



PERMIT BY AFFIDAVIT APPLICATION PACKAGE

ALL DOCUMENTS MUST BE STAMPED WITH THE PRIVATE PROVIDER'S LOGO PRIOR TO BEING SUBMITTED TO THE BUILDING DEPARTMENT.

Any entity that seeks approval to be pre-registered must provide a licensed Duly Authorized Representative (DAR) as described in F.S.553.791. The licensures or certifications required must be as described in the Florida Statutes under title XXXII Chapter471 (Engineer), Chapter481 (Architect), or of 468.603 (for a Plan Reviewer or Inspector). A DAR will be required for plan review and for inspections in each of the following trades: Building, Mechanical, Electrical and Plumbing (BMEP). A DAR for each trade must be provided. Applications with DARs provided for only one, two or three of the four trades will be denied.

THE APPLICATION STARTS ON PAGE 2. PLEASE SCROLL DOWN.



Alternate Plans Reviews and Inspections Requirements

Rev. 10-05-21

General Information:

The use of a Private Provider is authorized by Florida Statute 553.791 under "Alternate Plans Reviews and Inspections". The City of Lighthouse Point Building Department requires that the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

Contact the building department by email at lhpbuilding@lighthousepoint.com for detailed requirements.

The items 1 through 9 below are registration related documents that must be submitted to the City of Lighthouse Point Building Department. The Private Provider must notify us of any new hire after initial submittal of registration documents.

The following are to be presented in a ring binder to the Building Department.

- 1.) **Form R.1** Private Provider registration
- 2.) **Form R.2** Employment affidavit for Duly Authorized Representatives (DAR). As per the statutes, the DAR

must be an employee of the private provider entitled to receive reemployment assistance benefits under chapter 443. This means a W2 recipient and not a 1099 recipient. Noncompliance will cause rejection of request for registration.

- 3.) **Form R.3** Private Provider Agreement (this will be required for applications submittals post Oct 1st, 2021) 4.) A Department of Business and Professional Regulation (DBPR) Certificate of Authorization for the firm.
- 5.) A copy of the Professional Licenses for each of the DAR personnel regulated by Florida Statutes chapter 481 (Architects), chapter 471 (engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors).
- 6.) Certificate of professional liability insurance in amounts as required by FS 553.791(16)
- 7.) A Blank Original of the actual inspection report form to be used on the project for inspection by the DAR. Normally this would be a three or a four-part form (white on top with a yellow, pink and blue copy behind it).
- 8.) Contact information for the main office, main qualifier, plan reviewers and inspectors working on projects in the City of Lighthouse Point area.
- 9.) **Form B:** Personnel Directory & Qualifications Statement
This document identifies the Private Providers' Duly Authorized Representatives (DARs) that will be utilized in the City of Lighthouse Point. It shall contain the current licenses numbers that they hold to perform their specified type of work on any possible projects, their contact phone number, email address, the responsibility that the DAR will have for the specific project and a Qualification Statement and a current resume for each DAR. Resumes should reflect prior involvement on structures and/or projects located in the High Velocity Hurricane Zones (HVHZ). This form is filled out for each of the DAR of the Private Provider. The Form B is only for the Building Official to keep as reference.
- 10.) A copy of the driver's license or other valid photo identification for each DAR.

To be submitted with the initial permit application:

Please note: The submitted Documents for construction will be Audited only for completeness of the Building, Mechanical, Electrical and Plumbing (BMEP) portions **after** they have been **Reviewed and Accepted for Compliance** by: Zoning, Fire, Landscaping, Engineering, and Flood ...

- 1.) **Form A or Form A-TI:** Notice to Building Official

This is the principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of inspections only or whether the services will include plans reviews and inspections. This document must be accompanied by the Personnel Directory and Qualifications Statement (Form B) and the certificate of insurance (Item 1), both listed below. (Note: If a Private Provider performs the plans reviews, it then will be required that a Private Provider also perform the required inspections.) **Note: If this will be a project involving a tenant buildout or tenant improvement than an additional form, Form A-TI will be required to accompany the Form A.**



Alternate Plans Reviews and Inspections Requirements (continued)

Rev. 10-05-21

2.) **Form D: Private Provider Job Site Directory**

This document identifies each of the Private Providers Duly Authorized Representatives (DAR) that will be utilized on the specific project that is being requested for issuance of this type of a permit. It shall contain the numbers of the current licenses that they hold to perform their specified type of work on the project, their contact phone number, email address, the responsibility that the DAR will have for the specific project. This form is filled out for each of the DARs of the Private Provider. They will be perforated at intake. One original will be returned to "job set" to be placed into the jobsite inspection logbook. Every DAR (Inspector or Plans Examiner) shall be a State of Florida licensed individual and be verifiable through the Florida DBPR online services website at: <https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>.

