



PRIVATE PROVIDER SUBMITTAL REQUIREMENTS CHECKLIST

Florida State Statute 553.791 (Alternative Plans Review and Inspection) authorizes a fee owner to elect the use of a Private Provider for plans review and/or required building inspection services. It covers the rights and responsibilities of the fee owner, the Private Provider, and the local Building Official/Building Code Enforcement Agency.

IMPORTANT: The City of Tampa Construction Services Division is unique among its contemporaries in that the plans review and inspection processes include not only the building and trade disciplines governed by the Florida Building Code, but also zoning, site and fire components under other codes or local ordinances. As such, the City of Tampa will continue to conduct plans review and inspections on all elements not regulated by the FBC.

PROJECT SUBMITTAL PACKET

Documentation required with building permit application submittal*

- [Notice to Building Official](#) - Principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of plan review and/or inspections.
- [DAR Personnel Identification](#) - Document identifies all of the Private Provider's Duly Authorized Representatives (DAR) who will be utilized on a specific project. It shall contain the numbers of the current licenses that he/she holds to perform the specified type of work on the project, the responsibility that the DAR will have for the specific project, along with contact phone number and email address. This form is to be filled out for each DAR.
- [Plan Compliance Affidavit](#) (required only if Private Provider is handling plan review) - Principal document used to confirm that the Private Provider has performed the required plans reviews and has approved those plans for code compliance under the allowable scope per FS 553.791. The submission of an executed affidavit and a copy of the approved set of building plans is a pre-requisite to the issuance of a permit. Note that this form is required for each submittal and if applicable, each resubmittal (response to corrective comments), and revisions (changes to scope of work).
- [Contact Reference Form](#) - Form identifies the primary contact information for the Private Provider to which City staff can refer client inquiries regarding specific project details such as plan review and inspection comments/interpretations.
- [FEMA Substantial Improvement Package](#) (if applicable) – As a participant in the National Flood Insurance Program's (NFIP) Community Rating System (CRS), the City of Tampa will continue to perform the Under Construction FEMA Elevation Certificate Check inspection and review the Final FEMA Elevation Certificate on projects that are in a Special Flood Hazard Area (SFHA).
- Construction documents being submitted as part of the private provider packet shall have a stamp or notice of review of the private provider on the cover page of all submitted drawings.



Planning & Development

**Note: If the Private Provider will only be performing inspectional services, the Notice to Building Official and Personnel Directory should ideally be submitted at permit application; however, FS 553.791(4) allows for submittal no less than two (2) business days prior to the first scheduled inspection by the local Building Official or Building Code Enforcement Agency.*

Documentation and steps required for inspections

- [Inspections Checklist](#) - Prior to performing any required inspections, the Private Provider shall serve notice to the Building Official by scheduling an inspection in the Accela system no later than 2:00 PM on the preceding day (FS 553.791(9)).
- Inspection Reports - The inspection reports must include specific criteria. Refer to [Inspection Report Checklist](#) for specific information.

Documentation and steps required for Issuance of Certificate of Occupancy or Certificate of Completion (applicable only if Private Provider performed inspections)

- [Certificate of Compliance](#) must be submitted as outlined in FS 553.791(11). This document is notarized, signed, and sealed by the professional in charge of the Duly Authorized Representative (DAR) to affirm that all required inspections were performed as per Code and the approved construction drawings.
- Submit summary document of all completed inspections performed by each Duly Authorized Representative (DAR), organized by discipline (building, mechanical, electrical, plumbing, etc.) and contain all inspection reports and results (approved, partially approved, or disapproved). A comprehensive Final Inspection Report must be uploaded directly into the Accela permit record.

Important note:

- All applicable fire safety inspections must be performed by City staff and approved/final.
- All applicable site inspections must be performed by City staff and approved/final.
- All applicable fees must be paid.
- Any ancillary documents and/or government approvals applicable to the scope of work must be uploaded into the Accela permit record and available on-site (i.e., Commercial Pool Operating Permit, Termite Certificate, Blower Door Test).

FEES

Fees for qualified Private Provider projects will reflect a 30% reduction from the standard building permit fees based upon the services performed by a Private Provider (plan review, inspections or both). The fee reduction will be calculated after the application has been filed and accepted by the City as a Private Provider project.

Additional information can be found on the Private Provider webpage at [Private Providers](#).

If you have any questions, please call (813) 274-3100.



PRIVATE PROVIDER REGISTRATION

Checklist

The City of Tampa requires registration for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

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(15) (b) Florida Statute.

- Private Provider Registration Form**
- Employment Affidavit for Duly Authorized Representative(s) (DAR).**
- Copy of Florida license** for the business entity. *Screen print from DBPR website is acceptable.*
- 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). *Screen print from the DBPR website is acceptable.*
- Copy of Occupational License**
- Certificates of Insurance for Workers' Compensation and General Liability** as required by FS 440.02(8) and FS 553.791(16), respectively.

