



## **Alternate Plans Reviews and Inspections Requirements**

### **General Information:**

The use of a Private Provider is authorized by Florida Statute 553.791 under "Alternate Plans Reviews and Inspections". The City requires that the forms in this packet be used for the application process. All forms must be completed prior to the issuance of any permit.

**Note: the Private Provider firm must be pre-registered with the City Of Sweetwater** Contact the Building Department by email at [msalazarr@cityofsweetwater.fl.gov](mailto:msalazarr@cityofsweetwater.fl.gov) detailed registration requirements.

The items 1 through 9 below are registration related documents\* that must be submitted to the assistant Building official of the preliminary approval of any Private Provider. The Private Provider must notify us of any new hire after the initial submittal of registration documents. The following are to be presented in a ring binder to the Assistant Building Official.

1. Form 1 Private Provider registration
2. Form 2 Employment affidavit for Duly authorized Representatives (DAR), As per the statutes, the DAR must be an employee of the private provider entitled to receive reemployment assistance benefits under chapter 443. This means a W2 recipient and not a 1099 recipient. Noncompliance will cause rejection request for registration.
3. Form 3 Private Provider Agreement (this will be required for application submittals post July 1st, 2017)
4. A Department of Business and Professional Regulation (DBPR) Certificate of Authorization for the firm.
5. A copy of the Professional Licenses for each of the DAR personnel regulated by Florida Statutes chapter.
6. 481 (Architects), chapter 471 (engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors). Certificate of professional liability insurance in amounts as required by FS 553.791(16)
7. A Blank Original of the actual inspector report form to be used on the project for inspection by the DAR.
8. Normally this would be a three or a four-part form (white on top with a yellow, pink and blue copy behind it). Contact information for the main office, main qualifier, plan reviewers and inspectors working on projects in the City of Sweetwater area.
9. Personnel Directory & Qualifications Statement This document Identifies the Private Providers' Duly Authorized Representatives (DARs) that will be utilized in the City. It shall contain the current licenses numbers that they hold to perform their specified type of work on any possible project, their contact phone number, email address, the responsibility that the DAR will have for the specific project and a Qualification Statement and a current resume for each DAR, Resumes should reflect prior Involvement on structures and/or projects located in the High Velocity Hurricane Zones (HVHZ). This form is filled out for each of the DAR of the Private Provider. The Form Bis only for the Building Official to keep as reference.
10. A copy of the drivers license or other valid photo Identification for each DAR.

### **To be submitted with the initial permit application:**

Please note: The submitted Documents for construction will be Audited only for completeness of the Building, Mechanical, Electrical and Plumbing (BMEP) portions after they have been Reviewed and Accepted for Compliance by: Zoning, Fire, Landscaping, Engineering, and Flood. A Development Review Committee (DRC) approved set of prints will be needed to accompany the construction documents. DRC set might not be required depending on the scale, scope, and type of work, with the DRC determines if it is not needed.

#### 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 inspections only or whether the services will include plans reviews and inspections. This document must be accompanied by the Personnel Directory and Qualifications Statement form and the certificate



of insurance (Item 1 both listed below. (Note: If a Private Provider performs the plans reviews, it then will be required that a Private Provider also perform the required inspections.)

Alternate Plans Reviews and Inspections Requirements (continued)

2.) Private Provider Job Site Directory

This document identifies each of the Private Providers Duly Authorized Representatives (DAR) that will be utilized on the specific project that is being requested for issuance of this type of a permit. It shall contain the numbers of the current licenses that they hold to perform their specified type of work on the project, their contact phone number, email address, the responsibility that the DAR will have for the specific project. This form is filled out for each of the DARs of the Private Provider. They will be perforated at intake. One original will be returned to "job set" to be placed into the jobsite inspection logbook. Every DAR (Inspector or Plans Examiner) shall be a State of Florida licensed individual and be verifiable through the Florida DBPR online services website at:

<https://www.myfloridalicense.com/w111.asp?mode=0&SID=>

3.) Certificate of Insurance:

This certificate is provided by the insurance carrier, and must be submitted with each permit application. It is also submitted at the time of the initial registration with the City of Sweetwater. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16), and must include the City of Sweetwater as the certificate holder.

4.) A Special Inspector forms must be submitted at the same time construction documents are submitted for permitting.

