to take over the inspection duties until the completion of the project. The County of Seminole County will not take over inspection duties.

**AFFIDAVIT FOR PRE-POWER (Sample) F.S. § 553.791(11)**

To release power the following is required:

- PRIOR TO SCHEDULING INSPECTION-Request for Prepower (found with the Building Forms and Applications) containing all 3 signatures must be received and approved.
- PRIOR TO SCHEDULING INSPECTION-Seminole County fee paid to schedule a Prepower inspection with the private provider
- Digitally signed and sealed private provider affidavit from this packet
- Wet/Embossed sealed private provider affidavit from this packet will require notarization and original submitted to the office 1101 E. 1<sup>st</sup> St. Sanford, FL 32771
- Approved inspection report with location of meter/ service(s) specified to energize from the private provider

**AFFIDAVIT FOR TUG (Sample) F.S. § 553.791(11)**

To release power the following is required:

- PRIOR TO SCHEDULING INSPECTION- Request for Tug with Prepower (found with the Building Forms and Applications) containing all 3 signatures.
- PRIOR TO SCHEDULING INSPECTION- Seminole County fee paid to schedule a tug inspection with the private provider
- Digitally signed and sealed private provider affidavit from this packet
- Wet/Embossed sealed private provider affidavit from this packet will require notarization and original submitted to the office 1101 E. 1<sup>st</sup> St. Sanford, FL 32771
- Approved inspection report with location specified to energize from the private provider

**Fee Adjustments for Building Permits:** If an owner elects to use a private provider, a reduction in building permit fees will apply as follows:

Project Size	Inspections Only (Residential)	Plans Review & Inspections* (Residential)	Inspections Only (Commercial)	Plans Review & Inspections* (Commercial)
0 – 139,000 square feet	45%**	60%**	45%**	60%**
140,000 square feet or greater	NA	NA	65%**	75%**

\*If the applicant chooses to use a private provider for plans review, the applicant must also use a private provider for inspections. If an applicant elects to use a private provider for plan review, the Plan Review Fee will not be assessed.

\*\* This discount is only for the cost of the building permits for building purposes, specifically building, electrical, mechanical, and plumbing. It would not affect any other fees associated with a building permit such as impact fees, fire permit fees, technology fees, or development fees.

This packet must be received prior to fees being assessed to include the discount. Discounts will not be given to previously issued permits.

For questions on the Seminole County’s Private Provider program, or about the registration process, contact Bob Pike, Seminole County Building Official at [jpike@seminolecountyfl.gov](mailto:jpike@seminolecountyfl.gov) or by calling 407-665-7050.

**Private Providers must be registered with Seminole County.** See next page for more information.

## **PRIVATE PROVIDER DOCUMENTS**

### **Guide to Using the Official Forms**

**To be submitted for Registration with the Seminole County Building Department:**

### **Private Provider Registration F.S. 553.791(15)(b)**

The following supplemental information is also required:

1. Business- kept on file with the County, requires submittal upon or prior to expiration.
  - Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
  - DBPR Certificate of Authorization for the firm.
  - Occupational (Business) license for the firm's principal place of business.
2. Insurance: kept on file with the County, requires submittal upon or prior to expiration.
  - Certificate of professional liability insurance as required by F.S. 553.791(16). The certificate must include the County of Seminole County as the certificate holder, and must be sent to the County directly by the insurance company.
3. Personnel:
  - Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
  - Copy of driver licenses for all personnel listed above.

### **Employment affidavit for all Duly Authorized Representatives F.S. 553.791(8)**

The following supplemental information is also required:

1. Licenses for all personnel regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors). To be submitted at the time of Private Provider election:

### **Notice to Building Official F.S. 553.791(4)**

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

### **Personnel Identification & Job Site Directory F.S. 553.791(4)**

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project.

NOTE: A second copy is to be posted at the job site during construction.

**Plan Compliance Affidavit F.S. 553.791(6)**

This is required if the plans are reviewed and stamped by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

**Required Inspections from Plan Review**

Private Providers must submit a list of inspections, per discipline, using Seminole County’s list of inspections provided in this packet. These are to be set according to the plan review and received prior to issuance of the permit.

**Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)**

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

**List of Approved Drawings**

This form records all of the individual approved drawings, including the latest dates.

**Required Structure Information**

The private provider is required to provide the information for the structure found during the plan review.

