



CITY OF  
**MARATHON**, FLORIDA  
Building Department

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9805 Overseas Hwy, Marathon, FL 33050  
Phone (305) 743-0033 www.ci.marathon.fl.us

**Private Provider Requirements and Information**  
*For Owner and Contractor*

In 2002 House Bill 1307 became law to allow a building owner to hire a private service (Private Provider) to provide plans review and/or inspection services. The Private Provider can review the construction documents and certify them as being in compliance with the applicable building codes. In addition, the Private Provider could perform code inspections during the construction of the building. The primary purpose for this alternate plan review and/or inspection process was to expedite the permitting and inspection process.

**Permit Application Submission Procedures where Private Provider Services Employed:**

1. Private Provider must be registered with Contractor Licensing in the Building Department
2. Building Permit Application Requirements:
  - a. Building Permit Application, noting Private Provider services (Plan Review and/or Inspections)
  - b. Required City of Marathon form "Notice to Building Official of Use of Private Provider"
  - c. Provide "Plan Review Executed Affidavit" by Private Provider (if plan review services were performed)
  - d. Two (2) sets of plans with all required outside agency approvals. The following outside approvals may be required:
    - i. U.S. Fish & Wildlife
    - ii. Florida Keys Electric Co-op
    - iii. Florida Keys Aqueduct Authority (for Commercial only; not applicable for Residential)
    - iv. Health Department
    - v. Department of Environmental Protection
    - vi. Army Corps of Engineers
  - e. Building Permit Application fee according to Fee Schedule
3. If all items listed above are complete and verified the application will be assign a building permit number and a receipt for payment will be issued.
4. Plan Review will be performed by the following departments as required: Planning, Code, Fire Marshal, Utilities, and Public Works/City Engineer.
5. If Private Provider is performing plan review and all approvals have been issued by the appropriate departments listed above the building department will review for permit fee determination specific to the job, in accordance with FS 553.791(7)(a). When Private Provider is performing only inspection services, the Building department will perform plan review and determine permit fees, in accordance with FS 553.791(7)(a).
6. The contractor's contractual or legal obligations are not relieved by any action of the Private Provider.

**Adding Private Provider Services Employed After Permit Issuance:**

1. Private Provider must be registered with Contractor Licensing in the Building Department
2. Submit the "Notice to Building Official of Use of Private Provider", indicating inspection services will be provided, no less than seven (7) business days prior to first scheduled Inspection (per FS 553.791(4)).
3. If all items listed above are complete and verified the permit will be reissued.



## Private Provider Requirements and Information

### *Private Provider General Information and Checklist*

The use of Private Providers is authorized by Florida Statute 553.791 (Alternative Plans Review and Inspection). The City of Marathon 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.

Before being able to serve as a Private Provider on a permit, the agent must be registered with Monroe County and the City of Marathon.

To be submitted for Registration with the City of Marathon:

- Form R.1--- Private Provider Registration
- DBPR Certificate of Authorization for the firm.
- Professional licenses for all personnel regulated by Florida Statutes Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors).
- Certificate of professional liability insurance as required by FS 553.791(16).

To be submitted with each initial permit application:

#### **Form A.1--- Notice to Building Official**

This is the principal document required for the official election to use Private Provider services, and specifies which services are to be performed. This document must be accompanied by the Personnel Directory and Qualifications Statement (Form A.2) and the Certificate of Insurance (Form A.3), both listed below.

#### **Form A.2--- Personnel Directory & Qualifications Statement**

This document identifies all Private Providers and Duly Authorized Personnel to be used on the particular project, and includes their professional license numbers, resumes or qualification statements, and contact numbers.

#### **Certificate of Insurance**

This certificate is provided by the insurance carrier, and must be submitted at the time of each permit application. It is also submitted at the time of the initial registration.

*To be submitted as a prerequisite to the building permit:*

#### **Form B--- Plan Compliance Affidavit**

This is required after the plans review is done by the Private Provider.

*Job site documentation:*

#### **Form C.1--- Private Provider Job Site Identification Form**

#### **Form C.2--- Inspection Report**

To be maintained at the job site, available at all times for verification by the building official.

