



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

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 Community Development 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.

Signature of Notary: _____

Notary's Printed Name: _____

Commission Number: _____

Notary Seal

For Office Use Only
PLANS EXAMINERS
INITIALS

20 _____



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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