

Building Division 5800 Melaleuca Lane Greenacres, Florida 33463-3515 permitcenter@greenacresfl.gov 561-642-2052

PRIVATE PROVIDER PROCEDURES

General Information

The fee owner may elect to use a private provider to provide plan review or required building inspections, or both per **FS 553.791(2) a.** However, if the fee owner or the fee owner's contractor uses a private provider to provide plans review only, the local building official, in his or her discretion and pursuant to duly adopted policies of the local enforcement agency, may require the fee owner or the fee owner's contractor to use a private provider to also provide required building inspections.

Procedures

Discount:

Jobs using Private Provider should receive a 25% permit fee discount per **FS 553.791 (2) (b)**. It is the owner/ contractor's responsibility to notify the Building Division about the use of Private Provider by selecting the option on the application at the time of submittal, if notification is not received, discount will not be granted.

Forms and requirements to be submitted with the permit application:

- Notice to Building Official Form per FS 553.791 (4)
- Professional Liability Insurance per FS 553.791 (18)
- Resumes for all reviewers and inspectors.
- Copy of License Certificates for all reviewers and inspectors.

Inspections:

Per **FS 553.791 (9)**, advance notice of all Private Provider inspections shall be provided to the Building Division via email to <u>inspections@greenacresfl.gov</u>. The email must contain the date and the type of inspection to be performed and must be received by 3:00 PM prior to the inspection day.

Note: ** Inspection will NOT be scheduled if contractor's information is expired or if the Recorded Certified copy of the Notice of Commencement is not on file.**

The Building Official or designee may periodically observe the construction work during the job. A Private Provider may be audited up to 4 times each year per **FS 553.71 (20).** The auditory procedures are posted on the website www.greenacresfl.gov. The Private Provider must specifically address any code deficiencies observed by Building Division staff during an audit.



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Procedures (Continued...)

The Private Provider shall report to the Building Division the results of the inspection, (Either passed or failed). The report must be signed either by the Private Provider or the authorized representative. The Building Division must receive the inspection report within **two (2) business days** of the date of inspection.

Completion of the Work:

issued

At the completion of the construction work or project, per **FS 553.791 (13)**, the Private Provider shall submit a Certificate of Compliance with a report of all failed and passed inspections to the Building Official. The certificate shall state that the work, to the best of his knowledge or belief and professional judgement, is in substantial accordance with the approved plans, and his duties shall end with the submission of such certificate. **Final inspection shall be made by the Building Official before the Certificate of Occupancy is**

Note: ** Fire, Landscaping, Drainage, and Zoning inspections will be done by the City's inspectors. **

| ACKNOWLEDGMENT: | |
|---|--|
| I, | acknowledge that I have read and |
| understand this procedure, outlined above | e. I confirm that I will adhere to all steps and |
| requirements as described, and I will car | ry out my responsibilities in compliance with |
| applicable laws, codes, and professional star | dards. |
| Private Provider Signature: | Date: |
| | |
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PRIVATE PROVIDER INSPECTION REPORT

| Permit Information | | |
|--|------------------|---|
| Address: | | Greenacres, FL Zip: |
| R | esidential 🗌 | Commercial 🗆 |
| Owner/Contractor: | | |
| Private Provider: | | Permit Number: |
| | Inspection | on Information |
| Inspection Type: ☐ Building ☐ Mechanical ☐ Electrical ☐ Plumbing | | |
| Is this a virtual inspection? ☐ Yes ☐ No | | |
| Inspection Results: Pass Failed Partial In Progress | | |
| Inspection Time: | | Date: |
| Comments: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| I hereby certify that th | e above-referenc | ced inspection has been completed and is in |
| conformance with the ap | proved plans and | I the applicable codes. |
| | | _ License #: |
| (Print | Name) | |
| Signature: | | |
| | | |