



Private Provider Process for per F.S. 553.791

General Information

The use of Private Providers is authorized by the current Florida Statute Section 553.791, Alternative Plans Review and Inspection. Seminole county allows plan review and inspections OR inspections only. Seminole County permits by structure, address and/or parcel. Trade sub-permits will be included on the master permit for the structure. The forms in this packet must be used unless otherwise stated on the form.

Additional permits will be required for various items such as site lighting, pool, fence/wall, shell, duplex, access control, fire protection and others. Optional, separate permits for walk in coolers and commercial exhaust hoods will depend on the contract. **Notification is required if a grease inceptor is part of your scope of work.** One complete Private Provider packet will be required for each master permit. Seminole County recommends to schedule a pre-submittal meeting for assistance with your complete scope of work. At minimum, contact us prior to submittal to ensure all requirements are being met.

When an Owner elects to use a Private Provider per F.S. 553.791, Seminole County requires that only the forms in this packet be used for any Private Provider submission to the County, except for inspection reports or similar.

Seminole County requires a Private Provider packet at permit application submittal for plan review and inspection permits in order to proceed in the review and issuing process. Inspection only permits may submit the Private Provider packet prior to fee assessment to receive the discount. If the packet is received after issuance, no discount will be given.

It is **the contractor's responsibility** to track and maintain all permits for their project. They are also responsible for ensuring their Private Provider provides all required documentation throughout the process. **ANY revisions that occur to the originally approved plans after permit issuance must be submitted as soon as possible to Seminole County.** You may track information from our Building Permits Online found under Building Permits on www.seminolecountyfl.gov.

Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical, and Plumbing. Plan review and inspection projects will still require review from the following County agencies prior to issuance depending on the scope of work:

- Addressing
- Fire
- Impact Fees
- P & D Site Plan / Zoning Review
- Drainage
- Flood- Residential

** Development of and on Single Family Residential properties located in a regulated (SFHA) Special Flood Hazard Area Shall be Determined, Reviewed for and Inspected by the Seminole County Building Division.

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



Submit any questions or Private Provider information to all of the following individuals:

Bob Pike- Jpike@seminolecountyfl.gov

Jeff Johnson- Rjohnson02@seminolecountyfl.gov

Sandy Riley- Sriley@seminolecountyfl.gov

Amie Brown- abrown03@seminolecountyfl.gov

BPCustomerService@seminolecountyfl.gov

To register the company with Seminole County Building Division- Required for any project

1. Certificate from Florida Department of State for business entity (Corporation, LLP, LLC etc.)
2. DBPR Certificate of Authorization for the firm and qualifier(s)
3. Certificate of insurance (COI) for Professional Liability, General liability and Worker's Compensation listing Seminole County as the certificate holder. ***This must be submitted from the insurance agency.***
4. Occupational (Business) license for the firm's principal place of business

The Private Provider is responsible for updating all licenses, COI's and contact information to prevent any possible delays.

Inspection only projects are required to submit the following forms by 2pm local time, 2 business days prior to the first scheduled inspection:

1. Identification page
2. Employment Affidavit- required to be on the job site
3. Notice to Building Official (NTBO)
4. Point of Contact
5. Resumes, professional license(s), and email address for all listed on the Employment Affidavit
6. Notify Seminole County when scheduling inspections by using our Private Provider Inspection Scheduling Notification form- page is in this packet or stand-alone form on the Building webpage under Forms and Applications
7. Notify Seminole County as soon as possible if there has been a revision to the previously approved plans
8. Inspection Reports- Submit inspection reports via email to the same email addresses listed on the Private Provider Inspection Scheduling Notification form and listed above within 2 business days

Inspection only projects are required to submit the following forms in a packet to close a permit

9. All inspection reports and field documents (termite treatments, blower door test, state elevator approvals, insulation certificates, test and balance, compaction reports, etc.)
10. Inspection Summary- per trade/ sub-permit on that specific permit
11. Certificate of Compliance at the end of the project to close the permit



Plan Review and Inspection projects are required to submit the following forms at the time of application submittal

