

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435

561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



PRIVATE PROVIDER APPLICATION CHECKLIST

Note: The following items must be completed prior to the release of any permits.

- NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER
- PRIVATE PROVIDER AGREEMENT FORM
- COMPLIANCE REQUIREMENTS
- AUTHORIZATION AND SIGNATURE PAGE
- PRIVATE PROVIDER COMPLIANCE AFFIDAVIT
- DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT
- PRIVATE PROVIDER FORM BOARD SURVEY AND ELEVATION CERTIFICATE AFFIDAVIT
- COMPLETE ASSEMBLED SETS OF SIGNED AND SEALED PLANS AS PER THE BUILDING PERMIT CHECKLIST(S)
- FULLY COMPLETED PERMIT APPLICATION

NO CONSTRUCTION ACTIVITY IS ALLOWED AFTER SLAB IS POURED UNTIL A FORM BOARD SURVEY AND AN ELEVATION CERTIFICATE HAVE BEEN SUBMITTED TO AND APPROVED BY THE TOWN OF OCEAN RIDGE BUILDING DEPARTMENT.

The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include fire codes, land use, environmental, FEMA codes, or other codes.

RECORDED NOTICE OF COMMENCEMENT MUST BE POSTED IF THE PROJECT VALUATION EXCEEDS \$5,000.00.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR MORE INFORMATION REGARDING PRIVATE PROVIDER GUIDELINES, PLEASE REFER TO: FLORIDA STATUTE 553.791 ALTERNATIVE PLANS REVIEW AND INSPECTION.

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Permit Application Number: _____
Project Address: _____
Property Control Number: 46-43-45 _____
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/We, _____ (print property owner(s) name(s), affirm I/We have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____
Private Provider: _____
Florida License, Registration, or Certificate #: _____
Business Address: _____
Phone: _____ Email: _____

I/We have elected to use one or more private providers to provide building code plan reviews and/or inspection services on the building or structure that is the subject of the enclosed permit application package, as authorized by s. 553.791, Florida Statutes. I/We 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 this application package. The law requires minimum insurance requirements for such personnel, but I/We understand that I/We may require more insurance to protect my interests.

By executing this form, I/We acknowledge that I/We have made an inquiry regarding the compliance of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I/We agree to indemnify, defend, and hold harmless the local government, the local Building Official, and their 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/We 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/We make any changes to the listed private providers or the services to be provided by those private providers, I/We shall, within one (1) business day after any change, update this private provider application package to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to the building code compliance and does not include review for fire code, land use, environmental, FEMA codes, or other codes.

Property Owner(s) Initials _____ Private Provider's Initials _____

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435

561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



PRIVATE PROVIDER AGREEMENT FORM

The property owner(s) or the property owner's contractor (upon written authorization from the property owner) may choose to use a private provider to provide plan review and/or inspection services. Pursuant to Florida State Statute 553.791, the Building Department will calculate the cost savings to the department when a private provider is utilized in lieu of the Building Department and will reduce associated permit fees accordingly. A reduction of permit fees may not be granted, and additional fees shall be imposed if compliance with the requirements herein this private provider package are not met.

Upon issuance of the permit, if an approved private provider has provided plan review in lieu of the Building Department, the "plan review fee" will be reduced by 30% and will be deducted from the cost of the permit.

Inspection fees are included in the assessment of the "permit fee". Inspections on threshold buildings, flood inspections, or any other inspection that must be performed by a special inspector, certified floodplain manager, or town employee pursuant to code, law, or ordinance will not be included in the reduction calculation. If approved private providers will provide inspections in lieu of the Building Department, the "permit fee" will be reduced by 10% or at a rate of \$25, whichever is greater, and will be deducted from the cost of the permit. All other applicable permit fees, revision fees, extension fees, renewal fees, and reinspection fees as deemed appropriate by the Building Official will not be reduced.

By signing this agreement package, you acknowledge that you have read, comprehend, and agree to the terms contained herein this private provider package and agree with the reduction amount that will be provided for plan review fees and inspection fees. Failure to sign the agreement prior to permit submittal for plan review shall constitute a waiver of plan review fee reductions that may be provided pursuant to s. 553.791(2)(b), Florida Statutes. Failure to sign the agreement will not constitute a waiver of rights for the Building Department to enforce the applicable provisions of the Florida Building Code, Florida State Statutes, and the Town of Ocean Ridge Code of Ordinances, and impose fees as deemed appropriate by the Building Official.

Property Owner(s) Initials _____ Private Provider's Initials _____

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435

561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



COMPLIANCE REQUIREMENTS

1. At the time of permit submittal for plan review, or by 2pm, two business days before the first scheduled inspection, all of the attached forms must be signed and submitted to the Building Department.
2. The private provider cannot inspect any work designed or constructed by the private provider or private provider's firm.
3. The private provider must notify the Building Department by 2pm the day prior to the required inspection taking place.
4. Following the inspection, an inspection report must be posted on-site and must be provided to the Building Department within 2 days of the inspection.
5. Upon completion of all required inspections, the private provider shall prepare a certificate of compliance pursuant to s. 553.791(11), Florida Statute.
6. Any condition that poses an imminent threat to public safety and welfare must be reported to the Building Department.
7. In the event the Building Department conducts an audit inspection and finds a violation of the building code or permit requirement following the private provider's inspection; or if the terms of this agreement have been violated, a "Notice to Correct", "Notice of Violation", or "Stop Work" will be issued, and a reinspection fee will be imposed.
8. All stop work order fees, revision fees, reinspection fees, extension fees, renewal fees, or any other applicable fee deemed appropriate by the Building Official shall still apply and will not be reduced. These fees must be paid prior to the issuance of the certificate of occupancy and/or closure of the permit.
9. Any revisions to the plans must be reviewed and approved by the private provider to submittal to the Building Department at the time of cancelation.
10. At any time, the owner/contractor decides to cancel this agreement, the full reduction that was provided must be reimbursed to the Building Department at the time of cancelation.