3.) **Item 1: Certificate of Insurance**

This certificate is provided by the **insurance carrier**, and must be submitted with each permit application. It is also submitted at the time of the initial registration with the City of Lighthouse Point. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the City of Lighthouse Point as the certificate holder.

4.) A Special Inspector forms must be submitted at the same time construction documents are submitted for permitting (see sheet 19 in this package).

5.) **Form C: Plan Compliance Affidavit** (only required if Private Provider is doing plans reviews)

This form is required at submittal of plans to the City of Lighthouse Point after the Private Provider has performed the required plans reviews for the BMEP trades and has approved those plans for code compliance under the scope allowed by F.S. 553.791 (see PXA2, Form A). This form will not be required for jobs where the Private Provider is only going to perform Inspections (see PXA1, Form A). Two original Form C documents must be provided for each DAR.

Job site documentation:

1.) **Form D: Private Provider Duly Authorized Agent (DAR) Identification Form**

This is to identify each individual Duly Authorized Representative (DAR) that is going to be involved with inspections or plans reviews involved for the particular project. Two original sets of the D forms must be provided with 2 sets of original signed and sealed construction documents. The Form Ds will be perforated and one set returned to the jobsite log book. One Form D for each DAR will be kept on the jobsite in the private provider log and will be updated and kept current by the Private Provider. The City of Lighthouse Point personnel will perform occasional jobsite visits at their discretion and the Form D entries will be compared to inspections reports. Any new entries to the worksite log will need to be approved first by the Building Official. The inspection reports that will be submitted to the Building Official at the final inspection must be written only by those previously vetted inspectors. Form Ds will be required whether private provider is only doing inspections (PXA1) or inspections and plan reviews (PXA2).

2.) **Item 2: Inspection Reports**

The Private Provider shall submit to the Building Official for approval before the start of the project, the exact inspection form that will be supplied by the Private Provider to the DAR that will be using it for recording and logging the inspections in the jobsite log. If the Building Official approves the form, then, the inspection form provided to the Building Official will be the form that is used for the inspections of the project. The inspection forms/reports must provide at a minimum, a space for the following information, and when completed will state: the date the inspection was performed, the permit number for the inspection, the job address, the project name, the Private Providers company contact information, the inspectors name, the inspectors license number, the inspectors signature, the inspection comments (what the inspection result was based on, and the location/area that the inspection was for), the inspection results (Approved, Partial Approval, or Rejected), the corrections required (if corrections or further action is required).



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To be submitted before any approval for Certificate of Completion or Certificate of Occupancy is issued:

1.) Item 3 Official Log for all Completed Inspections:

The official log will include all inspections reports (Item 2) performed by each Duly Authorized Representative (DAR), and will be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.) and contain all inspections reports for inspections done whether approved or rejected. The log will also include the Form D and Form C for all plan reviewers and/or inspectors and any closing documents that pertain to the job. Examples of closing documents: Building: Architects Compliance Letter, Engineers Compliance Letter, Elevator certificate, Contractors Affidavit of Construction, Final Survey, Elevation Certificate, Termite Treatment certificates (initial treatments and final treatments), Soil compactions reports, Engineers soil statement of designed bearing capacity, Waterproofing certificate for above ground, Water proofing below grade certificate, fenestration water testing, Landscaping certificate, Glass and storefront completion certificate, Test and Balance Reports, Certification for back flow preventer, blower door test result (if applicable), Sound Proofing certificates, Insulation Certificates, Roofing Warranty, Light Weight Pull Test (official/formal/final), Roofing Tile uplift test, Sprinkler Certification, Fire Penetration Affidavits from each trade Mechanical, Electrical, Plumbing, and Building, for all penetrations, unless if a single Fire Stopping Contractor is used (then just from the F.S. Contractor) and that affidavit must state that all penetrations were protected including those from each trade: the Building, the Mechanical the Electrical and Plumbing must be stated, Fire safing certificate of completion in areas between floor decks and envelope and throughout, sprinkler and fire suppression systems final certification, in addition:

