



Village of Estero Building and Permitting Services
 9401 Corkscrew Palms Circle
 Estero, FL 33928
 Tel # (239) 221-5036 | Fax # (239) 319-2235 | permitting@estero-fl.gov

PRIVATE PROVIDER INSPECTION REPORT

(Must be filled out completely, incomplete reports will not be accepted by The Village of Estero)

At the completion of each inspection the private provider shall:

Post each completed inspection record on the Permit Card posted on site, indicating pass or fail. The “private provider” shall also provide the record on this form to the local Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via Email; faxes are not acceptable. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Permit # _____ Date _____

Site Address _____

Inspection Report #: _____ Inspection Type _____

Owner Name _____

Private Provider _____

Contractor _____

Inspection Code _____ Inspection Date _____

Inspection Result:

1. Passed 2. Partial Pass ___ 3. Failed ___ 4. Cancelled ___

Comments: _____

I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the applicable codes.

By: _____ License # _____

(Print Name)

Certified _____ (Signature)



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Private Provider – List of Building Inspections

(Please check all that apply)

Building Inspections

- | | | |
|--|---|---|
| <input type="checkbox"/> 101-Foundation | <input type="checkbox"/> 102-Slab | <input type="checkbox"/> 103-Tie Beam |
| <input type="checkbox"/> 104-Columns/Pilings | <input type="checkbox"/> 105-Rough Framing | <input type="checkbox"/> 107-Insulation |
| <input type="checkbox"/> 110-Firewall/Tenant Separation | <input type="checkbox"/> 111-Floor | <input type="checkbox"/> 113-RV tie down |
| <input type="checkbox"/> 114-Sheathing (Wall) | <input type="checkbox"/> 115-Sheathing (Roof) | <input type="checkbox"/> 117-Mobile Home Move |
| <input type="checkbox"/> 125-Opening Protection/Shutters | <input type="checkbox"/> 130-Engineering/Strap/Tie down | |
| <input type="checkbox"/> 199-Final Building For: | <input type="checkbox"/> 204-Final Plumbing | <input type="checkbox"/> 305-Final Electrical |
| Accessory | <input type="checkbox"/> 402-Final Mechanical | <input type="checkbox"/> 501-Roof Dry-In |
| Awning | <input type="checkbox"/> 502-Roof In Process | <input type="checkbox"/> 503-Roof Final |
| Demolition | | |
| Dock/Shoreline | | |
| Fence | | |
| Mobile Home | | |
| Move RV (set-tie down) | | |
| Shutter | | |
| Shed (set-tie down) | | |
| Sign | | |

Electrical Inspections

- | | | |
|--|---|---|
| <input type="checkbox"/> 301-Temporary Pole or Underground (TUG) | | |
| <input type="checkbox"/> 302-Electrical Underground | <input type="checkbox"/> 303-Service Change | <input type="checkbox"/> 304-Rough Electrical |
| <input type="checkbox"/> 305-Final Electrical | <input type="checkbox"/> 306-Temp/Perm Power (Commercial) | |
| <input type="checkbox"/> 308-House Meter Only (Commercial) | | <input type="checkbox"/> 310-Temp Overhead |

Sign Inspection

- | | |
|---|---|
| <input type="checkbox"/> 101-Foundation | <input type="checkbox"/> 302-Electrical Underground |
| <input type="checkbox"/> 304-Rough Electrical | <input type="checkbox"/> 305-Final Electrical |

Dock and Shoreline Inspections

- 601-Tie Back/Deadman
- 602-Seawall Cap
- 603-Rip Rap
- 604-Piles

Mechanical/Plumbing Inspections

- 201-Rough Plumbing (DWV)
- 202-Underground Plumbing
- 203-Sewer
- 204-Final Plumbing
- 205-Tub Set/Shower Pan
- 206-Water Supply
- 207-Rough Gas
- 208-Gas Line
- 209-Gas Tank
- 210-Final Gas
- 401-Rough A/C
- 402-Final A/C

Pool/Span Inspections

- 101-Foundation
- 104-Piles/Pile Cap
- 108-Pool Steel
- 109-Pool Deck
- 118-Pool Safety (incl. Final Electrical before filling)
- 120-Pressure Affidavit
- 123-Main Drain (plumbing at shell)
- 124-1st Bonding (shell)
- 125-2nd Bonding (deck)
- 127-Light Potting



PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT

Project Name: _____

Project Tax ID: _____

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 most current version of the Florida Building Codes and all local amendments 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:** _____

Applicable 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 Name

Notary Public: NOTARY STAMP BELOW

My Commission expires:



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Private Provider Certificate of Compliance
Request for Certificate of Occupancy

Date: _____

Building Official
 The Village of Estero, Building & Permitting Services
 Estero, Florida 33928

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide The Village of Estero Building and Permitting Services with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes: (Circle all that apply)

Building	YES	NO	N/A
Mechanical	YES	NO	N/A
Electrical	YES	NO	N/A
Plumbing	YES	NO	N/A
Gas	YES	NO	N/A

Private Provider Name _____ License # _____

Private Provider Signature _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____



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Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Village of Estero Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b)

I _____ the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

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

Signature of Private Provider _____ License # _____

PRIVATE PROVIDER FIRM _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

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**Notice to Building Official of
Use of Private Provider
Effective January 4th, 2016**

Project Name: _____

Parcel Tax ID: _____

Services to be provided: **Plans Review** _____ **and/or 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 is used for both services pursuant to Section 553.791(2) Florida Statute.

If private provider plan review is performed all required inspections must also be performed by the private provider as well.

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: _____

Florida License, Registration or Certificate #: _____

**Notice to Building Official of
Use of Private Provider
Effective January 4th, 2016**

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, FEMA requirements or other codes.

_____Initials

**Notice to Building Official of
Use of Private Provider
Effective January 4th, 2016**

The following attachments are provide as required:

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavit are signed and notarized & copies of all licenses required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of building inspections to be performed is attached. (4- Pages)
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. **If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.** The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverage's required under this subsection are in force." The proof of insurance required by this section will be expected seven (7) days prior to first inspection by the private provider firm.
5. The Private Provider shall notify the Building Official through The Village of Estero inspection request e-mail address at inspections@estero-fl.gov prior to performing any inspections by the Private Provider on the permitted building structure(s).

_____Initials

Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.

(Check Section Below)

INDIVIDUAL –

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

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. Personally known Procured Identification – Type of ID _____

Signature of Notary Public Seal

CORPORATION –

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____ 20____, personally appeared _____, of _____ a Corporation, on behalf of the state corporation, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed. Personally known Procured Identification – Type of ID _____

Signature of Notary Public Seal

PARTNERSHIP –

Name _____ Address _____

Phone _____

Signature _____

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____ 20____, personally appeared _____

Partnership, who executed the foregoing instrument and acknowledged that same was executed for the purposes therein Personally known Procured Identification – Type of ID _____

Signature of Notary Public Seal