Private Provider Procedures

Construction Services & Permitting
1 Fourth St. N, St. Petersburg, Florida 33701
InspectionReports@stpete.org / 727-893-7231
Revised JANUARY 2025

1. A "Notice to Building Official of Use of Private Provider" form shall be submitted from the fee owner or fee owner's contractor giving the City of St. Petersburg notice of intent to use a Private Provider for plan review and/or 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 is the service being provided (either alone or with inspection), the Private Provider will be required to submit a "Private Provider Compliance Affidavit" upon completion of plan review. Completion of the optional Plan Review Detail form may expedite plan review entry.

4. When inspection services are being provided (either alone or in conjunction with a plan review), the Private Provider will utilize the City's inspection request service online at https://actionline.stpete.org/Click2GovBP/Index.jsp or by phone at 727-893-4101. (Note: If scheduling online, the Private Provider will make a note that inspection is being done by Private Provider and leave contact information.)

5. The Private Provider is to post each completed inspection record at the project site indicating pass or fail before leaving said project site.

6. Within two (2) business days of the scheduled inspection, the Private Provider will submit a completed "Private Provider Inspection Report" form to the City of St. Petersburg. This form can be emailed to inspectionreports@stpete.org, or via courier to Construction Services & Permitting, 1 Fourth Street North, 1st Floor. (Note: This form SHOULD NOT be submitted more than once.)

7. Completed inspection reports will be posted by Construction Serves & Permitting within two (2) business days of receipt.

8. Upon completion of final inspections, the Private Provider will submit a "Certificate of Compliance" form to Construction Services & Permitting. This must be submitted with any requests for a Certificate of Occupancy by the Contractor. (It is the responsibility of the Private Provider to inform the Contractor when this form has been submitted to the City.)

9. The Private Provider will provide an Elevation Certificate after the lowest floor is completed, or in the instance where the structure is subject to the regulations applicable to the special flood hazard areas, after placement of the horizontal structural member of the lowest floor.

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Private Provider (PP) Procedures
Use of PP – Notice to Building Official

Construction Services & Permitting
1 Fourth St. N, St. Petersburg, Florida 33701
InspectionReports@stpete.org/ 727-893-7231

Project Name: _____

Parcel Tax ID: _____

Services to be provided: ☐ Plan Review ☐ Inspections

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

I, _____
(Please Check One:) ☐ the fee owner, or ☐ the fee owner's contractor upon written authorization from the fee owner (attached), 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: _____

Phone: _____ Email: _____

Florida License Registration or Certificate No. _____

I have elected to use one or more Private Providers to provide building code plan 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, plan 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 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 changes to the listed Private Providers or the services to be provided by those Private Providers, I shall, within one (1) business day after any change, or within 2 business days before the next scheduled inspection, 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, FEMA, land use, environmental or other codes.

The following items are required as attachments to this Use of Private Provider 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.
3. Affidavit of continuing coverage if opting Certificate of Insurance "claims made".

INDIVIDUAL:

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Signature: _____ **Date:** _____

CORPORATION:

Name: _____
Representative Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Signature: _____ **Date:** _____

PARTNERSHIP:

Name: _____
Representative Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Signature: _____ **Date:** _____

Private Provider (PP) Procedures
PLAN COMPLIANCE AFFIDAVIT

Construction Services & Permitting
1 Fourth St. N, St. Petersburg, Florida 33701
InspectionReports@stpete.org / 727-893-7231
Revised JANUARY 2025

Date: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

_____

Email: _____

Phone: _____

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 Florida State Statute, Section 553.791, and holds the appropriate license or certificate:

Name: _____

Plan Sheets: _____

_____

Florida License / Registration/ Certification No.(s) and description:

_____ _____ _____

Signature of Reviewer: _____

<u>This Section to be completed by a Notary Public:</u>

State of _____

County of _____

SWORN AND SUBSCRIBED before me by means of _____ physical presence or _____ online notarization by _____ being _____ personally known or _____ produced identification _____ and who is being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Print Name: _____ Signature of Notary: _____

Notary Stamp: My Commission Expires: _____

Private Provider (PP) Procedures
Plan Review Detail (OPTIONAL)

Construction Services & Permitting
1 Fourth St. N, St. Petersburg, Florida 33701
InspectionReports@stpete.org / 727-893-7231

Project: _____ Date: _____

Job Address: _____ Permit No.: _____

Private Provider Firm: _____ Contractor: _____

Reviewer's Name: _____ License/Reg. No.: _____

This form should be completed in as much detail as possible.