- If requesting a Temporary Certificate of Occupancy (TCO) or a Partial Certificate of Occupancy (PCO): the TCO/PCO inspection report with pending items for a final approval listed for each permitted trade, Inspections reports or approval letter from fire department indicating each floor or all floors were approved,
- If requesting Final Certificate of Occupancy (CO): the final inspection report for each trade per permit issued under (BMEP)
- If there are threshold or specialty inspections performed; Logs for threshold inspections, Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold inspecting company, Threshold Inspection Final Approval Letter from the Private Provider, Logs from special inspectors, Welders Certifications, Specialty Inspector Inspection Final Approval Letter from specialty inspection company, Acceptance for the Specialty Inspections Final Letter from the Private Provider, Affidavit for TCO/PCO/CO from private provider for each trade, see **Form E**.

2.) Form E Certificate of Compliance from the Private Provider

This will come from the Private Provider and will be signed and sealed by the Professional in Charge of the Duly Authorized Representatives (DAR) as outlined in F.F. 553.791. The inspections that were required to be performed as per Code requirements and as per Official Construction Documents will be affirmed by the designated Professional in Charge for the Private Provider company DAR's.

3.) A full list of required documents will be provided by the building department for the type of completion warranted by your project i.e. Certificate of Completion or Certificate of Occupancy.



City of Lighthouse Point, Florida

Building and Zoning Department

3701 NE 22nd Avenue • Lighthouse Point, Florida 33064 • Phone (954) 943-6509 • Fax (954) 784-3447

www.lighthousepointfl.gov

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Form A-TI { Part 1 of 2 }

NOTICE TO BUILDING OFFICIAL

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

Rev. 10-05-21

Project Name / Unit Address: _____

Property Name / Building Address: _____

Permit/Process number: _____

Project address: _____ Parcel tax ID: _____

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

Permit by Affidavit inspections only (PXA1) or Permit by Affidavit plan review and inspections (PXA2).

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

This project will be a buildout or tenant improvement in an existing structure:

Property Owner:

I, (print name) _____

(sign name) _____, the **property owner/owner authorized agent of the property** stated above, hereby affirm that I am allowing the Private Provider firm being identified to conduct the type of services indicated above.

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared _____, 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 stamp: _____ My commission expires: _____

Private Provider Firm: _____

owner/authorized agent for the Firm: _____

Florida License or Registration number: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____



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Form A { Part 1 of 2 }

NOTICE TO BUILDING OFFICIAL

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

Rev. 10-05-21

Property Name: _____

Permit/Process number: _____

Property address: _____ Parcel tax ID: _____

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

Permit by Affidavit inspections only (PXA1) * Permit by Affidavit plan review and inspections (PXA2)

*Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his/her discretion, that the private provider be used for both services.

For Tenant Improvements/Buildouts of an existing space, an additional **Form A-TI** must be provided.

I, (print name) _____ (sign name) _____, the **project owner/owner authorized agent** of the **project** stated above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated.

Private Provider Firm: _____

Private Provider (owner/authorized agent for the Firm): _____

Florida License or Registration number: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I have elected to use a Private Provider 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.

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, Assistant 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.

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, Zoning, Flood, Landscaping, Engineering or Broward County Environmental.



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Form A { Part 2 of 2 } Continued:

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The following attachments are provided as required by Section 553.791, Florida Statutes:

1. Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence 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 FS Section 553.791(16).

(Please notarize using the **appropriate section** below)

Individual: By: _____ (signature) Print name: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20_____, personally appeared, 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 stamp: _____ My commission expires: _____

Corporation: Print Corporation Name: _____

By: _____ (signature) Print name: _____ Its: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20_____, personally appeared, _____ on behalf of the stated 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 ID produced: _____

Signature of Notary: _____ Notary Stamp: _____

Print Name: _____

Partnership: Print Partnership Name: _____

By: _____ (signature) Print name: _____ Its: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20_____, personally appeared, _____ partner/agent on behalf of the 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: _____ Notary Stamp: _____

Print Name: _____



Form B

PRIVATE PROVIDER PERSONNEL IDENTIFICATION & QUALIFICATION STATEMENT

Florida Statutes § 553.791(4)

Rev. 10-05-21

Please use a separate page for each Private Provider Duly Authorized Representative (DAR).