**Plan Changes**

If plans change or pages are added due to other County review agency comments, plans will need a PP Stamp, or new affidavit for updated or added pages.

**Private Provider inspections:**

**Personnel Identification & Job Site Directory F.S. 553.791(4)**

**Inspection Report(s) (Using the Private Provider’s letterhead) F.S. 553.791(10)** - To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

**Inspection Summary (Using the Private Provider’s letterhead) F.S. 553.791(10)** - To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.

**Project closeout (Statements of Inspection):**

Certificate of Compliance (CO/CC) F.S. 553.791(11). This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the County of Seminole County and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

Certificate of Compliance (TCO/TCC) F.S. 553.791(11). This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.

# Identification Page

## PRIVATE PROVIDER FIRM

Name of Firm: \_\_\_\_\_ FL Certificate of Authorization no.: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Federal Employer ID # (FEIN): \_\_\_\_\_

Type of business entity:

Corporation  Partnership  LLC  LLP  Other

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## QUALIFIER

Name of Qualifier: \_\_\_\_\_ Signature: \_\_\_\_\_

Architect, FL Reg. no: \_\_\_\_\_  Professional Engineer, FL License no: \_\_\_\_\_

For Engineers, state your area(s) of competency: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)

## Point of Contact with Seminole County

### Project Information:

Permit Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Folio no.: \_\_\_\_\_

Notes: \_\_\_\_\_

Check one:

Plan Review and Inspections

Inspections Only

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

Individual's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Private Provider Company: \_\_\_\_\_

Individual's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note:** You are required to update this information with Seminole County should it change throughout your active project. These individuals will have their contact information provided to others within the project. i.e design professionals, subcontractors, owner(s), multiple representatives from the contractor, and private provider company. Delays may possibly be caused if Seminole County does not have the current point of contacts for the project to relay pertinent information.

**For Private Provider Duly Authorized Representatives F. S. §553.791(8)**

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

**DULY AUTHORIZED REPRESENTATIVES:** (Use additional pages as necessary.)

Print Name	FL License no(s)	Discipline	Signature

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

I, \_\_\_\_\_, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443 of the Florida Statutes.

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST be notarized and original submitted to our office*

Florida License No. \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)

**For the use of Private Provider Florida Statutes §553.791(4)**

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Plan number: \_\_\_\_\_ Folio no.: \_\_\_\_\_ Phased Permit?  Yes  No

**Services to be provided (select one):**  Inspections only  Plans Review and Inspections\*

\*Pursuant to F.S. §553.791(2): Seminole County does not allow the use of Private Providers for plans review only.

[Provide name & title] I, \_\_\_\_\_, the fee owner (or authorized signatory) of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

**Private Provider Firm:** \_\_\_\_\_ **FL Cert. of Authorization#** \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Private Provider (Qualifier for the Firm): \_\_\_\_\_ Florida License# \_\_\_\_\_

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.

(2) 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 or structure that is the subject of the enclosed permit application.

(3) I understand that 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 Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one 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 are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

(4) The following attachments are on file with the County of Seminole County, pursuant to §553.791, Florida Statutes: a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives. b) Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to F.S. § 553.791(16).

Individual Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Corporation or  Partnership Name of Business Entity: \_\_\_\_\_

By: \_\_\_\_\_ (signature) Print name & title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, by means of  physical presence or  online notarization, individually (or on behalf of the stated corporation/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 ID produced: \_\_\_\_\_ Signature of Notary:

\_\_\_\_\_  
Print Name: \_\_\_\_\_ (NOTARY PUBLIC SEAL)

**PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY F.S. § 553.791(4)**

*Use multiple pages if necessary.*

Submit one copy with Form A.1 "Notice to Building Official", and post one copy at job site.

Project Name & Address: \_\_\_\_\_

Private Provider Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Services:  Plans review  Inspections

Plan Process no: \_\_\_\_\_ Permit no: \_\_\_\_\_

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Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep.

FL License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

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Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep.

FL License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

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Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep. FL License(s):

\_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

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Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep. FL License(s):

\_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

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**LIST OF APPROVED DRAWINGS Florida Statutes §553.791(6)**

**Project Information:**

Permit Application #: \_\_\_\_\_

Drawing pages approved (Page\_of) Include a separate list of drawings by Item# Sheet# Rev/Delta  
Date

Name/ Address: \_\_\_\_\_

**This Submittal:**

Scope of Work: \_\_\_\_\_

Calculations\*: \_\_yes \_\_no # of pages \_\_\_\_\_

NOA's\*:yes no \*Listed after drawing sheets attached.

