



## PRIVATE PROVIDER PROCEDURES

1. A "Notice to Building Official of Use of Private Provider" form shall be submitted from the fee owner or fee owner's contractor upon written authorization from the fee owner (see attached Fee Owner Authorization Form), providing the City of Punta Gorda notice of intent to use a Private Provider for plan review and inspection services. **If using a Private Provider for plan review, a Private Provider must also be utilized for inspections.**
2. A "Duly Authorized Representative/Private Provider Affidavit" is to be submitted simultaneously with the "Notice to Building Official of Use of Private Provider". This should be accompanied by a Certificate of Insurance with a minimum policy limit 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.
3. When plan review service is provided, the Private Provider will be required to submit a "Private Provider Compliance Affidavit" form upon completion of plan review, along with required Inspection List.
4. When inspection services are provided the Private Provider, the contractors building permit fee, will be reduced 15%. When inspection services and plan review services are both provided by the Private Provider the contractors building permit fee will be reduced by 30%. **In both situations the City of Punta Gorda Building Department must be notified at submittal of the building permitting package.**
5. The notice of intent to perform an inspection, that includes the date and approximate time, shall be submitted no later than the prior business day by 2pm by email.

All notices to inspect and inspection results will be submitted via email to [privateprovider@cityofpuntagordafl.com](mailto:privateprovider@cityofpuntagordafl.com). The email subject line must reference the city permit number, address and inspection type. The inspection type should substantially match the inspection type listed on the permit card.

The request can be emailed to [privateprovider@cityofpuntagordafl.com](mailto:privateprovider@cityofpuntagordafl.com)

6. The Private Provider, upon completion of the required inspection, shall post each completed inspection record, indicating pass or fail, and provide the record to the local building official within 2 business days.

7. Within 2 working days of the scheduled inspection, the Private Provider will submit a completed "Private Provider Inspection Report" form to the City of Punta Gorda. This form is required to be submitted via email to [privateprovider@cityofpuntagordafl.com](mailto:privateprovider@cityofpuntagordafl.com). Please note that this form **SHOULD NOT** be submitted more than once per inspection and must be on City of Punta Gorda Inspection Report Affidavit.
8. Completed inspection reports will be entered into the City's computer system by the Building Division within 3 working days of receipt.
9. The Private Provider will provide a foundation location survey showing the lowest floor elevation and all set backs, after the lowest floor is completed, or in the instance where the structure is subject to the regulations applicable to coastal high hazard areas, after placement of the horizontal structural member of the lowest floor per local code.
10. Upon completion of all required inspections, the Private Provider will submit a Punta Gorda "Certificate of Compliance" form to the Building Division with a list of City of inspections performed and include code compliance statement signed and sealed by the private provider. This must be done prior to any requests for a Certificate of Occupancy (CO) by the Contractor. (It is the responsibility of the Private Provider to inform the Contractor when this form has been submitted to the City.) A "Finished Construction" FEMA Elevation Certificate, when applicable, blower door test results, termite certification and any other city local requirements are required to be submitted and approved prior to issuance of CO.

[privateprovider@cityofpuntagordafl.com](mailto:privateprovider@cityofpuntagordafl.com)

**\*\*\*\*THIS PACKET HAS BEEN REVISED February 2025. ANY FORMER REVISIONS WILL NOT BE ACCEPTED.**



**Private Provider  
Notice to Building Official**

Project Name: \_\_\_\_\_

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

**Note: When using a Private Provider, and pursuant to Section 553.791(2) Florida Statute, it is required by the Building Official that the Private Provider be used for both plan review and inspections or inspections only.**

\_\_\_\_\_ **Plan Review and Inspections**

\_\_\_\_\_ **Inspections only**

I, \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct plan review and inspections.

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

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

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

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

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

I have elected to use one or more Private Providers to provide building code plan review and 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 City of Punta Gorda 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 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 City of Punta Gorda, the City of Punta Gorda Building Official, and the City of Punta Gorda 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.

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 plan review and 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.