You can submit this in person or email: CSDHelp@tampagov.net

If you have any questions, please contact Construction Services:

MAIN #: (813) 274-3100



Planning & Development

PRIVATE PROVIDER REGISTRATION

Registration Form

The City of Tampa requires registration for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

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(15) (b) Florida Statute.

Name of Firm: _____

Business Address: _____

Office Phone: _____ **Fax:** _____

Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER QUALIFIER

Name of Qualifier: _____

Office Phone: _____ **Cell Phone:** _____

Email: _____

You can submit this in person or email: CSDHelp@tampagov.net

If you have any questions, please contact Construction Services:

MAIN #: (813) 274-3100



Planning & Development

DULY AUTHORIZED REPRESENTATIVE (DAR)

Employment Affidavit

This affidavit is required pursuant to the City of Tampa Private Provider Review and Inspection Registration Program. F.S. 553.791 (8).

The authorization(s) for the listed individual(s) will remain in effect, unless cancelled in writing, by the undersigned.

Private Provider Name (Printed): _____

Private Provider License No: _____

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.

Printed or Typed Name of Private Provider

Signature of Private Provider

NOTARY

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this _____ day of _____,

20____, by _____ (name of person making statement).

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Printed or Typed Name of Notary Public



Planning & Development

DULY AUTHORIZED REPRESENTATIVE (DAR)

Employment Affidavit

The law requires that all Duly Authorized Representatives (DAR) are employees of the Private Provider firm and as such, entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES

If more space is needed to list all DARs, please submit a supplementary signed/sealed form with the information. You must also submit copies of license(s) for each DAR listed (screen print from DBPR website is acceptable).

Name (Printed)	FL License No(s)	Discipline	DAR Signature



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

City of Tampa Permit No: _____

Project Address: _____

Project Folio No: _____

Fee Owner Name (Printed): _____

Services to be provided (select all that apply):

Plan Review Only Inspections Only Plan Review and Inspections

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Office Phone: _____ Fax: _____

PRIVATE PROVIDER QUALIFIER

Name of Qualifier: _____

Office Phone: _____ Cell Phone: _____

Email: _____



NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

ACKNOWLEDGMENT

I, _____, have elected to use one or more Private Providers 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 and the building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code plan review and/or 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 safety, land use, environmental or other codes.

Printed or Typed Name of Fee Owner of Property

Signature of Fee Owner of Property

NOTARY

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this _____ day of _____,

20____, by _____ (name of person making statement).

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Printed or Typed Name of Notary Public



Planning & Development

DULY AUTHORIZED REPRESENTATIVE (DAR)

Personnel Identification

DULY AUTHORIZED REPRESENTATIVE (DAR)

Please submit a separate page for each DAR.

City of Tampa Permit No.: _____

Project Address: _____ Project Folio No.: _____

Private Provider Firm (Printed): _____

DAR Name (Printed): _____

Office Phone: _____ Cell Phone: _____

Email: _____

Florida Professional Licenses:

Type of service(s) to be performed by named DAR (check all that apply):

Plan Review Service

- Building
- Mechanical
- Electrical
- Plumbing/Gas

Inspection Service

- Building
- Mechanical
- Electrical
- Plumbing/Gas



Planning & Development

PRIVATE PROVIDER

Compliance Affidavit

City of Tampa Permit No.: _____

Project Address: _____ Project Folio No.: _____

Private Provider Firm: _____ License No.: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Select all that apply:

- Construction Plans Resubmittals (Response to deficiencies) Revisions (changes to original scope)

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:

Printed or Typed Name of Private Provider

Signature of Private Provider

NOTARY

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this _____ day of _____,

20____, by _____ (name of person making statement).

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public



Construction Services Division

1400 N. Boulevard
Tampa, FL 33607
Phone: (813) 274-3100
Fax: (813) 259-1712
www.tampagov.net/permits

Contact Reference Form

Instructions: Please utilize this form to identify the primary contact information for the Private Provider to which City staff can refer client inquiries regarding specific project details such as, but not limited to, plan review and inspection comments and interpretations, Private Provider inspection reports, inspection results by a Private Provider, etc.

Contact Information

Point of Contact Name _____

Organization Name _____

Email _____

Phone _____



INSPECTIONS

Checklist

The following Inspections must be scheduled and completed:

- Pre-Construction Inspection** - When silt fence, tree barricades, sanitary facilities and approved plans are installed. *No work should begin until City of Tampa Inspectors approve.*
- All required Florida Building Code inspections** through the Accela System.
- All site, driveway/sidewalk and Stormwater drainage/retention “In Progress”** inspections before concealment. City of Tampa Inspectors will perform inspections.