1. Identification page
2. Employment Affidavit- required to be on the job site
3. Notice to Building Official (NTBO)
4. Point of Contact
5. Resumes, professional license(s), and email address for all listed on the Employment Affidavit
6. Notify Seminole County when scheduling inspections by using our Private Provider Inspection Scheduling Notification form- page is in this packet or stand-alone form on the Building webpage under Forms and Applications
7. Plan Compliance form –per trade
8. List of Approved Drawings- per trade
9. Project Information form
10. Required Inspections- from plan review, using Seminole County codes & inspection names provided in this packet
11. Private Provider (with Structural Peer Reviewer)^{***} *only if applicable*

Plan Review and Inspection projects are required to submit the following forms after issuance

12. Inspection Scheduling Notification- Found on our website under Forms and Applications, submitted to all emails listed above
13. Any revisions from the original approved plans, as they occur during inspections on file with Seminole County by requesting a revision as they occur in the field
14. Inspection Reports- Submit inspection reports via email to the same email addresses listed on the Private Provider Inspection Scheduling Notification form and listed above within 2 business days

Plan Review and Inspection projects are required to submit the following forms to close a permit

15. All inspection reports and field documents (termite treatments, blower door test, state elevator approvals, insulation certificate, test and balance, compaction reports, etc.)
16. Inspection Summary- per trade/ sub-permit on that specific permit
17. Certificate of Compliance Request for CO/CC

Stocking and Training (S&T) Permit Process with prior approval from Seminole County

1. Submit the signed Stocking and Training application- found on our website under Forms and Applications
2. If approved, the fee will be placed on the permit for payment
3. Ensure all separate life safety permits are approved and closed (fire protection, site lighting, access control, etc.)
4. Schedule S&T inspections per trade found in this packet
5. Submit all S&T inspection reports- with approvals per trade/sub-permit issued on that specific permit
6. Stocking and Training form- from this packet

TCO Process with prior approval from Seminole County

1. Request via email including the project permit number
2. If approved, the fee will be placed on the permit for payment
3. Ensure all separate life safety permits are approved and closed (fire protection, site lighting, access control, etc.)
4. Schedule TCO inspections per trade found in this packet
5. Submit all TCO inspection reports- with approvals per trade/sub-permit issued on that specific permit
6. Certificate of Compliance Request for TCO/ TCC



PrePower process:

1. PRIOR TO SCHEDULING THE INSPECTION WITH YOUR PRIVATE PROVIDER- a Request for PrePower found on our website under Forms and Applications containing all 3 signatures must be received and approved per permit.
2. PRIOR TO SCHEDULING THE INSPECTION WITH YOUR PRIVATE PROVIDER- Seminole County PrePower fee and all other outstanding fees (including impact fees) must be paid prior to scheduling a PrePower inspection with the Private Provider. Fees may be verified through Building Permits Online found under Building Permits on www.seminolecountyfl.gov.
3. Private Provider submits notification of inspection scheduling
4. Affidavit for Power- add specify type of power to be released, signed and sealed per the Florida Administrative Code by the Private Provider from this packet. Commercial projects will be required to list the meter/ load center name(s) as listed on the approved electrical plans that is requesting to be energized. Wet or embossed sealed documents must be submitted to our office, in person or mail delivery. Seminole County Attn: Building Division 1101 1st St. Sanford, FL 32771.
5. An approved PrePower inspection report from the Private Provider. Commercial permits must list the meter/ load center name(s) as listed on the plans that you are requesting to be energized.

Tug with Prepower process:

1. PRIOR TO SCHEDULING THE INSPECTION WITH YOUR PRIVATE PROVIDER- a Request for Tug with PrePower Agreement, found on our website under Forms and Applications, containing all 3 signatures must be received and approved per permit by Seminole County.
2. PRIOR TO SCHEDULING THE INSPECTION WITH YOUR PRIVATE PROVIDER- Seminole County PrePower/Tug fee must be paid prior to scheduling a PrePower inspection with the Private Provider. Fees may be verified through Building Permits Online found under Building Permits on www.seminolecountyfl.gov.
3. Private Provider submits notification of inspection scheduling
4. Affidavit for Power- add specify type of power to be released, signed and sealed per the Florida Administrative Code by the Private Provider from this packet. Commercial projects will be required to list the meter/ load center name(s) as listed on the approved electrical plans that is requesting to be energized. Wet or embossed sealed documents must be submitted to our office, in person or mail delivery. Seminole County Attn: Building Division 1101 1st St. Sanford, FL 32771.
5. All permits that have requested TUG must schedule a PrePower inspection. Follow the instructions above regarding the PrePower process and submit the required documentation starting with #2, all fees paid.