## Use of Private Provider – Notice to Building Official

## Signature Page

The following items are required as attachments to this notice:

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 and \$2 million in aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in aggregate for any project with a construction cost of over \$5 million. This must include tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

### Fee Owner Individual

Signature \_\_\_\_\_

Print  
Name: \_\_\_\_\_

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

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

### Fee Owner Corporation

Print Corporation Name \_\_\_\_\_

Signature \_\_\_\_\_

Print  
Name: \_\_\_\_\_

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

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

### Fee Owner Partnership

Print Partnership Name \_\_\_\_\_

Signature \_\_\_\_\_

Print  
Name: \_\_\_\_\_

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

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

## Please use appropriate Notary block

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

### Individual

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.

Personally Known \_\_\_\_\_

Produced as Identification \_\_\_\_\_

### Corporation

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a **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.

### Partnership

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.

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

Notary Seal

Printed Name \_\_\_\_\_

My Commission Expiration Date \_\_\_\_\_



**FEE OWNER AUTHORIZATION  
For Contractor to Engage in  
Private Provider Services pursuant to  
553.791, Florida Statue**

The "Warranty Deed/Fee Owner", identified below, hereby authorizes the "Contractor", identified below, to contract with a "Private Provider", identified below for Alternative Plans Review and Inspections, or Inspections only services pursuant to 553.791, Florida Statue. The law required minimum insurance requirements for such personnel, but I (fee owner) 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. Furthermore, I agree to indemnify, defend, and hold harmless City of Punta Gorda government, the local Building Official, and their Building Code enforcement personnel from any and all claims arising from the 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 this permit application.

Contractor Firm: \_\_\_\_\_

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

Contractor Phone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_

Contractor License Type : \_\_\_\_\_

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

Fee Owner Printed Name: \_\_\_\_\_

Fee Owner Signature: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_  
(Name of Person Making Statement)

\_\_\_\_\_ Personally Known or \_\_\_\_\_ Produced Identification \_\_\_\_\_  
(Type of Identification Produced)

By \_\_\_\_\_  
(Notary Public – State of Florida)

Notary Seal:



**CITY OF PUNTA GORDA BUILDING  
DIVISION**

**Private Provider Plan  
Compliance Affidavit**

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

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

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

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

E-mail Address: \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the \_\_\_\_\_(year) 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 Statue and holds the appropriate license or certificate:

Name: \_\_\_\_\_ Plan Sheets: # \_\_\_\_\_ / Date on Sheets \_\_\_\_\_

Site Address on Sheets \_\_\_\_\_

Check Type of Reviews Performed For Compliance: \_\_\_ Building \_\_\_ Electrical \_\_\_ Mechanical \_\_\_ Plumbing

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

\_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Sworn and Subscribed before me by \_\_\_\_\_ who is personally known to me or who has 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 and belief.

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

\_\_\_\_\_  
Printed Name

Notary Seal:

\_\_\_\_\_  
My Commission Expiration Date

## PRIVATE PROVIDER ~ INSPECTION CHECKLIST

### Private Provider Permit Data and Inspections Checklist for Plan Review for Plans Review

This form must be completed ONLY when the plans review is done by the Private Provider.

Description of work to be done \_\_\_\_\_

Project address: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Final Floor Elevation: \_\_\_\_\_ Wind Zone: \_\_\_\_\_

Use and occupancy Classification: \_\_\_\_\_ Square footage: \_\_\_\_\_

Total area: \_\_\_\_\_ Construction Type: \_\_\_\_\_

#### Building/ Structural

☐ Notice of Commencement  
☐ Footer  
☐ Grade Beams  
☐ Columns  
☐ Mono Slab  
☐ Slab  
☐ Slab Topping  
☐ Raised Slab  
☐ Foundation Location  
☐ Tie Beam  
☐ Bond Beam  
☐ Fill Cell  
☐ Framing  
☐ Roof Sheathing/Nailing  
☐ Tie Down Strapping / Eng  
☐ Insulation  
☐ Insulation Blown

#### Building/Structural (Cont.)

☐ Roof Dry In  
☐ Roof In Progress Hip & Ridge  
☐ Under Construction Elevation  
☐ Final Roof  
☐ Bldg Rated Wall  
☐ Soffit in Progrss  
☐ Siding/ Wire Lath  
☐ Ceiling Grid  
☐ Bld Final  
☐ ADA Final  
☐ Special – See Comment