**Private Provider Information:**

Company name: \_\_\_\_\_

Duly Authorized Representative plans reviewer:

(Note: If utilized for the Plan Review, notarize below.)

Name: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)

**STRUCTURE INFORMATION (required for private provider plan review)**

**Project Information:**

Permit Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

- Stand Alone Plan     Revision     Additional Plan/Shop Drawing     Phased permit

**Private Provider Information:**

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

CONSTRUCTION TYPE	OCCUPANCY TYPE	BUILDING HEIGHT	CONDITION SQ FT
FIRE PROTECTION SYSTEM	MAX. OCCUPANCY LOAD	NUMBER OF STORY	OCCUPANCY GROUP

# PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

## Project Information:

Permit Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

Stand Alone Plan     Revision     Additional Plan/Shop Drawing     Phased permit

## Private Provider Information:

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code(s) and all local amendments thereto, either by myself or by my Duly Authorized Representative\* identified below, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

**Private Provider:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

Name & FL License No.: \_\_\_\_\_

Use one Affidavit for each Review Discipline. Individually list all plan sheets reviewed, with dates. The submitted drawings must agree with this exactly. Attach additional pages of as needed, signed and sealed.

**Duly Authorized Representative:** \*if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans:

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)

INSPECTION DESCRIPTION	CODE		
<b>Building</b>		EXT WALL COVERING IN-PROGRESS	B169
FOOTER/SETBACK	B102	SOFFIT IN-PROGRESS	B170
SLAB	B103	WINDOW BUCK	B159
MONOLITHIC SLAB/SETBACK	B104	DRY IN WALL (DO NOT USE)	B160
LATH	B107	SOFFIT	B161
LINTEL	B108	DRY IN WALL	B162
COLUMN	B109	REROOF DRY IN & SHEATHING NAIL	B163
TIE BEAM	B110	POOL SAFETY	B164
FRAME	B112	S & T – BUILDING*	B165
INSULATION	B113		
FIREWALL/FASTENING	B114	<b>Electrical</b>	
DRYWALL NAILING	B115	TEMP POLE	E401
FINAL BUILDING	B116	UNDERGROUND ELECTRICAL	E402
STEEL AND SETBACK	B117	UNDERGROUND SLAB\ELECTRICAL	E403
FINAL MOBILE HOME	B118	ROUGH ELECTRIC	E404
SIGN FOOTER	B121	WALL ROUGH	E405
FINAL SIGN	B122	CEILING ROUGH	E407
SHEATHING WALL	B124	FINAL ELECTRIC	E408
MOBILE HOME PARK & TIE DOWN	B125	CHANGE OF SERVICE	E411
FINAL SCREEN ENCLOSURE	B128	FINAL POOL/SPA	E412
FINAL FENCE/WALL SETBACK	B129	FINAL SIGN ELECTRICAL	E414
JOIST	B131	FINAL MOBILE HOME/ELECTRIC	E415
OPTIONAL STRUCTURAL FRAME	B135	PREPOWER ELECTRIC *	E417
FINAL ROOF	B139	SAFETY	E418
DRIVEWAY/SIDEWALK	B142	TUG SERVICE*	E421
FF ELEV CERT\PRIOR TO SLAB	B144	DECK BOND	E423
FF ELEV CERT\PRIOR TO FINAL BD	B145	FINAL POOL ELECTRIC/SAFETY	E424
DECK	B147	LOW VOLTAGE ROUGH	E425
SHEAR WALL	B152	LOW VOLTAGE FINAL	E427
FOUNDATION WATER PROOFING	B155	FOOTER/GROUND	E429
SHEATHING ROOF	B156	ROUGH ELECTRICAL SOLAR	E431
ROOF DRY IN	B157	PRE WIRE ELECTRICAL SOLAR	E432
TILE/ METAL UNDERLAY/ FLASH	B158	FINAL ELECTRICAL SOLAR	E433
TCO – BUILDING*	B166	FINAL ELV. SURVEY/BEFORE FINAL	E434
ROOF IN PROGRESS COMMERCIAL	B167	TENT ELECTRICAL	E435
ROOF IN PROGRESS RESIDENTIAL	B168	S & T – ELECTRICAL *	E436
		TCO – ELECTRICAL*	E437