5.) Plan Compliance Affidavit (only required if Private Provider is doing plans reviews)

This form is required at submittal of plans to the City of Sweetwater after the Private Provider has performed the required plans reviews for the BMEP trades and has approved those plans for code compliance under the scope allowed by F.S. 553.791 (see PXA2, Form A). This form will not be required for jobs where the Private Provider is only going to perform Inspections (see PXAI, Form A). Two original Form C documents must be provided for each DAR.

**JOB SITE DOCUMENTATION :**

1.) **Private Provider Duly Authorized Agent (DAR) Identification Form**

This is to identify each individual Duly Authorized Representative (DAR) that is going to be involved with inspections or plans reviews involved for the particular project. Two original sets of the D forms must be provided with 2 sets of original signed and sealed construction documents. The Form DS will be reviewed, and one set returned to the Jobsite logbook. One Form for each DAR will be kept on the jobsite in the private provider log and will be updated and kept current by the Private Provider. The City of Sweetwater personnel will perform occasional jobsite visits at their discretion and the Form entries will be compared to inspections reports. Any new entities to the worksite log will need to be approved first by the Building Official. The inspection that will be submitted to the Building Official at the final inspection must be written only by those previously vetted inspectors. Form will be required whether private provider is only doing inspections (PMI) or inspections and plan reviews (PXA2).

2.) **Inspection Reports**

The Private Provider shall submit to the Building Official for approval before the start of the project, the exact inspection form that will be supplied by the Private Provider to the DAR that will be using it for recording and logging the inspections in the jobsite log. If the Building Official approves the form, then, the inspection form provided to the Building Official will be the form that is used for the inspections of the project. The inspection forms/reports must provide **at-a-minimum** a space for the following information, and when completed will state: the date the inspection was performed, the permit number for the inspection, the job address, the project name, the Private Providers company contact information, the inspectors name, the inspectors license number, inspectors signature, the 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 Rejected), ~~the~~ corrections required (if corrections or further action is required).

**TO BE SUBMITTED BEFORE ANY APPROVAL FOR CERTIFICATE OF COMPLETION OF CERTIFICATE OF OCCUPANCY IS ISSUED:**



1.) Official Log for all Completed Inspections:

The official log will include all inspections reports (Item 2) performed by each Duty Authorized Representative (DAR), and will be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.) and contain all inspections reports for inspections done whether approved or rejected. The log will also include the Form for all plan reviewers and/or inspectors and any closing documents that pertain to the job.

Examples of closing documents: Building: Architects Compliance Letter, Engineers Compliance Letter, Elevator certificate, Contractors Affidavit of Construction, Final Survey, Elevation Certificate, Termite Treatment certificates (initial treatments and final treatments), Soil compactions reports, Engineers soil statement of designed bearing capacity, Waterproofing certificate for above ground, Water proofing below grade certificate, fenestration water testing, Landscaping certificate, Glass and storefront completion certificate, Test and Balance Reports, Certification for back flow preventer, blower door test result (if applicable), Sound Proofing certificates, Insulation Certificates, Roofing Warranty, Light Weight Pull Test (official/formal/final), Roofing Tile uptilt test, Sprinkler Certification, Fire Penetration Affidavits from each trade Mechanical, Electrical, Plumbing, and Building, for all penetrations, unless if a single Fire Stopping Contractor is used (then just from the F.S- Contractor) and that affidavit must state that all penetrations were protected including those from each trade: the Building, the Mechanical the Electrical and Plumbing must be stated, Fire safety certificate of completion in areas between floor decks and envelope and throughout, sprinkler and fire suppression systems final certification, in addition: If requesting a Temporary Certificate of Occupancy (TCO) or a Partial Certificate of Occupancy (PCO): the TCO/PCO inspection report with pending items for a final approval listed for each permitted trade, Inspections response or approval letter from fire department indicating each floor or all floors were approved. If requesting Final Certificate of Occupancy (CO): the final inspection report for each trade per permit issued under (BMEP) .... ..

If there are threshold or specialty inspections performed; Logs for threshold inspections, Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold inspecting company, Threshold Inspection Final Approval Letter from the Private Provider, Logs from special inspectors, Welders Certifications, Specialty Inspector Inspection Final Approval Letter from specialty inspection company, Acceptance for the Specialty Inspections Final Letter from the Private Provider, Affidavit for TCO/PCO/CO from private provider for each trade.