*To be submitted upon completion of the project:*

#### **Form D--- Official log of all completed inspections, organized by discipline.**

#### **Form E--- Certificate of Compliance/ Request for Certificate of Occupancy**



## Notice to Building Official

Form A.1

**For the use of Private Provider**

Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

RE#: \_\_\_\_\_

Contractor: \_\_\_\_\_

Services to be provided (select one):  Inspections only  Plans Review Only  Both

*Note: If the notice applies to either private plan review and/or private inspection services the Building Official may require, at this discretion, the Private Provider to be used for both services.*

I, \_\_\_\_\_, the fee owner of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

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

Private Provider (Qualifier for the Firm): \_\_\_\_\_

Florida License or Registration Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, the fee owner, have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 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.
- 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 that 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 Section 553.791, Florida Statutes.
- For new construction or elevated additions, upon approval of the inspection which establishes the lowest floor elevation in AE flood zones or the bottom of the lowest horizontal structural member in VE zones, I understand I must notify the Building Department liaison/staff member and submit within 21 days of this passed inspection a Preliminary Certificate of Elevation. I understand no further inspections will be allowed to be scheduled after 21 days unless a Preliminary Certificate of Elevation has been received and approved by the Floodplain Management Department.

- If I make any changes to the listed Private Providers, I shall, within one business day after any change, update this Notice to reflect such changes.
- The building plans review and/or inspection services provided by the Private Provider are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.  
(Please notarize using the appropriate section below)

**Individual** By: \_\_\_\_\_  
Signature Print Name

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

**NOTARY STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_  
 Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or  Produced ID: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public – State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Corporation** \_\_\_\_\_  
Print Corporation Name

By: \_\_\_\_\_  
Signature Print Name: Its:

**NOTARY STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_  
 Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or  Produced ID: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public – State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Partnership** \_\_\_\_\_  
Print Partnership Name Name

By: \_\_\_\_\_  
Signature Print Name: Its:

**NOTARY STATE OF** | \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_  
 Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or  Produced ID: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public – State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**CITY OF MARATHON BUILDING DEPARTMENT**

9805 Overseas Highway, Marathon, FL 33050

Phone (305) 743-0033 | [www.ci.marathon.fl.us/government/building/](http://www.ci.marathon.fl.us/government/building/)



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## Private Provider Personnel Identification & Qualifications Statement

Form A.2

Use one page for each Private Provider or Duly Authorized Representative.

Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Provider or Duly Authorized Representative:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Service Performed:

**Qualifications Statement (or attach Resume):**

Page \_\_\_\_ of \_\_\_\_





## Private Provider Job Site Directory

Form C.1

Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

*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:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Service Performed:

**Provider or Duly Authorized Representative:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Service Performed:

**Provider or Duly Authorized Representative:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Service Performed:

**Provider or Duly Authorized Representative:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Service Performed:

**Provider or Duly Authorized Representative:**

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

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Service Performed:





## Private Provider Inspection Process

1. Private Providers performing inspections must call in all inspections, **PRIOR** to performing them, using the City of Marathon inspection phone line 305-289-4133.
2. The Private Provider shall also provide the record on this form to the local building official within two (2) business days. The certified inspection must be hand delivered, mailed, or emailed to [inspections@ci.marathon.fl.us](mailto:inspections@ci.marathon.fl.us); faxes are not acceptable.
3. Staff will process the inspection results from the Private Provider accordingly.

**Inspection results submitted on permits where inspections were not requested first will not be accepted.**

4. At the end of the inspection process the Private Provider must submit a Certificate of Inspection Compliance. The Building Official and/or his designate will review the permit for approval of Certification of Completion or Occupancy.
5. Records of all required and completed inspections shall be maintained at the building site at all times and made available for review by the local building official.
6. Upon completion of all required inspections, the Private Provider shall prepare the required Certificate of Inspections/Compliance form summarizing the inspections performed and including a written representation, under oath, that the stated inspections have been performed and that the building construction inspected complies with the approved plans and applicable codes.

*Note:*

- The local Building Official may visit the building site as often as necessary to verify that the Private Provider is performing all required inspections.
- The Private Provider shall be permitted to send a duly authorized representative to the building site to perform the required inspections, provided all required reports and certifications are prepared by and bear the signature of the Private Provider or the Private Provider's duly authorized representative.
- The contractor's contractual or legal obligations are not relieved by any action of the Private Provider.
- The Private Provider shall report to the local enforcement agency any condition that poses an immediate threat to public safety and welfare.