T-Pole Power Release:

1. Private Provider submits notification of inspection scheduling
2. Affidavit for Power- add specify type of power to be released, signed and sealed per the Florida Administrative Code by the Private Provider from this packet. Wet or embossed sealed documents must be submitted to our office, in person or mail delivery. Seminole County Attn: Building Division 1101 1st St. Sanford, FL 32771.
3. An approved T-Pole inspection report 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.

Private Providers must be registered with Seminole County to receive a discount.



Identification page- this form is used for initially registering a Private Provider company. It must also be submitted with each NTBO packet per permit.

Employment Affidavit- listing all individuals involved with the project. This is required to be on site. 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 by permit at the time of Private Provider Selection. Required to be signed and sealed per the Florida Administrative Code.

Notice to Building Official (NTBO) - A fee owner or the fee owner's contractor 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. This is required at time of application submittal if using a Private Provider for plan review and inspections. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with a master permit.

Project Information- This is for plan review and inspection permits only. The Private Provider is required to provide the information from the plan review for the structure.

Point of Contact with Seminole County- This provides an individual from the contractor and Private Provider to whom we may contact regarding the project or to supply other individual's related to the project. E.g. owners, design professionals, and subcontractors. This is required to be updated should any of the information change.

Plan Compliance Affidavit- This form is for plan review and inspections only. If the plans are reviewed and stamped approved by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

List of Approved Drawings- This form records all of the individual approved drawings, including the latest dates. This will need to be resubmitted if corrections are required from a County reviewed discipline mentioned on page one.

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.

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 listed according to the plan review performed by the Private Provider.

Inspection Report- Must be received within 2 business days of the inspection date from the Private Provider.



Plan Changes- If plans change or pages are added due to other County review agency comments, plans will need to be stamped approved by the private provider and be signed and sealed, if applicable, according to the Florida Administrative Code. A new Plan Compliance and Approved Documents form from the Private Provider will be required reflecting the latest revised plans. **Plan revisions should be submitted to Seminole County immediately.** Contact us to open a task for the Applicant in the online portal to upload the revised plan files along with a Revision form from our website.

Affidavit for Power- This is required to be signed and sealed per the Florida Administrative Code, specifying the type of power to be released and submitted with the approved inspection report.

Changing the Private Provider- Acknowledgment from the fee owner to Seminole County if the fee be provided by those private providers, the fee owner or the fee owner's contractor shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice submitted to Seminole County to reflect such changes.

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

Inspection Summary- This form is required to be signed and sealed per the Florida Administrative Code per discipline to close a permit. This form should accompany the Certificate of Compliance form in the close out packet.

Certificate of Compliance- This form is required to be signed and sealed per the Florida Administrative Code. It will be submitted when closing a permit. It will be accompanied by the Inspection Summary form for all disciplines and all inspection reports from the permit requesting a certificate of temporary occupancy (with prior approval) occupancy or completion.

Please contact the Building Division with any questions or concerns regarding Seminole County's Private Provider Process at 407.665.7050 or BPCustomerService@SeminoleCountyFL.gov

Identification Page

For the use of Private Provider Florida Statutes 553.791

Private Provider Firm

Name of the Firm: _____ FL Certificate of Authorization no: _____

Business Address: _____

Federal Employed ID # (FEIN): _____

Type of Business entity (select one)

Corporation Partnership LLC LLP Other _____

Phone: _____

Fax: _____

Email: _____

Qualifier

Name of Qualifier: _____

Architect, FL Reg. No: _____

Professional Engineer, FL License No: _____

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

Address: _____

Email: _____

Phone: _____

Alternate Telephone: _____

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

Employment Affidavit

For the use of Private Provider Florida Statutes 553.791

Submit one copy with the Notice to Building Official packet and post one copy at the job site.