- “Electrical Power Release”** and upload the document indicating that Private Provider has inspected the electrical system and approved the release.

HOW TO UPLOAD IN ACCELA:

1. Log into Accela record
2. Go to the **Record Info Tab - Attachments**. Click **ADD**
3. Hit **ADD** and choose your document to upload. In the title box you will name it **“Electrical Power Release”**
4. Click **Continue**. It will prompt you with a dropdown box, choose other document and click **ADD**. Follow the prompts.

- FEMA Properties:** Schedule an **“Under Construction Elevation Check”** inspection once the under construction elevation certificate has been uploaded to the Accela Record.

HOW TO UPLOAD IN ACCELA:

1. Log into Accela record
2. Go to the **Record Info Tab – Attachments**, click **ADD**
3. Hit **ADD** and choose your document to upload. In the title box you will name it **“Under Construction Elevation Check”**
4. Click **Continue**. It will prompt you with a dropdown box, choose the document that is called **“Under Construction Elevation Check”** and click **ADD**. Follow the prompts.

- All site and building finals** once the project is complete. Upload the Private Provider Final Certificate of Compliance document to the Accela Record.

HOW TO UPLOAD IN ACCELA:

1. Log into Accela record
2. Go to the **Record Info Tab – Attachments**, click **ADD**
3. Hit **ADD** and choose your document to upload. In the title box you will name it **“Private Provider Final Certificate”**
4. Click **Continue**. It will prompt you with a dropdown box, choose **Private Provider Final Certificate** and click **ADD**. Follow the prompts.



INSPECTIONS REPORT

Checklist

The DAR inspection reports must provide, at a minimum, space for the following information, and when completed will state:

- City of Tampa permit number
- Job address (including suite/unit number if applicable)
- Date inspection was performed
- Private Provider's company contact information
- Inspector's name, license number, and signature
- 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 Disapproved), the corrections required (if corrections or further action is required).
- A copy of all periodic inspection reports must be uploaded directly into the Accela permit record and available on-site.



CHANGE PRIVATE PROVIDER

Checklist

Changes to the originally approved Private Provider Firm or services shall be noticed to the Building Official within one business day after any change. Note that the new Private Provider firm and its DAR's must be duly registered with the City of Tampa in order for the change to be authorized. 553.791(4)

Change of Private Provider Firm and/or Services to Alternate Private Providers Firm/Services

Submit [Notice to Building Official Change of Private Provider Firm and/or Services](#). Must be submitted within one business day.

Change from Private Provider to City of Tampa

In the event that the Fee Owner of Property intends to revert from a Private Provider to the City of Tampa for any services including plan review and inspections the following documents shall be required:

- [Notice to Building Official Change of Private Provider Firm and/or Services](#).
Official log of all completed inspections performed by each DAR of existing provider, organized by discipline, containing all inspection reports and results.
- A [Certificate of Compliance](#) must be submitted as outlined in FS 553.791(11). This affidavit is notarized, signed, and sealed by the professional in charge of the DAR (of existing provider) to affirm that all inspections performed by existing provider are as per Code and the approved construction drawings. It will include the following statement, as outlined in FS 553.791(11):

"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 the applicable codes."



Planning & Development

NOTICE TO BUILDING OFFICIAL

CHANGE OF PRIVATE PROVIDER FIRM AND/OR SERVICES

Changes to the originally approved Private Provider Firm or services shall be noticed to the Building Official within one business day after any change. Note that the new Private Provider firm and its DAR's must be duly registered with the City of Tampa in order for the change to be authorized.

City of Tampa Permit No.: _____

Project Address: _____ Project Folio No.: _____

Fee Owner Name (Printed): _____

CHANGE REQUESTED (check all that apply)

Change of Private Provider Firm to Alternate Private Provider Firm Change of Services

Change from Private Provider Firm to City of Tampa

EXISTING PRIVATE PROVIDER FIRM / QUALIFIER

Name of Firm: _____

Qualifier: _____ License No.: _____

Business Address: _____

Office Phone: _____ Fax: _____

NEW PRIVATE PROVIDER FIRM / QUALIFIER

No Change

Name of Firm: _____

Qualifier: _____ License No.: _____

Business Address: _____

Office Phone: _____ Fax: _____



Planning & Development

CHANGE OF SERVICES

Original Services provided: (select all that apply):

Plan Review Only Inspections Only Plan Review and Inspections

New Services to be provided: (select all that apply):

No Change Plan Review Only Inspections Only Plan Review and Inspections

I, _____, the fee owner of the property referenced above, hereby affirm that I request the change of Private Provider and/or services as indicated above effective on

_____.

Printed or Typed Name of Fee Owner of Property

Signature of Fee Owner of Property

NOTARY

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this _____ day of _____,

20____, by _____ (name of person making statement).

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public