



Calvin, Giordano & Associates, Inc.
E X C E P T I O N A L S O L U T I O N S TM

Building Department, 601 City Center Way, Pembroke Pines, Florida 33025
TEL 954-435-6500 FAX 954-435-6749

Alternate Plans Reviews and Inspections Requirements

Rev. 07/21/2025

General Information:

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

Note: All Private Provider firms must be registered with the City of Pembroke Pines. Contact the City of Pembroke Pines permit administrator at 954-435-6502 for detailed registration requirements.

To be submitted for registration with the City of Pembroke Pines: FS 553.791(17)(a)

The following are to be presented in an organized manner to the Building Official.

- 1.) **Form R.1** Private Provider registration
- 2.) **Form R.2** Employment affidavit for Duly Authorized Representatives (DAR)
- 3.) **Form R.3** Private Provider Agreement
- 4.) 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 481 (Architects), chapter 471 (engineers), and chapter 468, Part XII (Building Code Administrators and Inspectors).
- 6.) Certificate of professional liability insurance as required by FS 553.791(18)
- 7.) A Blank Original of the actual inspection report form to be used on the project for inspection by the DAR.

To be submitted with the initial permit application:

1.) Form A: 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 B) 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.)

2.) Form B: Personnel Directory & Qualifications Statement

This document identifies all of the Private Provider's 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 and a Qualification Statement and a current resume for each DAR. This form is filled out for each of the DARs of the Private Provider. The Form B is only for the Building Official to keep as reference. Another similar form (Form D) will be kept at the job site. Every DAR (Inspector or Plans Examiner) shall be certified by the State of Florida as per Section 104 of the Florida Building Code, Broward Edition.

3.) Item 1: 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 Pembroke Pines. It must show coverage in the statutory amounts pursuant to F.S. 553.791(18) and must include the City of Pembroke Pines as the certificate holder.

4.) Form C: Plan Compliance Affidavit: F.S. 553.791(6)(a)(b)

This form(s) is required to be provided along with two complete sets of plans and any other code required construction documents for submittal of plans to the City of Pembroke Pines after the Private Provider has performed the required plans reviews and has approved those plans for code compliance under the scope allowed by F.S. 553.791. (This form will not be required for jobs where the Private Provider is only performing inspections.)

Job site documentation:

5.) Form D: Private Provider Job Site Identification Form: F.S. 553.791(4)(a)(b)

This is to identify each individual DAR that is going to be involved at the work site or for the plan reviewers involved for the pertaining plans. A set of the D forms must be provided when the plans are submitted so they can be perforated and then returned to the jobsite log book. The Form D for each DAR will be kept on the jobsite in a log and will be updated and kept current by the Private Provider. The City of Pembroke Pines Building Department personnel will perform occasional jobsite visits at their discretion and the Form D entries will be compared to inspections reports. Any new entries to the worksite log will need to be approved first by the Building Official. The inspection reports that will be submitted to the Building Official at the final inspection must be written only by those previously vetted inspectors.

6.) Item 2: Daily Inspection Reports: F.S. 553.791(12)

The Private Provider shall submit to the Building Official the exact form that will be used for recording the inspections in the jobsite log for approval. 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 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 project, the job address, the project name, the Private Provider's company contact information, the inspector's name, the inspector's license number, the inspector's 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). Notice shall be provided to the building official of the date and approximate time of any inspection no later than the prior business day by 2pm local time. The inspection reports must be submitted to the building official within two business days after the date the inspection was completed.

Project close-out documentation: Required before issuance of any C of C, TCO or CO.

7.) Item 3: Official Log for all Completed Inspections:

The official log will include all daily inspections reports (Item 2) performed by each 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 D for all inspectors.

8.) Form E: 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 DAR as outlined in F.S. 553.79(13).

9.) Item 4: Private Provider Commercial Certificate of Occupancy & Close-out Documents Checklist;

Provide all relevant project close-out documentation and completed checklist to Building Official prior to completing building final inspection.