Project Name & Address: _____

Private Provider Company: _____

Contact: _____ Phone: _____

Service(s): Plan Review & Inspections or Inspections only Permit No: BP _____

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

Name	License Number(s)	Discipline(s)	Email Address

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

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.

Respectfully submitted,
(Private Provider Name)
(Florida License No.)
Include Digital Seal/ Signature

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

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____ (Notary Seal)

My Commission expires: _____

Notice to Building Official For the use of Private Provider Florida Statutes 553.791

Project Name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased Permit? Yes No

Services to be provided (select one) Inspections only Plan Review and Inspections*

*Pursuant to F.S. 553.791: Seminole County does not allow the use of Private Providers for plan 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: _____ Phone: _____

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, plan 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.

Individual Print Name: _____ Signature: _____

Corporation Partnership Name of Business Entity: _____

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____ (Notary Seal)

Personally know to me or produced identification (type) _____

My Commission expires: _____

Point of Contact with Seminole County

Project Information:

Permit Application No: _____

Project Name: _____

Address: _____

Notes: _____

Select One:

Plan Review and Inspections

Inspection(s) Only

Contractor Company: _____

Individual's name: _____

Title: _____

Phone: _____

Email: _____

Private Provider Company: _____

Individual's name: _____

Title: _____

Phone: _____

Email: _____

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. E.g. design professionals, subcontractors, owner(s), multiple representatives from the contractor and private provider company. Delays may be possible if Seminole County does not have the current point of contact for the project to relay any pertinent information.

Plan Compliance Affidavit

For the use of Private Provider Florida Statutes 553.791

Project Information:

Permit Application No: BP _____

Project Name: _____

Address: _____

Notes: _____

Check all that apply:

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

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Phone: _____

I HERBY 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, Florida Building Code(s) and all local amendments thereto, either by myself or my Duly Authorized Representative, identified in this packet, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate.

Discipline: _____

Name: _____

FL License No.: _____

Signature of reviewer: _____ Date: _____

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

List of Approved Drawings

For the use of Private Provider Florida Statutes 553.791

Project Information:

Permit Application No: BP _____

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 included: Yes ____ No of pages No

NOA's: Yes No * if yes, list after approved drawing sheets

Private Provider Information:

Company name: _____

Duly Authorized Representative: _____

Name: _____ FL License No.: _____

Signature: _____ Date: _____

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

Project Information

(Required for each private provider plan review and inspection permit application)

Permit Application No.: BP _____

Project name: _____

Address: _____

Notes: _____

Check all that apply:

Stand-alone Plan Revision after issuance Additional Plan/ Shop Drawing Corrections Phased permit

Private Provider Information:

Name of Firm: _____

Address: _____

Email: _____ Phone: _____

Construction Type	
Occupancy Type (Include all that may apply)	
Building Height	
Total Sq. Ft & Conditioned Sq. Ft.	
Fire Protection System (all permits applied for separately)	
Max. Occupancy Load	
Number of Story	
Occupancy Group	

Meter/ Load Center names as listed on the plan that will require to be energized. List more if applicable.

1. _____
2. _____
3. _____
4. _____
5. _____

Required Inspections from Plan Review

The sample statement below is presented as a guide to **the minimum language expected**. Private Provider Company Letterhead with Seminole County inspections names/ codes as presented in this packet.

Project Information:

Permit Application No.: BP _____

Project Name: _____

Address: _____

Notes: _____

Check all that apply:

Stand-alone Plan Revision Phased permit

Private Provider Information:

Name of Firm: _____

Address: _____

Email: _____ Phone: _____

Building Inspections-

- Individually

Electrical Inspections-

- List

Low Voltage Electrical Inspections-

- As required inspections

Roofing Inspections-

- Per the plan review

Plumbing Inspections-

- The inspection code may be

Mechanical Inspections-

- Found in this packet

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

INSPECTION DESCRIPTION	CODE		
Building		EXT WALL COVERING PROGRESS	B169
FOOTER/SETBACK	B102	SOFFIT I	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	Electrical	
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