2.) Certificate of Compliance from the Private Provider

This will come from the Private Provider and will be signed and sealed by the Professional in Charge of the Duty Authorized Representatives (DAR) as outlined in F.F, 553.791. The inspections that were required to be performed as per Code requirements and as per Official Construction Documents will be affirmed by the designated Professional in Charge for the Private Provider company DAR's.

3.) A full list of required documents will be provided by the building department for the type of completion warranted by your project i.e. Certificate of Completion or Certificate of Occupancy.



**NOTICE TO BUILDING OFFICIAL**  
For the use of Private Provider Florida Statutes 553.791(4)

Project Name/ unit \_\_\_\_\_  
Address \_\_\_\_\_  
Property Name/ Building Address: \_\_\_\_\_  
Permit/Process number: \_\_\_\_\_  
Project address: \_\_\_\_\_ Parcel tax ID: \_\_\_\_\_  
Services to be provided (select One): Inspections only \_\_\_\_\_ Plans Review and Inspections \_\_\_\_\_

Permit by Affidavit inspections only (PXAf) or Permit by Affidavit plan review and inspections (PXA2)\*Pursuant to FS Section 553.791 {2}: If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.

**This project will be a buildout or tenant improvement in an existing structure:**

<p>Property Owner: (printname) _____</p> <p>(Sign Name ) _____</p> <p>, the property owner/owner authorized agent of the property stated above, hereby affirm that I am allowing the Private Provider firm being identified to conduct the type of services indicated above.</p> <p>STATE OF _____ COUNTY OF _____. Before me, this day of ____ 20 ____, personally appeared _____ who executed free foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.</p> <p>Personally known ____ or Produced Identification _____ Type of ID produced: _____</p> <p>Signature of Notary: _____ Print Name _____</p> <p>Notary public stamp: _____ My commission expires: _____</p>
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<p>Private Provider Firm: _____</p> <p>owner/authorized agent for the Firm: _____</p> <p>Florida License or Registration number: _____ Date: _____</p> <p>Address: _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>
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**EMPLOYMENT AFFIDAVIT**

For Private Provider Duly Authorized Representative (DAR)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment compensation benefits under Chapter 443.

I, \_\_\_\_\_ the Qualifier of the Private Provider do hereby affirm that the Duly Authorized Representatives listed below are employees as required by Florida Statute 553.791 and are entitled to unemployment compensation benefits under Chapter 443.

Duly Authorized Representatives:

If more space is needed, use a separation form.

Print Name	Florida License no.	Discipline	Signature
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Submit resumes of each DAR and copies of licenses

Private Provider Qualifier Name: \_\_\_\_\_ Florida License No. \_\_\_\_\_

Sworn and Subscribed before me by \_\_\_\_\_ Seal/Signature/Date \_\_\_\_\_

Being personally known to me \_\_\_ or having produced identification \_\_\_\_\_ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/ her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires:



**PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT**

Form is to be completed by the qualifier (required for P)(A2 only)

Florida Statutes 5553.791 (6)

Project Name/ Address: \_\_\_\_\_

Plan number: \_\_\_\_\_ Folio number: \_\_\_\_\_

Construction Documents \_\_\_\_\_ Revisions \_\_\_\_\_ Shop Drawings \_\_\_\_\_ As-Built \_\_\_\_\_ Other \_\_\_\_\_

If "other" IS marked, please clarify: \_\_\_\_\_

Master permit number: \_\_\_\_\_

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

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

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

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

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:

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

Qualifier Florida License No. \_\_\_\_\_

Seal /Signature/Date

Name of person reviewing the plans (if applicable): \_\_\_\_\_

Florida License/Registration/Certification numbers: \_\_\_\_\_

Discipline and Plan Sheets covered by this affidavit: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me ( ) or having produced as identification \_\_\_\_\_ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_



## Private Provider Job Site Directory

Project Name and Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Florida State 9553.791(4) requires that this form be posted at the Job site for all projects involving private providers for plan review or inspections.

