PRIVATE PROVIDER AUTHORIZATION/ OWNER ACKNOWLEDGEMENT FORM

DATE: _____

Project Name: _____Project Address: _____
Parcel ID / Folio No.: _____
Owner Name(s): _____
Contractor Name: _____
Building Permit No. (if applicable): _____
To Whom It May Concern:

I/We, the undersigned property owner(s) of the above-referenced property, hereby acknowledge and understand that _____has been retained as the Third-Party Private Provider for the
Private Provider Company Name
referenced project pursuant to Section 553.791, Florida Statutes, to provide plan review and/or inspection services. I/We further acknowledge that _____ is a fully licensed and
Private Provider Company Name
insured Third-Party Private Provider and that the Authority Having Jurisdiction (AHJ) will not perform plan review or inspection services associated with the Private Provider scope of work for this project, either prior to or during construction.

This authorization shall remain in effect for the referenced project until revoked in writing by the property owner(s).

Property Owner Signature: _____

Printed Name: Date: _____

Property Owner Signature: _____

Printed Name: Date: _____