Mechanical		Plumbing	
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	M320	ROOF DRAIN	P213
ROUGH HOOD	M330	IRRIGATION SYSTEM	P244
FINAL HOOD	M331	FINAL PLUMBING	P245
FINAL REFRIGERATION COOLER	M321	POOL UNDERGROUND PLUMBING	P249
Gas		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 paperwork. May require prior approval, contact us for details 407.665.7050

Private Provider Inspection Notification

Date:

Permit number: BP

Project:

Project Address:

Private Provider:

Trade:

Seminole County Inspection Code/ Name:

All inspection requests and reports must be emailed to the following:

BPCustomerService@seminolecountyfl.gov

JPike@seminolecountyfl.gov

RJohnson02@seminolecountyfl.gov

SRiley@seminolecountyfl.gov

ABrown03@seminolecountyfl.gov

Private Provider (with separate Structural Peer Reviewer)

For the use of Private Provider Florida Statutes 553.791

Project Information:

Permit Application No.: BP _____

Project Name: _____

Address: _____

Notes: _____

Check all that apply:

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

Private Provider Information:

Name of Firm: _____

Name: _____ P.E. No.: _____

Address: _____

Email: _____ Phone: _____

Signature: _____

I HERBY 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 Seminole County Building Division requirements for Structural Peer Review by a separate Reviewing Engineer:

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 by the County of Seminole to perform a Structural Peer Review for 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 Building Division 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 for sealing engineering documents and the information included therein. 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 (of affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____.

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

Inspection Report (Sample) F.S 553.791

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.: BP _____

Inspection Date: _____ Report No: _____

Project Name: _____

Job Address: _____

Contractor: _____ Contractor's Rep.: _____

Received this report? _____ Yes _____ No (initial)

Was the permitting agency notified of the inspection? _____ Yes _____ No

Trade: _____ Type of inspection: _____

Building/Structural: _____

Roofing: _____

Electrical: _____

Low Voltage Electrical: _____

Mechanical: _____

Plumbing: _____

Gas: _____

Medical Gas: _____

Commercial Exhaust Hood Inspections: _____

Refrigeration: _____

Results: _____ Approved _____ Approved Partially _____ Rejected _____ Field Check only

Remarks: _____

Action Required:

_____ Call for reinspection _____ Plan revision _____ RFI from design professional (submitted to the County)

Inspector: _____ License No.: _____ Signature: _____

AFFIDAVIT FOR POWER (Sample) F.S. 553.791

Private Provider’s Company Letterhead. You must select and enter the type of power you are requesting. This is required to be submitted for each power release (T-Pole, TUG, or PrePower).The sample statement below is presented as a guide to **the minimum language expected**. Reminder if you request TUG, PrePower is mandatory.

Temporary Power Pole

Tug

PrePower

(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: BP _____

Location for Power: _____

Reason for 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 _____. I hereby request _____ for this permit application number.

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 the original submitted to our office

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

INSPECTION SUMMARY (Sample) F.S. 553.791

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: BP _____

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 be notarized and the original submitted to our office

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

STOCKING AND TRAINING (Sample) F.S. 553.791

Request for Stocking and Training permit with prior approval from Seminole County

Private Provider's Company Letterhead. The sample statement below is presented as a guide to the minimum language expected. Include an approved Stocking and Training inspection report for each trade.

(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: BP _____

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 Stocking and Training permit.

Respectfully submitted,
(Private Provider Name)
(Florida License No.)

Include Digital Seal/Signature/Date:

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

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____

CERTIFICATE OF COMPLIANCE (Sample) F.S. 553.791

Request for TCO/TCC with prior approval from Seminole County
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: BP _____

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 be notarized and the original submitted to our office

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____ (Notary Seal)

My Commission expires: _____

CERTIFICATE OF COMPLIANCE Sample F.S. 553.791

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: BP _____

Dear Building Official,

I, _____, having reviewed and approved inspection reports numbers 1 to _____ (Building/ Structural); numbers 1 to _____ (Roofing); numbers 1 to _____ (Electrical); numbers 1 to _____ (Mechanical); numbers 1 to _____ (Gas); numbers 1 to _____ (Medical Gas); 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 :

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

State of Florida, County of _____

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

Name of Notary Public: _____

Signature: _____

Personally know to me or produced identification (type) _____

(Notary Seal)

My Commission expires: _____