<b>Mechanical</b>		<b>Plumbing</b>	
ROUGH MECHANICAL	M301	ROUGH PLUMBING	P201
UNDERGROUND MECHANICAL	M302	SEWER	P203
FINAL MECHANICAL	M303	SECOND ROUGH PLUMBING	P204
TCO – MECHANICAL*	M310	IRRIGATION METER	P208
S & T – MECHANICAL*	M311	SOLAR	P211
ROUGH REFRIGERATION - COOLER	M320	ROOF DRAIN	P213
ROUGH HOOD	M330	IRRIGATION SYSTEM	P244
FINAL HOOD	M331	FINAL PLUMBING	P245
FINAL REFRIGERATION - COOLER	M321	POOL UNDERGROUND PLUMBING	P249
<b>Gas</b>		POOL ROUGH PLUMBING	P250
ROUGH GAS	G502	POOL FINAL PLUMBING	P251
FINAL PIPING	G504	S & T – PLUMBING*	P252
FINAL GAS	G506	TCO – PLUMBING*	P253
MED GAS ROUGH IN	G508	FINAL ELV. SURVEY/PRIOR TO INS	P264
MED GAS FINAL	G509	FINAL WELL	P428
TCO – GAS*	G511		
S & T – GAS*	G513		

\* requires additional fees and paper work. Contact us prior to scheduling.

## Required Inspections from Plan Review

The sample statement below is presented as a guide to the minimum language expected.  
Private Provider's Company Letterhead with Seminole County inspections provided on  
the next page.

### Project Information:

Permit Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

Stand Alone Plan     Revision     Additional Plan/Shop Drawing     Phased permit

### Private Provider Information:

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Building Inspections-

- Individually

#### Electrical Inspections-

- List

#### Low Voltage Electrical Inspections-

- As required inspections

#### Roofing Inspections-

- Per the plan review

#### Plumbing Inspections-

- The inspection codes may be

#### Mechanical Inspections-

- Found on the page below

#### Gas Inspections

- Additional pages may be required

#### Medical Gas Inspections

- Include project, permit number and address

#### Commercial Exhaust Hood Inspections

- On all additional pages.

#### Refrigeration Inspections

- Contact us if you have any questions

# Private Provider (with separate Structural Peer Reviewer)

## PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

### Project Information:

Permit Application Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Address: \_\_\_\_\_

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

Stand Alone Plan     Revision     Additional Plan/Shop Drawing     Phased permit

### Private Provider Information:

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I **HEREBY CERTIFY** that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed and approved in full accordance with the County of Seminole County Building Department requirements for Structural Peer Review by a separate Reviewing Engineer:

Name: \_\_\_\_\_ P.E. No: \_\_\_\_\_ Firm: \_\_\_\_\_

I **HAVE VERIFIED** that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the County of Seminole County to perform a Structural Peer Review of this specific project. I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the County of Seminole County Building Department requirements for Structural Peer Review.

I **FURTHER CERTIFY** that to the best of my knowledge and belief, I (or my Duly Authorized Representative\*) have reviewed the plans submitted herewith for conformance with Rule 61G15-23.001 of the Florida Administrative Code, which sets forth the minimum standards for sealing engineering documents and the information to be included therein.

**Private Provider:** Name & FL License No.: \_\_\_\_\_

**Duly Authorized Representative:** \*if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this log exactly. Attach as many pages as needed, digitally signed and sealed. Wet or embossed sealed original documents need to be submitted to our office.

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)

## INSPECTION REPORT (Sample) F.S. §553.791(10)

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. The report must be kept at the jobsite at all times, available for review by the Building Official or his/her representatives.

### Private Provider's Company Letterhead

Permit Application no. \_\_\_\_\_ Inspection date: \_\_\_\_\_ Report no. \_\_\_\_\_  
Project name: \_\_\_\_\_ Job Address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Contractor's representative: \_\_\_\_\_  
Contractor's representative: \_\_\_\_\_ Received this report? \_\_\_ No \_\_\_ Yes (initial) \_\_\_\_\_

Was the permitting agency notified of this inspection? \_\_\_ No \_\_\_ Yes

Trade: \_\_\_ Structural \_\_\_\_\_ Type (category) of inspection: \_\_\_\_\_

\_\_\_ Building Sub-permit no. (if applicable) \_\_\_\_\_

\_\_\_ Roofing Area(s) inspected: \_\_\_\_\_

\_\_\_ Electrical \_\_\_\_\_

\_\_\_ Elect Low Volt \_\_\_\_\_

\_\_\_ Mechanical \_\_\_\_\_

\_\_\_ Plumbing \_\_\_\_\_

Results of this inspection: \_\_\_ Approved \_\_\_ Approved partially \_\_\_ Rejected \_\_\_ Field check only  
\_\_\_ Category finalized?