#### Plumbing

☐ PLB Underground  
☐ Grease Trap  
☐ Sewer Trap  
☐ PLB Rough  
☐ Tub Set  
☐ Shower Pan  
☐ PLB Final

#### Electrical

☐ Underground Service Change  
☐ T-Pole  
☐ Tug/Temp Power  
☐ ELE Rough  
☐ ELE Final

#### Mechanical

☐ MCH Rough  
☐ Duct Work  
☐ MCH Final

#### Demolition

☐ NOC BNOC  
☐ BLD Final  
☐ ENG Final  
☐ Zoning Final

#### Swimming Pool

☐ NOC BNOC  
☐ Pool Steel  
☐ Pool Bonding and Pressure  
☐ Pool Patio Footing  
☐ Pool Safety  
☐ Pool Final

## PRIVATE PROVIDER ~ DULY AUTHORIZED REPRESENTATIVES

This affidavit is required pursuant to the City of Punta Gorda Alternative Review and Inspection Registration Program. F.S. 553.791 (16) (b).

I \_\_\_\_\_, the Private Provider, do hereby affirm that the duly authorized representative listed below is my employee and is entitled to receive reemployment benefits under chapter 443, as required by F.S. 553.791 (8).

### DULY AUTHORIZED REPRESENTATIVE:

Name: \_\_\_\_\_

License numbers – Standard Plans Examiner: \_\_\_\_\_ Standard Inspector: \_\_\_\_\_

Trade Categories: \_\_\_\_\_

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

Submit resumes of each Duly Authorized Representative and copies of their licenses. Submit a Separate form for each employee.

### DULY AUTHORIZED REPRESENTATIVE:

Name: \_\_\_\_\_

License numbers – Standard Plans Examiner: \_\_\_\_\_ Standard Inspector: \_\_\_\_\_

Trade Categories: \_\_\_\_\_

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

Submit resumes of each Duly Authorized Representative and copies of their licenses. Submit a Separate form for each employee.

Private Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_

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



## PRIVATE PROVIDER ~ INSPECTION REPORT

In accordance with F.S. 553.791, private providers shall:

- Provide notice of date and approximate time of inspection, no later than prior business day by 2 p.m.
- Upload each completed inspection record, indicating pass or fail, to [privateprovider@cityofpuntafordafl.com](mailto:privateprovider@cityofpuntafordafl.com)
- Within 2 business days. Report must be completely filled out and signed either with a written or electronic signature
- 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#: \_\_\_\_\_

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

Inspection Report #: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Contractor: \_\_\_\_\_

Inspection Code: \_\_\_\_\_ Description: \_\_\_\_\_

Inspection Result: ☐ Passed ☐ Partial Pass ☐ Failed ☐ Cancelled ☐ Not Required

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

By: \_\_\_\_\_ License #: \_\_\_\_\_  
(Print Name)

Certified: \_\_\_\_\_  
Written or Electronic Signature

## PRIVATE PROVIDER ~ CERTIFICATE OF COMPLIANCE

### Request for Certificate of Completion

Date: \_\_\_\_\_

Mr. Ronald Cohowcz

CBO City of Punta Gorda, Building Plans Review and Inspections

Permit #: \_\_\_\_\_

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

In accordance with Florida Statute 553.791 (13), pertaining to Private Provider Inspection Services, we herewith provide The City of Punta Gorda Building Department with final disposition to the building components inspected under our authority.

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.

Check all that apply:

|                    |                  |                 |                  |
|--------------------|------------------|-----------------|------------------|
| <b>Building:</b>   | <b>YES</b> _____ | <b>NO</b> _____ | <b>N/A</b> _____ |
| <b>Mechanical:</b> | <b>YES</b> _____ | <b>NO</b> _____ | <b>N/A</b> _____ |
| <b>Electrical:</b> | <b>YES</b> _____ | <b>NO</b> _____ | <b>N/A</b> _____ |
| <b>Plumbing:</b>   | <b>YES</b> _____ | <b>NO</b> _____ | <b>N/A</b> _____ |
| <b>Gas:</b>        | <b>YES</b> _____ | <b>NO</b> _____ | <b>N/A</b> _____ |

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

License #: \_\_\_\_\_

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