Form # 61G20-2.005-2002-01
Notice to Building Official of
Use of Private Provider
Effective January 1, 2025
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

Form C

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Florida Statutes 553.791(6)

Rev. 07/21/2025

Please use a separate page for each Private Provider and/or Duly Authorized Representative (DAR).

Project Name / Address: _____

Plan number: _____ Folio number: _____

Construction Documents Revisions Shop Drawings As-Built Other

If "other" is marked, please clarify: _____

Master permit/application 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: _____

Florida License No.: _____

Seal/Signature/Date (Above)

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: _____ My Commission Expires: _____

Notary Public: NOTARY PUBLIC STAMP BELOW

PRIVATE PROVIDER JOB SITE DIRECTORY

Project Name & Address: _____

Permit/Application Number: _____

Florida Statute 553.791(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 Statute 553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____

Email: _____

Telephone: _____ Fax: _____

Florida professional licenses: _____

Company: _____

Address: _____

Type of Service Performed: _____

Insurance Policy: _____

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

Provider or Duly Authorized Representative: _____
Email: _____
Telephone: _____ Fax: _____
Florida professional licenses: _____
Company: _____
Address: _____
Type of Service Performed: _____
Insurance Policy: _____

PRIVATE PROVIDE - CERTIFICATE OF COMPLIANCE
(Request for Certificate of Occupancy)

Florida Statutes 553.791(13)

To the Building Official for City of Pembroke Pines Building Department
601 City Center Way, Pembroke Pines, FL 33025

Project Name: _____

Project Address: _____

Permit number: _____ Folio number: _____

Private Provider Firm: _____

Private Provider 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
- Certificate of Completion

Respectfully submitted,

Private Provider Qualifier;

Name: _____

Florida License No.: _____

Seal/Signature/Date (Above)

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: _____ My Commission Expires: _____

Notary Public Stamp:

PRIVATE PROVIDER REGISTRATION

Florida Statutes 553.791(17)(b)

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

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Occupational license.
5. Copy of Driver’s License.
6. Certificate of Insurance for General Liability and Worker’s Compensation. The Certificate must name the City of Pembroke Pines as the certificate holder.

PRIVATE PROVIDER FIRM:

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____

Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER):

Name of Qualifier: _____ (Print)

Signature of Qualifier: _____

Telephone: _____ Email: _____

State of FLORIDA)

County of Broward)

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: _____ My Commission Expires: _____

NOTARY PUBLIC STAMP BELOW:

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives (DAR) F S 553.791(8)

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

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

DULY AUTHORIZED REPRESENTATIVES:

If more space is needed to list all DARs, have another separate FORM R.2 signed and sealed, to list them.

| Print name | Florida License no(s): | Discipline: | Signature: |
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Submit resumes of each Duly Authorized Representative and copies of their licenses.

Private Provider Name;

Name: _____

Florida License No.: _____

Seal/Signature/Date (Above)

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: _____ My Commission Expires: _____

Notary Public Stamp:

I, _____, Private Provider, agree to work under these constraints and understand that the below described disciplinary action will occur if not adhered to.

Constraints under which the Private Provider will 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 revised construction documents must be reviewed and approved by the Private Provider DAR and submitted to the Building Official for the City of Pembroke Pines Building Department along with a **PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT, (Form C)**, before inspections are allowed to commence on that portion of the project.

Noncompliance/Stop work order:

As per FS 553.791(17)(c), if the Building Official determines that the Private Provider is not adhering to all of the requirements set forth in this agreement, and as per FS 553.791, and/or a condition on the building site constitutes an immediate threat to public safety and welfare, the Building Official may issue a stop-work order that may not be lifted until the violations listed in the stop-work order are addressed and corrected by the Private Provider.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website <http://dos.myflorida.com/sunbiz/search/> 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): _____

Authorized Agent for Private Provider Company (Signature): _____

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: _____ My Commission Expires: _____

Notary Public Stamp:



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS™

Pembroke Pines Building Department
601 City Center Way
Pembroke Pines, Florida 33025
TEL 954-435-6500

CERTIFICATE OF OCCUPANCY & CLOSE-OUT DOCUMENT CHECKLIST

For ALL OCCUPANCIES pursuant to 2023 FLORIDA BUILDING CODE edition in effect at time of permit issuance.