### Private Provider Job Site Directory

Florida State 5553.791 (4) requires that this form be posted at the job site for al/ projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative: \_\_\_\_\_

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

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

Florida Professional Licenses: \_\_\_\_\_

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

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

Type of Service Performed: \_\_\_\_\_

Provider or Duly Authorized Representative \_\_\_\_\_

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

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

Florida Professional Licenses: \_\_\_\_\_

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

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

Type of Service Performed: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_

Provider or Duly Authorized Representative: \_\_\_\_\_

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

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

Florida Professional Licenses: \_\_\_\_\_

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

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

Type of Service Performed: \_\_\_\_\_

Insurance Policy: \_\_\_\_\_





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Provider or Duly Authorized Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Florida Professional Licenses: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Service Performed: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_

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Provider or Duly Authorized Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Florida Professional Licenses: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Service Performed: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_

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Provider or Duly Authorized Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Florida Professional Licenses: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Service Performed: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_

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Provider or Duly Authorized Representative: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Florida Professional Licenses: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Service Performed: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_



Private Provider CERTIFICATE OF COMPLIANCE  
(Request for Certificate of Occupancy)

Florida Statutes 5553.791 (11)

To the City of Sweetwater 1701 NW 112 AVE Suite 102, Sweetwater, Ff 33172

Project Name/ Address: \_\_\_\_\_

Permit number: \_\_\_\_\_ , Folio number: \_\_\_\_\_

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

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

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

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

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 accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, 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:

\_\_\_\_\_ Certificate of Occupancy Temporary

\_\_\_\_\_ Certificate of Completion

\_\_\_\_\_ Certificate of Occupancy (TCO)

\_\_\_\_\_ Partial Certificate of Occupancy (PCO)

Respectfully submitted,

Private Provider Qualifier Name:

Florida License No.:

Seal/Signature/Date

SWORN AND SUBSCRIBED before me \_\_\_\_\_ personally known to me \_\_\_or having produced as identification \_\_\_\_\_ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires:



**PRIVATE PROVIDER REGISTRATION**

Flori& Statutes 553.791(15)(b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the City of Sweetwater Building Dept.

- 1 Copy of current Florida license for the business entity {Certificate of Authorization}.
- 2 Copy of Florida licenses for all Private Providers Duly Authorized Representatives (DARs).
3. Resume for Qualifier and all Private Providers DARs.
4. Occupational license.
5. Copy of Driver’s License for each DAR.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the City of Fort Lauderdale as the certificate holder.
7. A copy of tax W-2 for each DAR.

City emails are public, do not provide drivers licenses or W-2 forms by email. These documents should be provided in person or mailed to us.

**PRIVATE PROVEDER FIRM**

Name of Firm: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Federal Employer Identification Number (FEIN): \_\_\_\_\_

**PRIVATE PROVIDER (QUALIFIER)**

Name of Qualifier: \_\_\_\_\_ Signature: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone; \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

State of FLORIDA

SWORN AND SUBSCRIBED before me by \_\_\_\_\_ being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires



### PRIVATE PROVIDER AGREEMENT

Private Provider will agree to work under these four constraints which will result in disciplinary action by the Building Department if not adhered.

Constraints under which the Private Provider be allowed for the construction to proceed:

1. The construction documents used on a project must have prior approval from the Private Provider and each page must bear the Private Provider stamp and reviewer initials.
2. No work shall be allowed to continue beyond the scope defined on the approved construction drawings or the scope that was provided and stated under the issued permit.
3. The duly authorized representative (DAR) that performs inspections must do so using the approved documents and shall not allow any work to commence on any portion of construction that does not have preapproved (reviewed and accepted) documents.
4. If any work requires revision to construction drawings, those construction documents must be reviewed and approved by the Private Provider DAR but, must also have an audit review by the plan reviewers of the City of Fort Lauderdale Department of Sustainable Development (DSD) before work is allowed to commence on that portion of the project.

First Noncompliance/Stop work order.

- The Building Department will red tag a jobsite and shall stop the progress on any portion of all construction work that does not comply with the four constraints stated above. If the Private Provider fails to comply with the constraints noted above, and depending on the severity of the non-compliance, at the discretion of the Building Official, the Private Provider will be placed on notice.
- Second Noncompliance/Stop work order issued to same project. If the Private Provider repeats noncompliance to the constraints that are noted above on the same jobsite or on a different jobsite within a period of (2) two years from the time any stop work order is issued, depending on the severity of the noncompliance and at the discretion of the Building Official, the Private Provider will be placed on suspension from the Private Provider program for a period of (1) one year- In that year, no new applications for performing work as a Private Provider will be approved by DSD.
- Third Noncompliance/Stop work order issued to same project: If the Private Provider is noncompliant with the constraints that are noted above for a third time, within a 2 year period, depending on the severity of the offense and at the discretion of the Building Official, the Private Provider will be removed from the list of registered Private Providers on file at DSD and cannot submit for registration again to City of Sweetwater for (2) two years. The Building Official will also notify the State of Florida Department of Business and Professional Regulations, which may impose additional disciplinary actions on the individual DAR and on the Private Provider Company.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website \_\_\_\_\_ as a company authorized/registered agent.