Project Name & Address: _____

Permit Number: _____

Permit Number: _____

Duly Authorized Representative Name: _____

Type of Service/(s) to be performed by this DAR (plan review, inspections or both and what TRADE):

DAR Email address:

Telephone: _____

Fax: _____

Florida professional licenses:

Company:

Address:

Qualifications Statement (or attach Resume):



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Form C

PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT

Form is to be completed by the qualifier (required for PXA2 only)

Florida Statutes §553.791(6)

Rev. 10-05-21

Project Name / Address: _____

Plan number: _____ Folio number: _____

Construction Documents Revisions Shop Drawings As-Built Other

If "other" is marked, please clarify: _____

Master permit number: _____

Private Provider Firm: _____

Private Provider Address: _____

Telephone: _____ Fax: _____

Email: _____

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

Private Provider Qualifier: _____

Qualifier Florida License No. _____

Seal/Signature/Date

Name of person reviewing the plans (if applicable): _____

Florida License/Registration/Certification numbers: _____

Discipline and Plan Sheets covered by this affidavit: _____

Signature of reviewer: _____ Date: _____

SWORN AND SUBSCRIBED before me by _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____ Date: _____

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: _____



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Building and Zoning Department

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Form D

PRIVATE PROVIDER JOB SITE DIRECTORY

Rev. 10-05-21

Project Name & Address: _____

Permit Number: _____

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

PRIVATE PROVIDER JOB SITE DIRECTORY

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

{ Part 1 of 2 }



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PRIVATE PROVIDER JOB SITE DIRECTORY, Form D *Continued:*

Rev. 10-05-21

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

{ Part 2 of 2 }



City of Lighthouse Point, Florida

Building and Zoning Department

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Form E

Private Provider CERTIFICATE OF COMPLIANCE

Rev. 10-05-21

(Request for Certificate of Occupancy)

Florida Statutes §553.791(11)

To the Building Official for City of Lighthouse Point Department 3701 NE 22 Avenue,
Lighthouse Point, FL 33064

Project Name / Address: _____

Permit number: _____, Folio number: _____

Private Provider Firm: _____

Business Address: _____

Telephone: _____, Fax: _____,

Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Temporary Certificate of Occupancy (TCO)
<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Partial Certificate of Occupancy (PCO)

Respectfully submitted,
Private Provider Qualifier

Name: _____

Florida License No.: _____

Seal/Signature/Date

SWORN AND SUBSCRIBED before me by _____, being personally known to me or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires: _____



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Form R.1

PRIVATE PROVIDER REGISTRATION

Rev. 10-05-21

Florida Statutes §553.791(15)(b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the City of Lighthouse Point Building Department.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers Duly Authorized Representatives (DARs).
3. Resume for Qualifier and all Private Providers DARs.
4. Occupational license.
5. Copy of Driver's License for each DAR.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the City of Lighthouse Point as the certificate holder.
7. A copy of tax W-2 for each DAR.

City emails are public, do not provide drivers licenses or W-2 forms by email. These documents should be provided in person or mailed to us.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____, Fax: _____

Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER):

Name of Qualifier: _____ Signature: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

State of FLORIDA)
County of Broward)

SWORN AND SUBSCRIBED before me by _____, being personally known to me or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires _____



Form R.2

EMPLOYMENT AFFIDAVIT

Rev. 10-05-21

For Private Provider Duly Authorized Representatives (DAR) F S §553.791(4)

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.

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

DULY AUTHORIZED REPRESENTATIVES:

If more space is needed to list all DAR, have another separate FORM R.2 signed and sealed, to list them.

Print name **Florida License no(s):** **Discipline:** **Signature:**

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

Private Provider Qualifier Name: _____

Florida License No.:

SWORN AND SUBSCRIBED before me by

Seal/Signature/Date

being personally known to me _____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires: _____



Form R.3

PRIVATE PROVIDER AGREEMENT

Rev. 10-05-21

Private Provider will agree to work under these four constraints which will result in disciplinary action by the Building Department if not adhered.

Constraints under which the Private Provider will be allowed for the construction to proceed:

1. The construction documents used on a project must have prior approval from the Private Provider and each page must bear the Private Provider stamp and reviewer initials.
2. No work shall be allowed to continue beyond the scope defined on the approved construction drawings or the scope that was provided and stated under the issued permit.
3. The duly authorized representative (DAR) that performs inspections must do so using the approved documents and shall not allow any work to commence on any portion of construction that does not have preapproved (reviewed and accepted) documents.
4. If any work requires revision to construction drawings, those construction documents must be reviewed and approved by the Private Provider DAR but, must also have an audit review by the plan reviewers of the City of Lighthouse Point Building Department before work is allowed to commence on that portion of the project.

