



CITY OF
MARATHON, FLORIDA
Building Department

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 compliant 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)
3. If all items listed above are complete and verified the application will be assigned a building permit number.
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 the first scheduled Inspection (per FS 553.791(4)).
3. There is a \$200 Administrative Fee assessed for adding private provider AFTER a permit is issued.
4. If all items listed above are complete and the fee is paid, then the permit will be reissued to reflect the private provider.



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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 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 the initial registration. It is to be updated regularly to the registration record.

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

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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

NOTARY STATE OF _____	
COUNTY OF _____	
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.	
<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 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 ____



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

Corporation

Print name

Print name

Address (line 1)

Representative name

Address (line 2)

Address (line 1)

Telephone Number

Address (line 2)

Email Address

Telephone Number

Email Address

Signature

Date

Signature

Date



Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

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 holds the appropriate license or certificate:

Name: _____ Plan Sheets: _____

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

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

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:



FORM # 9B-3.053-2005-01
JOB SITE PRIVATE PROVIDER
IDENTIFICATION FORM
Florida Building Commission
Effective February 1, 2006

PROVIDER NO. 1	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	
PROVIDER NO. 2	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	



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; 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; 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.

Project Number: _____ Permit Type: _____

Site Address: _____

Site RE#: _____

Owner Name: _____

Contractor: _____

Private Provider: _____

Inspector License #: _____ Inspection Date: _____

Inspector Phone #: _____ Inspector Email: _____

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 Planning 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.

Inspector Name (Please Print)

Inspector 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; 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: _____



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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

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: _____