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions required:

\_\_\_ Call for re-inspection \_\_\_ Plan revision \_\_\_ RFI from design professional

Inspector: \_\_\_\_\_ License no. \_\_\_\_\_ Signature: \_\_\_\_\_

**INSPECTION SUMMARY (Sample) F.S. §553.791(10)**

Private Provider’s Company Letterhead

Use this document to finalize each inspection trade, i.e.: Building, Electrical, Plumbing, etc.

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Inspection trade: \_\_\_\_\_

Dear Building Official, I, \_\_\_\_\_, hereby certify that all required inspections under the inspection trade captioned above have been completed and approved, as evidenced by the accompanying final reports of each inspection category within that trade. This document has been prepared in accordance with F.S. 553.791(10) and is being submitted to the Seminole County Building Department for the purpose of closing out the permit captioned above.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST have the original submitted to our office*

**CERTIFICATE OF COMPLIANCE Sample F.S. § 553.791(11)**

**Request for CO/CC**

Private Provider’s Company Letterhead

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Dear Building Official,

I, \_\_\_\_\_, having reviewed and approved inspection reports numbers 1 to \_\_\_\_\_ (Structural); numbers 1 to \_\_\_\_\_ (Building); numbers 1 to \_\_\_\_\_ (Roofing); numbers 1 to \_\_\_\_\_ (Electrical); numbers 1 to \_\_\_\_\_ (Mechanical); and numbers 1 to \_\_\_\_\_ (Plumbing), as evidenced in the accompanying log of completed inspections, and HEREBY CERTIFY that all building components and site improvements for the project captioned above have been inspected under my authority, and,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes; and,

All required plan revisions and/or additional plans have been submitted to the County of Seminole County and have been approved; and,

The scope of work authorized under the aforementioned permit has been fully completed; therefore, I have no objection to the issuance of a Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST have the original submitted to our office*

**CERTIFICATE OF COMPLIANCE (Sample) F.S. § 553.791(11)**

**Request for TCO/TCC**

Private Provider’s Company Letterhead

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official  
Seminole County Building Department  
1101 East First Street, Sanford, FL 32771

RE: Project name \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Dear Building Official,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

**[EXPLAIN IN DETAIL]** [Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project.

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST have the original submitted to our office*

**AFFIDAVIT FOR PRE-POWER (Sample) F.S. § 553.791(11)**

Private Provider’s Company Letterhead

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Location of Prepower: \_\_\_\_\_

Reason for Pre-Power \_\_\_\_\_

Power Company: \_\_\_\_\_

Dear Building Official,

I hereby state that fire sprinklers if applicable, have flow in case of fire.

I hereby state that all required inspections have been completed for Electrical Pre-Power.

I hereby request Pre-Power for this subject permit application number. I understand that all fees must be paid before releasing Pre-Power.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST be notarized and original submitted to our office*

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL

**AFFIDAVIT FOR TUG (Sample) F.S. § 553.791(11)**

Private Provider’s Company Letterhead

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Location of Tug: \_\_\_\_\_

Reason for Tug: \_\_\_\_\_

Power Company: \_\_\_\_\_

Dear Building Official,

I hereby state that fire sprinklers if applicable, have flow in case of fire.

I hereby state that all required inspections have been completed for Electrical Tug.

I hereby request Tug for this subject permit application number. I understand that all fees must be paid before releasing Tug.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

*Include Digital Seal/Signature/Date HERE:*

*If wet or embossed sealed this document MUST be notarized and original submitted to our office*

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Name of Notary Public: \_\_\_\_\_ Signature: \_\_\_\_\_

Personally known to me \_\_\_\_ or Produced Identification (type) \_\_\_\_\_

My commission expires: \_\_\_\_\_ (NOTARY SEAL)