BUILDING:

Construction Type _____ Occupancy Type _____

Roof Type: TL ☐ BT ☐ AS ☐ GL ☐ No. of Stories: _____ No. of Units: _____

General Description of Work: _____

PLUMBING:

Number of: Water Closets: _____ Changed Water: _____ Bathtubs: _____ Showers: _____

Lavatories: _____ Water Heaters: _____ Sewer Line in FT: _____

Water Line in FT _____ Other: _____

MECHANICAL:

New Install: Yes ☐ No ☐ Replacement: Yes ☐ No ☐ Package or Split Unit: Pkg ☐ Split ☐

Size of Unit (in tons): _____ No. of Condensers: _____ No. of Air Handlers: _____

Vertical or Horizontal: _____ No. of Returns: _____ No. of Supplies: _____

Heat Strip Size (in kw): _____ Other: _____

ELECTRICAL:

New Service: Yes ☐ No ☐ Service Upgrade: Yes ☐ No ☐ Relocate Service: Yes ☐ No ☐

Temporary Sawpole: Yes ☐ No ☐ Fire Alarm: Yes ☐ No ☐ Security System: Yes ☐ No ☐

Data/Comm: Yes ☐ No ☐ No. of Meters: _____ No. of Panels: _____

Amperage to: _____ No. of Altered Circuits: _____ No. of New Circuits: _____

Other: _____

GAS:

Natural: Yes ☐ No ☐ Propane: Yes ☐ No ☐

New: Yes ☐ No ☐ Replacement: Yes ☐ No ☐

Equipment: _____ Piping: _____ Venting: _____

Tank: _____ Type of Tank: _____ Other: _____

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PRIVATE PROVIDER (PP) PROCEDURES
INSPECTION CERTIFICATE OF COMPLIANCE

CONSTRUCTION SERVICES AND PERMITTING
ONE 4TH STREET NORTH – ST. PETERSBURG, FLORIDA
33701727-893-7231 / InspectionReports@stpete.org

Revised January, 2025

Date: _____

Permit Number: _____

Permit Address: _____

Private Provider Firm: _____

Dear Building Official

In accordance with Florida Statute Chapter 553.791, Sec. 13 pertaining to Private Provider Inspection Services, we herewith provide the City of St. Petersburg Building Department with final disposition on 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:

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 Signature/Seal: _____

Notarized Signature

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20__, by _____ (printed name of Special Inspector).

Such person(s) (*Notary to check applicable box.*):

☐ are personally known to me;

☐ has produced a current driver's license _____

☐ has produced _____as identification.

Notary Signature & Seal: _____

Must comply with Notarial Law - Notary Seal

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Private Provider (PP) Procedures

INSPECTION REPORT

Revised January, 2025

PERMIT NUMBER: _____

PERMIT ADDRESS: _____

PRIVATE PROVIDER FIRM: _____ **CONTRACTOR:** _____

PRIVATE PROVIDER OR DULY AUTHORIZED REPRESENTATIVE INFORMATION:

NAME: _____ **LICENSE/REGISTRATION NUMBER:** _____

INSPECTION RESULT: ☐ **APPROVED** ☐ **DISAPPROVED** ☐ **OTHER:**_____

INSPECTION DATE:_____ **INSPECTION TIME:**_____

I hereby certify that to the best of my knowledge and believe the above listed inspections were performed as indicated, and the work was reviewed for compliance with the approved plans and all applicable building codes.

Signature of Inspector or Duly Authorized Representative:_____

F.S. 553.791 (12) Upon completing the required inspections at each applicable phase of construction, the private provider shall record such inspections on a form acceptable to the local building official. The form must bear the written or electronic signature of the provider or the provider's duly authorized representative. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by a local enforcement agency is required. 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. The private provider shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.