The following attachments are provided as required:

- 1) Current professional licenses 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 five (5) years subsequent to the performance of building code inspection services.

Property Owner(s) Initials _____ Private Provider's Initials _____

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



AUTHORIZATION AND SIGNATURE PAGE

As the property owner, owner's contractor, and the private provider, we will have a private provider provide plan review and/or inspection services on the building/structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statute. We acknowledge, that we have read, comprehend, and agree to comply with the terms of this agreement package (9 pages) and will fully comply with the requirements set forth in s. 553.791, Florida Statutes, the Florida Building Code, Town of Ocean Ridge Code of Ordinances, and all other applicable Florida State Statutes. Further, we understand the Building Department has the authority to examine the plans and/or inspect the building/structure and agree to provide access to the plans and building/structure for purposes intended by law.

Property Owner

By: _____
(Signature)

(Print Name)

Tel No.: _____

Contractor

By: _____
(Signature)

(Print Name)

Tel No.: _____

Private Provider

By: _____
(Signature)

(Print Name)

Tel No.: _____

Please use appropriate notary block.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Property Owner

SWORN AND SUBSCRIBED
before me this ____ day of _____, 20_____,
personally known to me _____, or
by online notarization _____, or
having produced as identification _____ and who
executed the foregoing instrument
and acknowledged before me that
the same was executed for the
purposes therein expressed.

Notary Signature

STAMP

Contractor

SWORN AND SUBSCRIBED
before me this ____ day of _____, 20_____,
personally known to me _____, or
by online notarization _____, or
having produced as identification _____ and who
executed the foregoing instrument
and acknowledged before me that
the same was executed for the
purposes therein expressed.

Notary Signature

STAMP

Private Provider

SWORN AND SUBSCRIBED
before me this ____ day of _____, 20_____,
personally known to me _____, or
by online notarization _____, or
having produced as identification _____ and who
executed the foregoing instrument
and acknowledged before me that
the same was executed for the
purposes therein expressed.

Notary Signature

STAMP

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

(ONE AFFIDAVIT PER PLAN REVIEWER)

Private Provider Firm: _____

Private Provider: _____

Florida License, Registration, or Certificate #: _____

Business 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, all local amendments to the Florida Building Code, and the Town of Ocean Ridge Code of Ordinances 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:

Plan Reviewer's Name: _____

Plan Sheets: _____

Florida License, Registration, or Certificate #: _____

Plan Reviewer's Signature: _____

State of FLORIDA
County of PALM BEACH

SWORN AND SUBSCRIBED before me this _____ day of _____ 20 _____ being personally known to me _____, or by online notarization _____, 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

My Commission expires: _____

Stamp/Seal

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

This affidavit is required for the Town of Ocean Ridge, Florida Alternative Plan Review and Inspection Registration Program.

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

DULY AUTHORIZED REPRESENTATIVES: (List individually; use a second form if necessary)

NAME	LICENSE/CERTIFICATE NO.	LICENSE/CERTIFICATE TYPE

Private Provider's Signature: _____

State of FLORIDA
County of PALM BEACH

SWORN AND SUBSCRIBED before me this _____ day of _____ 20____ being personally known to me _____, or by online notarization _____, 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

My Commission expires: _____

Stamp/Seal

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



PRIVATE PROVIDER FORM BOARD SURVEY AND ELEVATION CERTIFICATE AFFIDAVIT

It is the responsibility of the private provider to ensure that a form board survey and elevation certificate is provided to this department in a timely manner. Per the direction of the Building Official, no construction activity is allowed after the slab is poured until a form board survey and an elevation certificate has been submitted to and approved by the Town of Ocean Ridge Building Official. No further construction activity will occur until the survey and elevation certificate are approved. Upon completion of the project, an elevation certificate, and a final as-built survey (along with other items on the completion checklist) must be submitted to the Building Department in order to receive a certification of occupancy or certificate of completion.

I understand that I am subject to enforcement action by the Building Department if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by the Town of Ocean Ridge Building Department pursuant to this affidavit holds the private provider responsible for maintaining compliance with this policy.

Private Provider's Signature: _____

Private Provider's Printed Name: _____

State of FLORIDA
County of PALM BEACH

SWORN AND SUBSCRIBED before me this _____ day of _____ 20 ____ being personally known to me _____, or by online notarization _____, 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

My Commission expires: _____

Stamp/Seal

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



BUILDING DEPARTMENT OFFICIAL USE ONLY

APPLICATION RECEIVED ON: _____ PERMIT APPLICATION NO: _____

FEE REDUCTION: \$ _____

APPLICATION AND REDUCTION APPROVED BY:

BUILDING OFFICIAL: _____ Date: _____

TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com



PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Private Provider Firm: _____

Private Provider Qualifier: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

In accordance with Florida Statute 553.791 Section (6) pertaining to Private Provider Services, 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 Codes and all local amendments to the Florida Building Codes by the following affiant, who is duly authorized to perform plans review pursuant to Section 5S3.791, Florida Statue and holds the appropriate license or certificate. The plans comply with the applicable codes:

Signature of Private Provider: _____

Reviewer Name: _____

Florida License Number: _____

Project Name/Address: _____

Plan Sheets:

NOTARY
STATE OF _____ COUNTY OF _____
Before me, this ____ day of _____ 20____, personally appeared, _____,
who executed the foregoing instrument and acknowledged that same was executed for the purposes therein
expressed. He/she is personally known or produced Identification. Type of ID: _____

Signature of Notary Public Seal

Stamp/Seal