Private Provider Company Name: \_\_\_\_\_

Authorized Agent for Private Provider Company (Print Name): \_\_\_\_\_

Authorized Agent for Private Provider Company (Title): \_\_\_\_\_

SWORN AND SUBSCRIBED before me before me by \_\_\_\_\_ being personally known to me OR having produced as identification \_\_\_\_\_ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary \_\_\_\_\_ Print Name \_\_\_\_\_ date \_\_\_\_\_

Notary Public Stamp \_\_\_\_\_ My commission expires \_\_\_\_\_



Threshold logs and Special Inspector logs must be on site and available for audit by city personnel during working hours.

Threshold inspector needed when:

- ❖ If Structure height over 50 feet
- ❖ If structure is more than 3 stories
- ❖ If type of occupancy is an Assembly Occupancy with over 500 persons and over 5,000 square feet

Examples of what needs a Special inspector inspection (this list is not all inclusive):

- ❖ waterproofing, ■
- ❖ smoke control ■
- ❖ window walls ■
- ❖ welding ■
- ❖ lightweight concrete ■
- ❖ CMU installation
- ❖ Pile work (Driven, Auger, Cast in Place, Helical)



**CITY OF SWEETWATER - BUILDING DEPARTMENT**

**1701 NW 112<sup>TH</sup> Ave., suite 102**

**Sweetwater, FL**

NOTICE TO CITY OF SWEETWATER BUILDING DEPARTMENT OF EMPLOYMENT AS SPECIAL INSPECTOR UNDER THE FLORIDA BUILDING CODE.

I (We) have been retained by to perform special Inspector services under the Florida Building Code 5<sup>th</sup> Edition (2014) and Miami Dade County Administrative Code the project on the below listed structure as of(date). I am a registered architect/professional engineer licensed In the State of Florida.

Process Number. \_\_\_\_\_

- ❖ Special Inspector Reenforced Masonry, Section 2122.4 of the FBC 5<sup>th</sup> Edition (2014)
- ❖ Miami Dade County Administrative Code, Article It Section 8-22 Inspector for
- ❖ Trusses > 35 ft. long or 6 t. high
- ❖ Steel Framing and Connections welded or bolted.
- ❖ Soil Compaction
- ❖ Precast Attachments
- ❖ Roofing Applications, Lt. Weigh, Insul.Conc.
- ❖ Other \_\_\_\_\_

Note: Only the marked boxes apply.

The following individual(s) employed by this firm or me is authorized representative to perform inspection\*

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

\*Special inspectors utilizing authorized representatives shall insure the authorized representative is qualified by education or licensure to perform the duties assign by Special Inspector . The qualifications shall include licensure as a professional engineer or architect: graduation from an engineering education program in civil or structural engineering; graduation from an architectural education program; successful completion of the NCEES Fundamentals Examination; or registration AS building inspector or general contractor.

I (we) will notify the City of Sweetwater Building Department of any changes regarding authorized personnel performing inspection services.

I (we), understand that a Special Inspector inspection log for each building must be displayed in a

convenient location on the site for reference by the City of Sweetwater Building Department Inspector. All mandatory inspections, as required by the Florida Building Code, must be performed by the City of Sweetwater Building Department. inspections performed by the Special Inspector hired by the owner are in addition to the mandatory inspections performed by the department. Further, upon completion of work under each Building Permit, I will submit to the Building Inspector at the time of the final inspection the completed inspection log form and a sealed statement indicating that, to the best of my knowledge, belief and professional judgment those portions of the project outlined above meet the intent of the Florida Building Code and are in substantial accordance with the approval plans.

Engineer /Architect

_____	Name (Print) _____
Signed and sealed.	
Date _____	Address _____