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## Inspection Report

*Form C.2*

At the completion of EACH inspection, the Private Provider shall:

- Post each completed inspection record on the Permit Card posted on site indicating pass or fail.
- The Private Provider shall also provide the record on this form to the local building official within two (2) business days. The original certified inspection must be hand delivered, mailed, or emailed to [inspections@ci.marathon.fl.us](mailto:inspections@ci.marathon.fl.us); faxes are not acceptable.

These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

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

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

Site RE#: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Contractor: \_\_\_\_\_

Inspection Code: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Check if Preliminary Certificate of Elevation will be required within 21 days of this passed inspection. For new construction or elevated additions, upon approval of the inspection which establishes the lowest floor elevation in AE flood zones or the bottom of the lowest horizontal structural member in VE zones. **NO FURTHER INSPECTIONS WILL BE ALLOWED TO BE SCHEDULED after 21 days unless a Preliminary Certificate of Elevation has been received and approved by the Floodplain Management Department.**

Type of Inspection: \_\_\_\_\_

*Inspection Results:*

- Passed       Failed       Incomplete       Cancelled

I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the applicable codes.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Private Provider Certificate of Inspections/Compliance**

*Form D*

Upon completion of all required inspections the Private Provider shall prepare a "Certificate of Inspections/Compliance", summarizing all required inspections performed and including a written representation, under oath, that the stated inspections have been performed and that the building construction inspected complies with the approved plans and applicable codes.

The required City of Marathon Private Provider Certificate of Inspections/Compliance form must be hand delivered, mailed, or emailed to [inspections@ci.marathon.fl.us](mailto:inspections@ci.marathon.fl.us); faxes are not acceptable.

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

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

Site RE#: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Contractor: \_\_\_\_\_

To the best of my knowledge and belief, as a Private Provider, as authorized in s. 553.791, Florida Statutes; the building components and site improvements outlined here-in and inspected under my authority have been completed in conformance with the approved plans and applicable codes and standards, as well as all related permit documents. In the event of a conflict between codes and documents, the more restrictive have applied. I further certify that the structure, electrical, gas, mechanical and plumbing systems (as applicable) have been erected in accordance with requirements of the technical codes, and that if required the Certificates of Elevation has been submitted in timely matter and approved. I affirm that I am qualified under FS s. 553.791 to provide building inspection services as authorized by s. 553.791, Florida Statutes. It is understood that the undersigned hereby accepts the responsibility for performing all of the required inspections identified in this document. I certify that ALL inspections were performed (and passed) as detailed in Section 105 of the Florida Building Code, the permit card, and as prescribed by the local authority having jurisdiction.

Inspection Type	Date	Inspection Type	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use second page if more space is needed.

Private Provider Name (Please Print) \_\_\_\_\_

Private Provider Signature \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Type	Date	Inspection Type	Date

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**Certificate of Compliance (Request for Certificate of Occupancy)**

City of Marathon Certificate of Occupancy Application is Required with this Form

From E  
City of Marathon  
Attn: Building Official  
9805 Overseas Highway  
Marathon, FL 33050

Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

RE #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ 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 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 Occupancy
- Certificate of Completion                       Temporary Certificate of Completion

Respectfully Submitted, \_\_\_\_\_

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

Florida License No: \_\_\_\_\_

Seal/Signature/Date

<b>NOTARY STATE OF</b> _____	
<b>COUNTY OF</b> _____	
Before me, this ____ day of _____, 20____, personally appeared _____	
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.	
<input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced ID: _____	
_____ Signature of Notary Public – State of _____	_____ My Commission Expires:



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**Private Provider Registration**

(All contractors that are not State-Certified must be registered with Monroe County prior to registering with The City of Marathon)

**Form R.1**

Please submit all of the following documents.

1. Occupational license or business tax.
2. Florida/Monroe County licenses for all Private Providers.
3. Occupational license.
4. Certificate of Insurance for General Liability. The Certificate must name the City of Marathon as the certificate holder.
5. Workers compensation or exemption (If Exempt, Exemption Affidavit is required and can be obtained online or at City Hall.)

**Private Provider Firm**

Business Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Federal Employer ID Number (FEIN): \_\_\_\_\_

**Private Provider (Qualifier)**

Qualifier Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

<p><b>NOTARY STATE OF</b> _____</p> <p><b>COUNTY OF</b> _____</p> <p>Before me, this ____ day of _____, 20____, personally appear _____ Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.</p> <p><input type="checkbox"/> Personally Known or <input type="checkbox"/> Produced ID: _____</p> <p>_____ Signature of Notary Public – State of _____</p> <p>_____ My Commission Expires:</p>	
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