✓ # CHECKLIST

- 1. **Certificate of Completion Request Letter**; by Permit Holder; addressed to Building Official; sample letter available.
- 2. **Final Elevation Certificate**, FEMA 2023 edition, Expiration Date: 06/30/2026; signed & sealed (raised), two copies each. Elevation Certificate shall be based on building construction.
- 3. **Special Inspector Certificate of Completion**, for Discretionary and Mandatory Inspections, where required, including all jobsite inspection reports, pursuant to 2023 FBC-Broward County Administrative Provisions, section 110.10.
- 4. **Final As-built Site Survey**, signed & sealed, one (1) copy.
- 5. **Welder Certifications** (*required where used*)
- 6. **Approval from all applicable outside agencies, e.g.;** Broward County E.P.G.M.D., South Broward Drainage District, City of Pembroke Pines Engineering and Planning/Zoning Depts.
- 7. **Water Certification**, see Florida Dept. of Health for information.
- 8. **Sewer Certification**
- 9. **Termite Treatment Final Certificate of Compliance**, also required - copies of field Treatment Certificates. Forms to include information as set forth in 2023 FBC-Broward County Administrative Provisions, section 105.10, furnished & signed by installing contractor.
- 10. **Insulation Certificate and/or Letter** (original), furnished & signed by installing contractor for wall, ceiling, and roof insulation.
- 11. **Fire Proofing Affidavit(s)**, (original), furnished & signed by installing contractor(s)
- 12. **Elevator Certificate of Operation**, issued by Broward County
- 13. **Certificate of Occupancy**, fee payment
- 14. **School Special Assessment**, fee if applicable, payment confirmation
- 15. **Special Assessment Fees or Impact Fees**, payment confirmation
- 16. **Provide process number for; City of Pembroke Pines Local Business Tax Receipt**, (Commercial only)
- 17. **Copy of Builder's Warranty**, (Residential, single family and townhomes only)

CUSTOMER NOTES:

- The completed, final Close-out package shall be submitted to the Building Department and approved prior to request for FINAL building inspection.
- **Not Less Than Ten (10) Business Days** are required for Close-out document review and processing of Certificate of Completion or Certificate of Occupancy. FS 553.791(14)(a)
- **Not Less Than Two (2) Business Days for single-family or two-family dwellings** are required for Close-out document review and processing of Certificate of Occupancy. FS 553.791(14)(a)
- All required close-out documentation is the responsibility of the owner. All documentation must be *accurate and complete before* a building Final inspection may be scheduled. Time-delays caused by incorrect and/or incomplete submittal documentation is entirely the responsibility of the Owner, no exceptions.

Revised 02/10/2025

Public Records:

In order to comply with Florida’s public records laws Chapter 119 Florida Statutes, the Private Provider shall:

- a. Keep and maintain public records that ordinarily and necessarily would be required by the City of Pembroke Pines in order to perform the services under this Private Provider relationship.
- b. Provide the public with access to public records on the same terms and conditions that the City of Pembroke Pines would provide the records and at a cost that does not exceed the cost provided in Chapter 119 Florida Statutes or as otherwise provided by law.
- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
- d. Meet all requirements for retaining public records and transfer, at no cost, to the City of Pembroke Pines all public records in possession of Private Provider upon termination of the Private Providers duties and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the City of Pembroke Pines in a format that is compatible with the information technology systems of the City of Pembroke Pines.

IF THE PRIVATE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PRIVATE PROVIDER’S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT

**CUSTOMER CLERK
601 CUSTOMER CENTER WAY, 4th FLOOR
PEMBROKE PINES, FL 33026
(954) 450-1050
mgraham@ppines.com**