First Noncompliance/Stop work order:

- The Building Department will red tag a jobsite and shall stop the progress on any portion/all construction work that does not comply with the four constraints stated above.
- If the Private Provider fails to comply with the constraints noted above, and depending on the severity of the non-compliance, at the discretion of the Building Official, the Private Provider will be placed on notice.

Second Noncompliance/Stop work order issued to same project:

- If the Private Provider repeats noncompliance to any of the constraints that are noted above on the same jobsite or on a different jobsite within a period of (2) two years from the time any stop work order is issued, depending on the severity of the noncompliance and at the discretion of the Building Official, the Private Provider will be placed on suspension from the Private Provider program for a period of (1) one year. In that year, no new applications for performing work as a Private Provider will be approved by the Building Department.

Third Noncompliance/Stop work order issued to same project:

- If the Private Provider is noncompliant with the constraints that are noted above for a third time, within a 2-year period, depending on the severity of the offense and at the discretion of the Building Official, the Private Provider will be removed from the list of Private Providers and cannot submit for registration again to the City of Lighthouse Point for (2) two years. The Building Official will also notify the State of Florida Department of Business and Professional Regulations, which may impose additional disciplinary actions on the individual DAR and on the Private Provider Company.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website <http://dos.myflorida.com/sunbiz/search/> as a company authorized/registered agent.

Private Provider Company Name: _____

Authorized Agent for Private Provider Company (Print Name): _____

Authorized Agent for Private Provider Company (Title): _____

SWORN AND SUBSCRIBED before me by _____

being personally known to me _____ OR having produced as identification _____ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____ Date: _____

Notary Public Stamp: _____ My Commission Expires: _____



Threshold logs and Special Inspector logs must be on site and available for audit by city personnel during working hours.

Threshold inspector needed when:

- If Structure height over 50 feet
- If structure is more than 3 stories
- If type of occupancy is an Assembly Occupancy with over 500 persons and over 5,000 square feet.

Examples of what needs a Special inspector inspection (this list is not all inclusive):

- waterproofing,
- smoke control
- window walls
- welding
- lightweight concrete
- CMU installation
- Pile work (Driven, Auger, Cast in Place, Helical)

Broward County Board of Rules and Appeals
One North University Drive, 3500-B
Fort Lauderdale, Florida 33324

Effective: April 8th, 2021
Telephone: 954.765.4500
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FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 - BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 8th Edition (2023)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT #: _____
PROJECT NAME: _____
JOB ADDRESS: _____ ZIP: _____
LEGAL DESCRIPTION: _____ FOLIO #: _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

1) Precast Concrete Units -- Section 110.10.2.1 Yes No
2) Reinforced Unit Masonry -- Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance) * Yes No
*unless noted otherwise on plan Yes No
3) Connections -- 110.10.2.3 Yes No
4) Metal System Buildings -- Section 110.10.2.4 Yes No
5) Smoke Control Systems -- Section 110.10.2.5 Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and Critical Structural Connections -- Section 110.10.1.1 Yes No
2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories -- Section 110.10.1.1 Yes No
3) Pile Driving Only -- Section 110.10.1.1 Yes No
4) Precast Concrete Units -- Section 110.10.2.1 Yes No
5) Reinforced Unit masonry -- Sections 110.10.2.2 Yes No
6) Other Yes No

C. MANDATORY DOCUMENTATION

1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Permit Holder's Signature: _____ Date: _____
Printed Name: _____
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: Registered Architect and/or Licensed Engineer

Signature of Special Building Inspector: _____

Printed Name of Special Building Inspector: _____

Address of Special Building Inspector: _____

DATE and SEAL

State of Florida Registration # _____ Telephone # _____ Email _____

Date: _____

Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE



CITY OF LIGHTHOUSE POINT
BUILDING/ZONING DEPARTMENT
3701 NE 22 AVENUE, LIGHTHOUSE POINT, FL 33064

Standard Operating Procedure (SOP) Auditing Private Providers

Purpose:

This SOP outlines the procedures for auditing Private Providers conducting plan reviews and inspections under Florida Statute 553.791. The purpose of these audits is to ensure compliance with the Florida Building Code, protect public safety, and evaluate the performance and processes of Private Providers without unduly hindering construction progress.

