THE TOWN OF
INDIAN RIVER SHORES

PRIVATE PROVIDER PERMIT APPLICATION CHECKLIST
(HB803 and Florida Statute 553.791,)

Florida law allows owners to use private providers for plan review *and* inspection services. Owners who use private providers may receive fee reductions as applicable (see below for details.)
Fee reductions for plan review can only be provided if the Notice to Building Official form is submitted with the permit application. If private provider services are used for inspections only, the Notice to Building Official must be submitted to the Town before the first scheduled inspection for the main permit.

Collect your Required Information

- Private provider name and contact information
- Florida license, registration or certificate number
- Copy of the private provider's license
- Private provider's proof of insurance

Notice to Building Official of Use of Private Provider

- Submit the completed Town of Indian River Shores (TOIRS) Notice to Building Official of Use of Private Provider. *The Required Information and Notice to Building Official of Use of Private Provider is required for permit processing.*

Private Provider Plan Compliance Affidavit

- Submit Private Provider Plan Compliance Affidavit, if the private provider is completing plan review.

Duly Authorized Agents Affidavit

- Submit the completed Town of Indian River Shores (TOIRS) Duly Authorized Agents Affidavit for use of private provider authorized agent(s) for plan review and/or inspections.

Per F.S. Section 553.791(10)

- The local building official may not prohibit the private provider from performing any inspection outside the local building official's normal operating hours, including after hours, weekends, or holidays.

Per F.S. Section 553.791(14)

- Results of Private Provider Inspections shall be provided to the TOIRS within 4 business days and posted on the jobsite.

Per F.S. Section 553.791(15)

- Upon completion of all required inspections, the private provider firm shall prepare a certificate of compliance, on a form provided by the commission acceptable to the local building official, summarizing the inspections performed and including a written representation, under oath, that the stated 1inspections have been performed and that, to the best of the private provider's knowledge and belief, the building construction inspected complies with the approved plans and applicable codes. The certificate of compliance may be signed by any qualified licensed individual employed full-time by the private provider firm under whose authority the inspection was completed.

THE TOWN OF
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FBC Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective July 1, 2026 Rule
61G20-2.005, F.A.C.

Project Name: _____
Parcel Tax ID: _____

Services to be provided: ☐ Plans Review ☐ Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I _____, the
☐ fee owner / ☐fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____
Private Provider: _____

Address: Telephone: _____
Email Address: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes.

Continued:

If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, or within 2 business days before the next scheduled inspection, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire prevention, firesafety, land use, environmental or other codes.
The following attachments are provided, as required:

1. Copies of current/active licenses for the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Print name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature Date

THE TOWN OF
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Private Provider
Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone:_____ **Email:** _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name:_____ **Plan Sheets:** _____

Florida License/Registration/Certification # (s) and description:

_____

Signature of Reviewer: _____

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

_____ _____
Signature of Notary **Print Notary Name**

Commission Expiration: _____
(Notary Public Stamp Below)

THE TOWN OF
INDIAN RIVER SHORES

EMPLOYMENT AFFIDAVIT FORM

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 EMPLOYMENT AFFIDAVIT FORM 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: _____

Effective 7/1/26