



# Community Development Department Building Division

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

*"To exceed expectations in the delivery of public services"*

## **PRIVATE PROVIDER REGISTRATION FORM**

**TO BE COMPLETED BY THE PRIVATE PROVIDER**

For Office Use Only  
PLANS EXAMINERS  
INITIALS  
\_\_\_\_\_  
20 \_\_\_\_\_

Please submit the following documents. All items must be included to process. Instruct your insurance company to fax certificates of insurance directly to Charlotte County as well as to the qualifier and include documents with finished packet. Allow three (3) business days for processing mailed documents.

1. Copy of current State License
2. Occupational License from qualifiers home county
3. Current Driver's License
4. Certificate of Insurance for General Liability and Worker's Compensation or qualifiers exemption card. Certificate must list Charlotte County Building Construction Services as as certificate holder.
5. List of Inspectors/Plans Examiners to include their BN/PX numbers.
6. Plans Compliance Affidavit and Permit Data and Inspections checklist, ONLY if the Private Provider is doing the Plans Review.

Certificate Holder's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Certificate Classification: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Federal I. D. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Business Mailing Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_ Home Phone: \_\_\_\_\_

Certificate Holder's Signature: \_\_\_\_\_  
(Power of Attorney not Accepted)

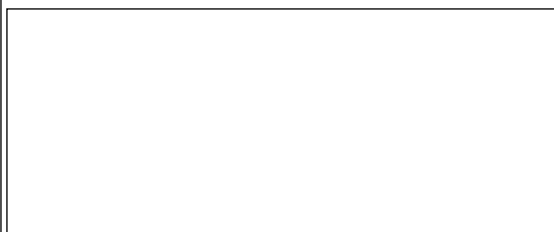
STATE OF FLORIDA

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_

who is personally known to me or has produced \_\_\_\_\_

as identification and who did/did not take an oath.



Notary Seal

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

Notary's Printed Name: \_\_\_\_\_

Commission Number: \_\_\_\_\_



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## Notice to Building Official of Use of Private Provider (con't)

### The following attachments are provided as required:

1. Qualification statements and/or résumés of the private provider and all duly authorized representatives.
2. Proof of Insurance: A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services. Such insurance shall have minimum policy limits 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. Nothing in this section limits the ability of a fee owner to require additional insurance or height policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the architect or engineer must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, the private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

### PLEASE USE APPROPRIATE BLOCK

**INDIVIDUAL** Signature: \_\_\_\_\_ Print Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.  
 Signature of Notary \_\_\_\_\_  
 Notary's Printed Name \_\_\_\_\_  
 Notary Seal \_\_\_\_\_

**CORPORATION** Print Corporation Name: \_\_\_\_\_ by (signature): \_\_\_\_\_  
 Address \_\_\_\_\_ Print Name \_\_\_\_\_  
 ITS \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ of \_\_\_\_\_  
 a \_\_\_\_\_ Name and Title of Officer or agent \_\_\_\_\_ Name of Corporation \_\_\_\_\_  
 \_\_\_\_\_ state or place of incorporation corporation, on behalf of the corporation, who is personally known to me  
 or has produced \_\_\_\_\_ as identification and who did/did not take an oath.  
 Signature of Notary \_\_\_\_\_  
 Notary's Printed Name \_\_\_\_\_  
 Notary Seal \_\_\_\_\_

**PARTNERSHIP** Print Partnership Name: \_\_\_\_\_ by (signature): \_\_\_\_\_  
 Address \_\_\_\_\_ Print Name \_\_\_\_\_  
 ITS \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_, partner (or agent) on behalf of \_\_\_\_\_, a partnership, who is  
 \_\_\_\_\_ Name of acknowledging partner or agent \_\_\_\_\_ Name of partnership \_\_\_\_\_  
 personally know to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.  
 Signature of Notary \_\_\_\_\_  
 Notary's Printed Name \_\_\_\_\_  
 Notary Seal \_\_\_\_\_