

# CITY OF MARGATE

## PRIVATE PROVIDER POLICY AND PROCEDURES

Implementation , Administration and Oversight for the Private Provider Process in conformance with Chapter 553.791 and Chapter 468, Part XII of The Florida Statutes.

### Procedures

1. All private providers and duly authorized representatives wishing to do business within the City of Margate shall register with the City of Margate pursuant to FS §553.791 (15) (b) and shall submit proof of compliance with the licensure requirements of FS § 553.791 (10)(d) & (g) and the insurance requirements of FS §553.791 (16). The private provider shall renew registration to ensure all licensure and certifications are current.
2. A fee owner or fee owners contractor, with written authorization from the fee owner FS §553.791 (2), may elect to use either Private Provider Plan Review or Inspections or both services.
3. The permit application at a minimum shall contain:
  - a. Permit Application
  - b. "Notice to Building Official" executed by the Fee owner **Exhibit A** attached.
  - c. "Plan Compliance Affidavit" **Exhibit B** attached.
  - d. "Duly Authorized Representative Employment Affidavit" **Exhibit C** attached.
  - e. Two sets of plans that have been reviewed, approved, and each sheet stamped by the Private Provider.
  - f. All Documents and Approvals by other Governmental Agencies having jurisdiction, FS § 553.791(4) a condition precedent to the time periods outlined in FS §553.791(7).
  - g. Certificate of insurance as set forth FS §553.791(16).
4. All duly authorized representatives of the Private provider shall be licensed as an engineer under chapter 471 or as an architect under chapter 481 or be a holder of a standard certificate under part XII of chapter 468 performing plan review or inspections in their licensed discipline. All duly authorized representatives shall be an employee of the Private Provider as defined by the Fair labor Standards Act and the Internal Revenue Service.
5. If the Fee Owner makes any changes to the listed private providers the fee owner shall, within one (1) business day after any change, update the "Notice to Building Official" to reflect such change.
6. The Private provider shall upon determination that, the plans comply with the applicable codes, prepare an affidavit or affidavits on a form adopted by the commission, **Exhibit B**, certifying under oath, that the following is true and correct to the best of the Private Providers knowledge and belief.
  - a. The plans were reviewed by the affiant, who is duly authorized to perform plans review pursuant to this section and holds the appropriate license and certificate.
  - b. The plans comply with the applicable codes.
7. Upon receipt of a Permit Application and Documents and Approval from all Governmental Agencies having jurisdiction, the City of Margate shall have thirty (30) business days to issue a permit or submit written notice of specific plan features that do not comply with the applicable codes.
  - a. Time period shall be tolled until revisions are submitted and an additional five (5) business days added to issue the permit.
  - b. The time period shall be tolled and the additional five (5) business days shall be added for each subsequent written notice of plan features that do not comply with the applicable codes.

8. The Private provider must post contact information on the jobsite to include the name, firm, address, telephone number facsimile number, and the type of service being performed. The permit holder shall be responsible to ensure that the required information is posted.
9. The Private provider shall notify the City of Margate Building Official or his/her representative of the date and approximate time of the inspection by 2:00 pm the prior business day by facsimile.
10. The Private provider or duly authorized representative shall be required to inspect each phase of construction as required by the applicable codes. Work shall proceed after inspection and approval by the Private Provider or duly authorized representative.
11. The City of Margate Building Department may audit the performance of building code inspection services by Private Providers operating within the jurisdiction. Work on a building or structure may proceed after inspection or approval by the private Provider if the provider has given notice of the inspection pursuant to FS § 553.791(9) and subject to such inspection and approval, the work shall not be delayed for completion of an inspection audit by the Building Official.
12. The Building Official may visit the building site as often as necessary to verify that the Private Provider is performing all required inspections. A deficiency notice must be posted at the job site by the Private Provider, the duly authorized representative of the Private Provider, or the Building Department whenever a noncomplying item relating to the building code or permitted documents is found. After all corrections are made, the item must be reinspected by the private Provider or representative before concealment.
13. The Building Officials authority is not limited to issue a Stop Work Order for a building project or portion of the project if the Building Official determines that a condition on the building site constitutes an immediate threat to public safety and welfare.
14. The private provider, prior to leaving the site, shall record and post all inspections, fail or pass stating the violation, on a form acceptable to the City of Margate and posted on site, and provide the record to the Building Official within 2 days. The inspection record shall be maintained at the site at all times for review by the Building Official. The record shall be updated with each inspection and submitted to the City of Margate with the Certificate of Compliance.
15. When all required inspections are completed and approved, and documentation to determine approvals from all governmental agencies having jurisdiction, the Private Provider shall prepare a Certificate of compliance in the form attached as **Exhibit D**. Upon receipt of all of the aforementioned approvals the City of Margate shall issue a Certificate of Completion or Certificate of Occupancy within two (2) business days.

**Notice to Building Official of  
Use of Private Provider  
Effective January 20, 2003**

Project Name:

Parcel Tax ID:

Services to be provided: Plans Review Inspections

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.

I \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: \_\_\_\_\_

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

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

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

Email Address (Optional): \_\_\_\_\_

Florida License, Registration or Certificate #: \_\_\_\_\_

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

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, 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 code, land use, environmental or other codes.

The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Individual**

**Corporation**

**Partnership**

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

\_\_\_\_\_  
 Print Corporation Name  
 By: \_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone  
 No. \_\_\_\_\_

\_\_\_\_\_  
 Print Partnership Name  
 By: \_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone  
 No.: \_\_\_\_\_

**Please use appropriate notary block.**  
**STATE OF**  
**COUNTY OF**

**Individual Corporation Partnership**

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.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, a partner/agent on behalf of \_\_\_\_\_, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Known to me \_\_\_\_\_; Produced as identification \_\_\_\_\_;

\_\_\_\_\_  
 Printed Name of Notary

\_\_\_\_\_  
 Signature of Notary

Notary Public: NOTARY STAMP BELOW

My commission expires:

**Private Provider  
Plan Compliance Affidavit**  
Effective January 20, 2003

Private Provider Firm: \_\_\_\_\_

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

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

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

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 this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Appeared \_\_\_\_\_

who executed the foregoing instrument and acknowledged before me the same was executed for the purposes therein expressed.

Known to me \_\_\_\_\_; Produced as identification \_\_\_\_\_;

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Public: NOTARY STAMP BELOW

My commission expires:



**Private Provider  
Certificate of completion**

To:  
Building Official City of Margate  
901 NW 66<sup>th</sup> Avenue  
Margate, Florida 33063

RE: Project \_\_\_\_\_  
Permit # \_\_\_\_\_  
Address \_\_\_\_\_

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.

Submitted by:  
Firm:

Signature of Private Provider \_\_\_\_\_

Title \_\_\_\_\_

PE. Registration # \_\_\_\_\_ Seal:

**SWORN AND SUBSCRIBED**

Before me by this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Appeared \_\_\_\_\_

who executed the foregoing instrument and acknowledged before me the same was executed for the purposes therein expressed.

Known to me \_\_\_\_\_; Produced as identification \_\_\_\_\_;

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Public: NOTARY STAMP BELOW

My commission expires: