

## NOTICE TO PRIVATE PROVIDER

City of New Port Richey, Florida • Community Development Department  
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

7/07/2023

RE: Alternate Plans Review and Inspections

To Whom It My Concern:

As stipulated in FL. Statute 553.791 (2) (a): If a fee owner or the fee owner's contractor uses a private provider to provide plan review, the local Building Official, in his or her discretion, may require the fee owner or the fee owner's contractor to use a private provider to also perform the required building inspections.

It is the position of The City of New Port Richey's Development Department, and Building Official, that any project using a private provider for plans examination shall also use private provider services for required building inspections. In addition, any projects in the Special Flood Hazard Areas (SFHA) will be subject to a plans examination by the City of New Port Richey Development Department, and parallel building inspections by the local Building Official for any portions of the construction below BFE/DFE. These plans examinations and required building inspections, shall be in addition to the private provider services.

It shall be the responsibility of the Owner, Contractor, and/or Private Provider to properly schedule the required inspections below the BFE/DFE with the City, following the guidelines of Florida Statute 553.791(9). No additional inspections may be added without required prior notice to the local Building Official. Violation of State Statutes, Florida Building Codes, or City Codes are subject to additional fees.

If you have any questions, please contact the Development Department at 727-853-1047 or [permitting@cityofnewportrichey.org](mailto:permitting@cityofnewportrichey.org).

Sincerely,

Community Development Staff

PAGE LEFT  
INTENTIONALLY BLANK

# PLAN REVIEW & INSPECTIONS BY PRIVATE PROVIDERS PROCEDURES

City of New Port Richey, Florida • Community Development Department  
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

## REFERENCE

---

Florida State Statute 553.791 – Alternative Plans Review and Inspection

This statute 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 note: Fee owner, fee owner's contractor, and Private Provider shall ensure that no construction activity begins until an official building permit has been issued by the City of New Port Richey. Any such activity will be cited as work-without-permits and subject to allowable penalties. If any changes or alterations are made to the approved plans, a resubmittal with the revision will be required to be reviewed by local building official (FBC. B 107.4 Amended Construction Documents).**

## PROCEDURES

---

### *Private Provider Documentation Required at Initial Permit Application\**

1. **Notice to Building Official**

This is the 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. It will include a list of ALL Duly Authorized Representatives, a copy of a Occupational License, and Certificates of Insurance for Workers' Compensation and General Liability as required by FS 553.791(16).

2. **Plan Compliance Affidavit** (required only if Private Provider is handling plan review)

This form is the 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).

**\*Note: A fee owner or the fee owner's contractor using a private provider to provide building code inspection services shall notify the local building official in writing at the time of permit application, or by 2 p.m. local time, 2 business days before the first scheduled inspection by the local building official or building code enforcement agency that a private provider has been contracted to perform the required inspections of construction under this section, including single-trade inspections, on a form to be adopted by the commission.**

### *Job Site Documentation & Inspection Procedures*

1. **Inspections**

Prior to performing any required inspections, A private provider performing required inspections under this section shall provide notice to the local building official of the date and approximate time of any such inspection no later than the prior business day by 2 p.m. local time or by any later time permitted by the local building official in that jurisdiction. **No additional inspections may be added without required prior notice to the local building official per Florida Statutes. Violation of State Statute, Florida Building Codes, or City Codes are subject to additional fees.** (FS553.791(9)).

2. **Inspection Reports Shall Be Maintained On Site**

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. Such inspection record may be electronically posted by the private provider, or the private provider may post such inspection record physically at the project site. The private provider may electronically transmit the record to the local building official. The local building official may waive the requirement to provide a record of each inspection within 2 business days if the record is electronically posted or posted at the project site and all such inspection records are submitted with the certificate of compliance. Unless the records have been electronically posted, records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local building official. The private provider shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare. (FS553.791(11)).

**A log book of inspections and inspection reports must be maintained on site at all times by the private provider, as the local building official will perform routine audits.**

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

- Date inspection was performed
- 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).

### *Prerequisites to Issuance of Certificate of Occupancy or Certificate of Completion (applicable only if Private Provider performed inspections)*

1. The Private Provider shall submit an official log 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).
2. A **Certificate of Compliance** must be submitted as outlined in FS 553.791(12). 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.
3. All applicable fire safety inspections must be performed by City staff and approved/final.
4. All applicable site inspections must be performed by City staff and approved/final.
5. All applicable fees must be paid prior to permit issuance and any additional fees must be paid prior to C.O. issuance.
6. Any ancillary documents and/or government approvals applicable to the scope of work must be available on-site (i.e., Commercial Pool Operating Permit, Termite Certificate, Blower Door Test).

### *Changes to Firm(s) and/or Services*

If the fee owner or the fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers, the fee owner or the fee owner's contractor shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change. 553.791(4)

1. **Change of Private Provider Firm and/or Services to Alternate Private Provider Firm/Services**  
The Notice to Building Official Change of Private Provider Firm and/or Services shall be submitted within one business day OR within two business days before the next scheduled inspection.
2. **Change from Private Provider to City of New Port Richey**  
In the event that the Fee Owner of Property intends to revert from a Private Provider to the City of New Port Richey for any services including plan review and inspections the following documents shall be required:
  1. Notice to Building Official Change of Private Provider Firm and/or Services.
  2. Official log of all completed inspections performed by each DAR of existing provider, organized by discipline, containing all inspection reports and results.
  3. A *Certificate of Compliance* must be submitted as outlined in FS 553.791(12). 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(12):

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.

Fee and Cost Savings For Private Provider Services

2023-24 Fee & Cost Savings

	Standard Fee Reduction Percentage			SFHA Fee Reduction Percentage		
	Plan Review		Site Inspections	Plan Review		Site Inspections
Civil (Site) Plan	15%		10%	10%		5%
Maximum Fee Reduction	25%			15%		
Building Plan	15%		10%	10%		5%
Maximum Fee Reduction	25%			15%		

*Base Fees are 1% of construction costs.*

*Reductions are only on this Base Fee.*

*Violation of State Statute, FBC, or City Codes subject to additional Fees.*

**PLAN REVIEW & INSPECTIONS  
BY PRIVATE PROVIDERS PROCEDURES**

City of New Port Richey, Florida • Community Development Department  
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

PAGE LEFT  
INTENTIONALLY BLANK



# NOTICE TO BUILDING OFFICIAL

City of New Port Richey, Florida ● Community Development Department  
 5919 Main Street ● New Port Richey, FL 34652 ● 727-853-1047 ● [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete **ALL** sections of this application.  
 Incomplete applications will be returned to the private provider.*

Date Received
---------------

## REFERENCE

Florida State Statute 553.791(4)

## PROJECT INFORMATION

1. Job Address	City	County	State	Zip
2. Fee Owner Contact Info: {Name/Phone/Email}				

Select all that are to be performed for the proposed project:

- Plan Review & Inspections
  Inspections Only

## PRIVATE PROVIDER FIRM

3. Name of Firm				
Company Address	City	State	Zip	
Office Phone	Fax			

## PRIVATE PROVIDER QUALIFIER

4. Name of Qualifier	
Email	
Office Phone	Cell Phone

**PLEASE LIST DULY AUTHORIZED REPRESENTATIVES IN TABLE BELOW**

Name	License No.	Email Address

## PRIVATE PROVIDER ACKNOWLEDGMENT

I, \_\_\_\_\_, have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure 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 or structure that is the subject of the enclosed permit application.

If the fee owner or the fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers, the fee owner or the fee owner's contractor shall, within 1 business day after any change or within 2 business days before the next scheduled inspection, update the notice to reflect such changes.

Printed Name of Fee Owner of Property	Signature of Fee Owner of Property	Date of Signature
---------------------------------------	------------------------------------	-------------------

---

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

(NOTARY STAMP)





# CHANGE OF PRIVATE PROVIDER AND/OR SERVICES

City of New Port Richey, Florida • Community Development Department  
 5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete ALL sections of this application.  
 Incomplete applications will be returned to the private provider.*

Date Received
---------------

## REFERENCE

Florida State Statute 553.791(4)

*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 New Port Richey in order for the change to be authorized.*

## PROJECT INFORMATION

1. Job Address	City	County	State	Zip
2. Fee Owner Contact Info: {Name/Phone/Email}				

Select all changes requested:

- Change of Private Provider Firm to Alternate Private Provider Firm   
  Change from Private Provider Firm to City of New Port Richey  
 Change of Services

## EXISTING PRIVATE PROVIDER FIRM / QUALIFIER

3. Name of Firm				
Name of Qualifier			License No.	
Company Address	City	State	Zip	
Office Phone	Fax			

## NEW PRIVATE PROVIDER FIRM / QUALIFIER

4. Name of Firm				
Name of Qualifier			License No.	
Company Address	City	State	Zip	
Office Phone	Fax			

**CHANGE OF SERVICES**

Select all original services provided:

- Plan Review & Inspections                       Inspections Only

Select all new services provided:

- Plan Review & Inspections                       Inspections Only                       No Change

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

\_\_\_\_\_  
Printed Name of Fee Owner of Property                      Signature of Fee Owner of Property                      Date of Signature

---

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

(NOTARY STAMP)

**CHANGE OF PRIVATE PROVIDER  
AND/OR SERVICES**



# PLAN COMPLIANCE AFFIDAVIT

City of New Port Richey, Florida ● Community Development Department  
 5919 Main Street ● New Port Richey, FL 34652 ● 727-853-1047 ● [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete **ALL** sections of this application.  
 Incomplete applications will be returned to the private provider.*

Date Received

## REFERENCE

Florida State Statute 553.791(6)

1. Job Address	City	County	State	Zip
2. Private Provider Firm (Company Name)		License No.		
Office Phone	Cell Phone			
Email Address				

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 Name of Private Provider	Signature of Private Provider Qualifier	Date of Signature
----------------------------------	---	-------------------

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

(NOTARY STAMP)

PAGE LEFT  
INTENTIONALLY BLANK

# NOTICE OF INSPECTION

City of New Port Richey, Florida • Community Development Department  
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete **ALL** sections of this application.  
Incomplete applications will be returned to the property owner or contractor of record.*

Date Received
---------------

## REFERENCE

Florida State Statute 553.791(9)

1. Job Address	City	County	State	Zip
2. Building Type: <i>{Select One}</i> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____			Has a RED TAG been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Permit Number	Permit Type / Work Class			
4. Inspection(s) To Be Performed: _____ _____ _____				
5. Date of Inspection	Estimated Time of Inspection <i>{Provide a 2-hour window of inspection}</i> AM / PM			
6. Private Provider Qualifier Name			License No.	
Office Phone		Cell Phone		
Email Address				
7. Contractor of Record (Company Name)			Office Phone	
Contractor or Agent's Name <i>{On-Site}</i>				
Contractor or Agent's Cell		Contractor or Agent's Email		
Instructions to Access Site: _____ _____ _____				

**Inspections must be called in to the inspection hotline at 727-853-1048 and the notice emailed to [permitting@cityofnewportrichey.org](mailto:permitting@cityofnewportrichey.org).**

Prior to performing any required inspections, a private provider performing required inspections under this section shall provide notice to the local building official of the date and approximate time of any such inspection no later than the prior business day by 2 p.m. local time or by any later time permitted by the local building official in that jurisdiction. **No additional inspections may be added without required prior notice to the local building official per Florida Statutes. Violation of State Statute, Florida Building Codes, or City Codes are subject to additional fees.** (FS553.791(9)).

PAGE LEFT  
INTENTIONALLY BLANK



# CERTIFICATE OF COMPLIANCE REQUEST

City of New Port Richey, Florida ● Community Development Department  
 5919 Main Street ● New Port Richey, FL 34652 ● 727-853-1047 ● [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete **ALL** sections of this application.  
 Incomplete applications will be returned to the private provider.*

Date Received
---------------

## REFERENCE

Florida State Statute 553.791(11,12)

1. Job Address	City	County	State	Zip
2. Private Provider Firm (Company Name)		License No.		
Office Phone		Cell Phone		
Email Address				

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the inspections report, and have been completed in substantial compliance with the approved documents, plans, revisions, and applicable codes; and, I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

*Select all that apply:*

- Certificate of Occupancy     
  Certificate of Completion

\_\_\_\_\_  
 Printed Name of Private Provider

\_\_\_\_\_  
 Signature of Private Provider Qualifier

\_\_\_\_\_  
 Date of Signature

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- Personally Known   
  OR   
 Produced Identification

Type of Identification Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

(NOTARY STAMP)