(NOTE: ***FIRE, ENGINEERING, FEMA, and ZONING INSPECTIONS MUST BE DONE BY CITY STAFF*)**

Inspection Type [Check Inspection(s)]:

BUILDING:

☐	Retro Roof to Wall	0093	☐	Vertical Steel	0124	☐	Firewall	0137
☐	In-Progress Roof	0104	☐	Lintel/Tie Beam	0125	☐	Insulation	0140
☐	Roof Final	0096	☐	Sheathing	0128	☐	Rated Drywall	0144
☐	Pre-Inspection	0105	☐	Wire Lathe	0129	☐	Pool Rough-In	0149
☐	Footer	0112	☐	Floor Framing	0131	☐	Pool Steel	0150
☐	Foundation	0115	☐	Underlayment Sound Barrier*	0132	☐	Partial Building Final*	0195
☐	Slab	0120	☐	Framing	0135	☐	Building Final	0196
							Other: _____	

**** Commercial Only***

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PRIVATE PROVIDER INSPECTION REPORT

ELECTRICAL:

☐	Temporary Saw Pole	0210
☐	Slab/Under Slab/Underground	0220
☐	Partial Electrical Rough-in*	0230
☐	Electrical Rough-in	0235
☐	Pool Bond	0250

PLUMBING:

☐	Sewer/Underground Utilities	0310
☐	Partial Under Slab Plumbing*	0315
☐	1st Rough/Under Slab Plumbing	0320
☐	Water Service/Underground Utilities	0325
☐	Partial Plumbing Rough-In	0330

MECHANICAL:

☐	Pressure Test Mechanical Water Line	0410
☐	Partial Under Slab Mechanical*	0415
☐	Under Slab Mechanical	0420
☐	Partial Mechanical Rough-in*	0430

GAS:

☐	Gas Pressure Test	0510
☐	Under Slab Gas	0520
☐	Partial Gas Rough-In*	0530
☐	Gas Rough-In	0535

COMBO:

☐	1&2 Family Generator Final	2596
☐	Plbg/Elec/WH Change-Out Repl Final	3296
☐	Plbg/Gas/Elec/WH Change-Out Repl Final	3596
☐	Mech/Elect AC Change-Out/Repl Final	4296
☐	Mech/Plbg/Elec AC Change-Out/Repl Final	4396
☐	Mech/Gas/Elec AC Change-Out/Repl Final	4596
☐	Other: _____	

**** Commercial Only***
***** Early Release of Power Form must be submitted (please list unit #'s if applicable)***

Inspection Type Continued [Check Inspection(s)]:

☐	Final Electrical - Service Only	0293
☐	Temporary for Test**	0294
☐	Partial Electrical Final	0295
☐	Electrical Final	0296
☐	Other: _____	

☐	2nd Rough-in Pressure Test	0335
☐	Tub or Shower	0340
☐	Commercial Partial, U/G Utilities Final	0395
☐	Plumbing/Underground Utilities Final	0396
☐	Other: _____	

☐	Mechanical Rough-in	0435
☐	Partial Mechanical Final*	0495
☐	Mechanical Final	0496
☐	Other: _____	

☐	Medical Gas Piping*	0550
☐	Partial Gas Final*	0595
☐	Gas Final	0596
☐	Other: _____	

INSPECTION COMMENTS:

_____

_____

_____

_____

_____

_____

_____

Private Provider (PP) Procedures
PP DULY AUTHORIZED REPRESENTATIVE/ PRIVATE PROVIDER AFFIDAVIT

Construction Services & Permitting
1 Fourth St. N, St. Petersburg, Florida 33701
InspectionReports@stpete.org / 727-893-7231
Revised JANUARY 2025

Date: _____

This affidavit is required pursuant to the City of St. Petersburg Private Provider 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.

DULY AUTHORIZED REPRESENTATIVES:

NAME	LICENSE/CERTIFICATE NO.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This Section to be completed by a Notary Public:

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization by _____ being _____ personally known or _____ produced identification _____ and who is being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

Print Name: _____ Signature of Notary: _____

Notary Stamp: My Commission Expires: _____