



Community Development Department

Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingConstruction@CharlotteCountyFL.gov
PrivateProvider@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number:

20

Application date:

CSR Initials

PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT

Permit #: _____ Address: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____

E-mail: _____

Notice - A private provider may only perform building code plan review services that are within the disciplines covered by that person's licensure or certification.

Must provide completed Private Provider Permit Data and Inspections Checklist.

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and hold the appropriate license or certificate.

Plan sheets: _____

Florida Architect's or Engineer's Certification #: _____

Signature of Private Provider: _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of __physical presence or __online

notarization, this ___ day of _____ 20___, by _____

who is personally known to me or who has produced _____

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

Signature of Notary Public Seal



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Private Provider Permit Data and Inspections Checklist for Plans Review

This form must be completed ONLY when the Plans Review is done by the Private Provider.

Description of work to be done _____

Project address: _____

Flood zone: _____ Final Floor Elevation: _____ Wind zone: _____

Use and occupancy classification: _____ Square footage: _____

Total area: _____ Construction type: _____ Fire sprinkler system to be provided (yes or no) _____

Please check the required inspections for this project:

- | | | |
|--|---|---|
| <input type="checkbox"/> 915 - Accessibility | <input type="checkbox"/> 378 - Gas Piping Rough | <input type="checkbox"/> 700 - Plumbing Rough |
| <input type="checkbox"/> 212 - Bond Beam | <input type="checkbox"/> 200 - Framing | <input type="checkbox"/> 707 - Plumbing Sewer/Septic |
| <input type="checkbox"/> 218 - Buck | <input type="checkbox"/> 379 - Gas Piping Final | <input type="checkbox"/> 708 - Plumb. Underground/First Rough |
| <input type="checkbox"/> 206 - Columns | <input type="checkbox"/> 377 - Gas Piping Underground | <input type="checkbox"/> 702 - Plumbing Water |
| <input type="checkbox"/> 925 - Building Final | <input type="checkbox"/> 246- Generator Bond Beam | <input type="checkbox"/> 213 - Pool Deck |
| <input type="checkbox"/> 925 - Cage Final | <input type="checkbox"/> 247 - Generator Electric Rough | <input type="checkbox"/> 930 - Pool Final |
| <input type="checkbox"/> 222 - Dumpster Fill Cells | <input type="checkbox"/> 248 - Generator Electric Final | <input type="checkbox"/> 922 - Pool Safety |
| <input type="checkbox"/> 501 - Dry In | <input type="checkbox"/> 245 - Generator Fill Cell | <input type="checkbox"/> 921 - Pool Solar |
| <input type="checkbox"/> 233 - Dumpster Bond Beam | <input type="checkbox"/> 244 - Generator Footer | <input type="checkbox"/> 214 - Pool Steel |
| <input type="checkbox"/> 923 - Dumpster Final | <input type="checkbox"/> 243 - Generator Slab | <input type="checkbox"/> 242- Reinforcement Steel _ Ceiling |
| <input type="checkbox"/> 220 - Dumpster Slab | <input type="checkbox"/> 204 - Grade Beam | <input type="checkbox"/> 240 - Reinforcement Steel _ Floor |
| <input type="checkbox"/> 935- Electric Final | <input type="checkbox"/> 205 - Grade Cell | <input type="checkbox"/> 241 - Reinforcement Steel _ Wall |
| <input type="checkbox"/> 303 - Electric T-Pole | <input type="checkbox"/> 404 - HVAC Cooler | <input type="checkbox"/> 955 - Roof Final |
| <input type="checkbox"/> 302 - Electric Temp. Service | <input type="checkbox"/> 403 - HVAC Cooler Rough | <input type="checkbox"/> 508 - Roof Sheathing |
| <input type="checkbox"/> 282- Electric Underground | <input type="checkbox"/> 945 - HVAC Final | <input type="checkbox"/> 201 - Slab |
| <input type="checkbox"/> 300 - Electrical Rough | <input type="checkbox"/> 400 - HVAC Rough | <input type="checkbox"/> 517 - Soffit |
| <input type="checkbox"/> 515 - Exterior Siding | <input type="checkbox"/> 402- HVAC Rough Fire Damper | <input type="checkbox"/> 110 - Stucco/Lath |
| <input type="checkbox"/> 203 - Fill Cell | <input type="checkbox"/> 281 - Insulation | <input type="checkbox"/> 208 - Tie Down/ Truss Strapping |
| <input type="checkbox"/> 937 - Fire Final (residential only) | <input type="checkbox"/> 915 - Mobile Home Final | <input type="checkbox"/> 217- Tilt Wall Inspection |
| <input type="checkbox"/> 374 - Fire Wall (residential only) | <input type="checkbox"/> 150- Mobile Home Rough | <input type="checkbox"/> 216 - Wall Sheathing |
| <input type="checkbox"/> 230 - Footer | <input type="checkbox"/> 975 - Plumbing Final | |

1. Inspections not authorized under the acceptance of the Private Provider must be scheduled to be done by a Charlotte County Inspector. Examples are Right Of Way, Zoning, Trees, Coastal Lighting, Drainage, Fire and Elevation or Termite Certificate.
2. A private provider performing required inspections shall provide notice to the local building official of the date and approximate time of any such inspection no later than the prior business day by 2 p.m. local time. They must be reported to privateprovider@charlottecountyfl.gov. FS 553.791.
3. The private provider, upon completion of the required inspection, shall post each completed inspection record, indicating pass or fail, and provide the record to the local building official within 2 business days. They must be reported to privateprovider@charlottecountyfl.gov. FS 553.791.