Scope:

This SOP applies to all audits conducted by local building enforcement agencies regarding services performed by Private Providers, including but not limited to plan reviews, inspections, and affidavits. Audits assess both the inspection process and progress of the job to ensure compliance with approved documents, permits, and applicable building codes.

Definitions:

- **Audit:** As per Florida Statute 553.791, “Audit” means the process to confirm that the building code inspection services have been performed by the private provider, including ensuring that the required affidavit for the plan review has been properly completed and submitted with the permit documents and that the minimum mandatory inspections required under the building code have been performed and properly recorded.”
- **Private Provider:** “Private provider” means a person licensed as a building code administrator under part XII of chapter 468, as an engineer under chapter 471, or as an architect under chapter 481. For purposes of performing inspections under this section for additions and alterations that are limited to 1,000 square feet or less to residential buildings, the term “private provider” also includes a person who holds a standard certificate under part XII of chapter 468. “

Audit Frequency:

- **General Audits:** Each Private Provider or firm can be audited up to four times per calendar year. These audits are routine evaluations to ensure compliance and verify that processes are followed correctly.
- **General Audit Criteria:**
 - Determine that the Designated Authorized Representatives (DARs) are registered and vetted with the municipality and ensure they have the proper credentials for the scope of work they are performing on the job.
 - Determine that the Private Provider Firm has provided adequate insurance, and their inspections are documented properly in logbooks, and the reports are reflective of the construction's progression.
 - Ensure the Private Provider audits special inspector's work and threshold logs.
 - Ensure that the Private Provider enforces compliance with code requirements, and construction documents.
- **Audits Initiated by Complaints:** Complaints regarding a Private Provider's performance can also trigger audits, which may focus on specific issues raised by the complainant.

Pre-Audit Preparation:

- **Audit Notification:** Written notification (via phone, email, or letter) should be provided to the Private Provider before conducting an audit unless immediate safety concerns are present.
- **Audit Checklist:**
 - Verifying that the affidavit for plan reviews was properly completed and submitted (all points were met).
 - Reviewing inspection logs and reports to ensure that all required inspections were conducted in the proper construction sequence.
 - Checking that reports generated by the Private Provider provide sufficient detail to address the work inspected.
 - Ensuring that necessary safeguards (such as netting or walkways) were in place during construction to protect public safety and adjacent properties.

Audit Procedure:

- **Inspection Review:** Confirm that all mandatory inspections required by the Florida Building Code were conducted by the Private Provider. Cross-check inspection reports with actual site progress to assess accuracy.

Audit Results and Reporting:

- **Audit Report:** Within 10 business days of completing the audit, an audit report summarizing scope, findings of noncompliance, corrective action areas, and process improvement recommendations should be prepared.
- **Communication of Results:** Share the audit report with the Private Provider, allowing them 10 business days to respond to findings. If deficiencies are found, the Private Provider must submit a corrective action plan detailing resolution.
- **Corrective Actions:** Upon receipt of a corrective action plan, a follow-up audit or site visit may be scheduled to ensure compliance.

Documentation and Record-Keeping:

- **Audit Log:** Maintain a comprehensive log of all audits, including results and corrective actions taken by Private Providers.
- **Public Access:** Summaries of audit results from the previous two quarters should be available on the local building authority's website for transparency (compliance with FOIA/Public Records Requests).
- **Retention:** Audit records must be kept for a minimum of seven years, per Florida record retention laws.

Dispute Resolution:

If a Private Provider disputes the findings of an audit, they may request a review by the local designated building official. The designated building official must respond within 15 business days. Further disputes can be escalated to administrative or legal channels (e.g., DBPR, FBPE).

Compliance with Florida Statute:

All audits must adhere to the requirements of Florida Statute 553.791.

Review and Updates:

This SOP should be reviewed annually and updated to remain consistent with any changes in Florida regulations or local policies regarding Private Provider audits.

Audit Summary:

An **Audit**, as it relates to Private Providers under Florida Statute 553.791, is a formal review process conducted by a local building enforcement agency. The audit focuses on evaluating the quality and accuracy of the services provided by a Private Provider, including:

- Reviewing the Private Provider's completed plan reviews and inspections.
- Ensuring that the required affidavits and documentation have been submitted properly.
- Verifying compliance with the Florida Building Code through a review of records and documentation.
- Observe the actual conditions of the construction work.
- Verify that construction activities align with approved plans, permits, and building codes.
- Identify any immediate safety issues or potential code violations in real-time.