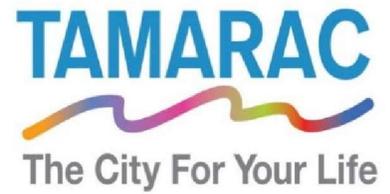


## PRIVATE PROVIDER SUBMITTAL CHECKLIST



- Updated Broward County Uniform Building Permit  
(revised 11-14-25)
- Notice to Building Official for Use of Private Provider  
(Form\_61G20-2\_005-2002-01)
- Proof of Insurance (City of Tamarac Building Department as the  
certificate holder)
- Private Provider Plan Reviewer/Inspector(s) certification
- Private Provider Certificate of Compliance (attached)

**BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION**

Revised Date: 01-08-2026  
Effective Date: 03-09-2026

Select One Trade:  Building  Electrical  Plumbing  Mechanical  Other \_\_\_\_\_

Private Provider?  YES  NO If yes, attach [Form # 61G20-2.005-2002-01](#)

Per F.S. 553.791(2)(a), do you have the written fee owner's authorization to use a private provider?  YES  NO

Application Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

**1**

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Tax Folio No.: \_\_\_\_\_ Flood Zn: \_\_\_\_\_ BFE: \_\_\_\_\_ Floor Area: \_\_\_\_\_ Job Value: \_\_\_\_\_

Building Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Description of Work: \_\_\_\_\_

New  Addition  Repair  Alteration  Demolition  Revision  Other: \_\_\_\_\_

Legal Description: \_\_\_\_\_  Attachment

**2**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3**

Contracting Co.: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ Owner-Builder License Number: \_\_\_\_\_

License Exempted per F.S. 489.117(4)(a)1 Business Tax Receipt Number: \_\_\_\_\_

**4**

Architect/Engineer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Bonding Company's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee Simple Titleholder's Name (If other than the owner) \_\_\_\_\_

Fee Simple Titleholder's Name (If other than the owner) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Lender's Name: \_\_\_\_\_

Mortgage Lender's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Form with two columns for signatures and notary information. Includes fields for Signature of Property Owner or Agent, Signature of Qualifier, State of Florida County, Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, date, Notary's Signature, Notary Name, Personally Known, Produced Identification, and Type of Identification Produced.

APPROVED BY: \_\_\_\_\_ Permit Officer Issue Date: \_\_\_\_\_ Code in Effect: \_\_\_\_\_
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page to request additional information and cite other conditions. Please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 A-G is to be performed, a development permit must be obtained prior to the issuance of a building permit.

**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
**Effective January 1, 2025**  
**Rule 61G20-2.005, F.A.C.**

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

Parcel Tax ID: \_\_\_\_\_

Services to be provided:                       Plans Review                                       Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I \_\_\_\_\_, the  
 fee owner /  fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

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

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

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

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

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

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

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.

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 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, 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 prevention, firesafety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Corporation

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Address (line 1)

\_\_\_\_\_  
Address (line 2)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Private Provider Certificate of Compliance

Project name: \_\_\_\_\_

Site

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

Name of the Private Provider Firm: \_\_\_\_\_

Qualifier for the Private Provide: \_\_\_\_\_

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

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

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

License or Certificate#: \_\_\_\_\_

I, \_\_\_\_\_ in my capacity as the Individual who preformed the inspection associated with address:

\_\_\_\_\_

for the above referenced Project do hereby agree to the following conditions:

1. Official Log for all Completed Inspections. The official log will include all inspections reports performed by each Authorized Licensed Representative, and must be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.), and included whether the inspection was approved or rejected.
2. This form shall be provided by the Private Provider and shall be signed, sealed & dated by the Authorized Licensed Representative as outlined in F.F. 553.791(11). The inspections that are required to be performed

per Code requirements and per Official Construction Documents shall be affirmed by the designated Professional in Charge for the Private Provider Company.

\_\_\_\_\_  
(Print) Individual who performed inspection

\_\_\_\_\_  
(Signature) Individual who performed inspection

State of  
County of

Sworn to (or affirmed) and subscribed before me by means of:

Physical Presence or  Online Notarization,  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
Day                      Month                      Year  
Name of Person Swearing or Affirming

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

- Personally Known  
 Produced Identification

Place Notary Seal Stamp Above

Type of Identification Produced: