



## Building Division

# CITY OF LEESBURG FLORIDA - PRIVATE PROVIDER PROGRAM

### **General Information**

The use of Private Providers is authorized by Florida Statute 553.791, Alternative Plans Review and Inspection.

The City of Leesburg requires that only the forms in this packet be used for any Private Provider documentation submitted to the City, except for inspection reports or similar. An Owner may elect to use a Private Provider at any time. However, the Private Provider is recognized only after the City Building Official reviews and accepts the "Notice to Building Official".

Private Provider services may include inspections only, or plans review and inspections. The City will not allow plans review only. The Private Provider's role may be modified at any time by submitting a revised "Notice", subject to the restrictions set forth below.

**Private Provider plans review:** Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical, Gas, and Plumbing. All other disciplines (Zoning, Fire, Public Works, etc.) will be reviewed by the City. In addition, approved City Ordinances (for Electric, Water, Gas, etc.) will be reviewed and inspected by the Building Division and City Utilities.

**Changing the Private Provider during Plans Review:** If the Private Provider is terminated, or otherwise fails to complete the plan reviews and issue the appropriate affidavits, the Owner may find another Private Provider to finish the reviews and assume all responsibility. Alternatively, the City may take over the plan reviews, but will conduct a full re-review.

**Changing the Private Provider during Inspections:** If the Private Provider is terminated, or otherwise fails to complete the inspections and issue the final compliance documents, the Owner must secure another Private Provider to take over the inspection duties until the completion of the project. The City will not take over inspection duties.

**Private Providers must be registered with the City of Leesburg.** See below for more information.

**Fee adjustments for building permits:** A reduction in building permit fees may apply, as follows: For plans review and inspections, the Building Division fees will be reduced by forty percent (40%). For inspections only (or if the City began to review the plans before the Private Provider election was finalized), the Building permit fees will be reduced by twenty percent (20%). For questions on the City's Private Provider program, or about the registration process, contact Ann Kinsey, Leesburg Building Official at [ann.kinsey@leesburgflorida.gov](mailto:ann.kinsey@leesburgflorida.gov) or by calling 352-728-9786, extension 1726.



## **PRIVATE PROVIDER DOCUMENTS**

### **Guide to Using the Official Forms**

**To be submitted for Registration with the City of Leesburg Building Division:**

### **Private Provider Registration 553.791(15)(b)**

The following supplemental information is also required:

1. **Business:**
  - Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
  - DBPR Certificate of Authorization for the firm.
  - Occupational (Business) license for the firm's principal place of business.
2. **Insurance:**
  - Certificate of professional liability insurance as required by FS 553.791(16). The certificate must include the City of Leesburg as the certificate holder, and must be sent to the City directly by the insurance company.
3. **Personnel:**
  - Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
  - Copy of driver licenses for all personnel listed above.

### **Employment affidavit for all Duly Authorized Representatives 553.791(8)**

The following supplemental information is also required:

1. Completed form required. See below.

### **Notice to Building Official 553.791(4)**

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

### **Personnel Identification & Job Site Directory 553.791(4)**

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project. NOTE: An approved copy is to be posted at the job site during construction.



## **Private Provider plans review:**

### **Plan Compliance Affidavit 553.791(6)**

This is required if the plans are reviewed and stamped by the Private Provider, and certifies that the plans are in compliance with the Florida building and electrical codes. Each affidavit may represent only one review discipline.

### **Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)**

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

### **List of Approved Drawings**

This form records all of the individual approved drawings, including the latest dates.

### **Plan Changes**

If plans change or pages are added due to other City review agency comments, plans will need a PP Stamp, or new affidavit for updated or added pages. These new approved pages must be submitted to the City prior to the work being done.

## **Private Provider inspections:**

### **Personnel Identification & Job Site Directory 553.791(4)**

**Inspection Report(s) (Using the Private Provider's letterhead) 553.791(10)** To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

**Inspection Summary (Using the Private Provider's letterhead) 553.791(10)** To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.

## **Project closeout (Statements of Inspection):**

**Certificate of Compliance (CO/CC) 553.791(11)** This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the City of Leesburg and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

**Temporary Certificate of Compliance (TCO/TCC) 553.791(11)** This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.



**PRIVATE PROVIDER REGISTRATION Florida Statutes §553.791(15)(b)**

**Identification Page**

**PRIVATE PROVIDER FIRM**

Name of Firm: \_\_\_\_\_ FL Certificate of Authorization no.: \_\_\_\_\_

Business Address: \_\_\_\_\_ Federal Employer ID # (FEIN): \_\_\_\_\_

Type of business entity:

Corporation  Partnership  LLC  LLP  Other

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**QUALIFIER**

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

Architect, FL Reg. no: \_\_\_\_\_  Professional Engineer, FL License no: \_\_\_\_\_

For Engineers, state your area(s) of competency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

**STATE OF FLORIDA)**

**CITY OF \_\_\_\_\_)**

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging), who is [ ] personally known to me; or [ ] has 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 Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)



**EMPLOYMENT AFFIDAVIT**

**For Private Provider Duly Authorized Representatives 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.

**DULY AUTHORIZED REPRESENTATIVES:** (Use additional pages as necessary.)

Print Name	FL License no(s)	Discipline	Signature

**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

I, \_\_\_\_\_, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443. *Include Seal/Signature/Date HERE:*

Florida License No. \_\_\_\_\_

**STATE OF FLORIDA**

**CITY OF \_\_\_\_\_)**

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(name of person acknowledging), who is [ ] personally known to me; or [ ] has 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.

(Notary Seal)

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



# NOTICE TO BUILDING OFFICIAL

## For the use of Private Provider Florida Statutes §553.791(4)

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

Plan number: \_\_\_\_\_ Folio no.: \_\_\_\_\_ Phased Permit?  Yes  No

**Services to be provided (select one):**  Inspections only  Plans Review and Inspections\*

\*Pursuant to §553.791(2), F.S., City of Leesburg does not allow the use of Private Providers for plans review only.

[Provide name & title] I, \_\_\_\_\_, the fee owner (or authorized signatory) 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:** \_\_\_\_\_ **FL Cert. of Authorization #** \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Private Provider (Qualifier for the Firm): \_\_\_\_\_ Florida License # \_\_\_\_\_

(1) I 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.

(2) 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.

(3) 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. 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.

(4) The following attachments are on file with the City of Leesburg, pursuant to §553.791, Florida Statutes: a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives. b) Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to § 553.791(16), F.S.

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

**Corporation or**  **Partnership** Name of Business Entity: \_\_\_\_\_

By: \_\_\_\_\_ (signature) Print name & title: \_\_\_\_\_

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

**STATE OF FLORIDA / CITY OF \_\_\_\_\_)**

Before me, by means of [ ] physical presence or [ ] online this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known  or Produced Identification  Type of ID produced: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_ (NOTARY PUBLIC SEAL)



**PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY F.S. § 553.791(4)**

Use multiple pages if necessary.

Submit one copy with Form A.1 "Notice to Building Official", and post approved copy at job site.

Project Name & Address: \_\_\_\_\_

Private Provider Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Services: [ ] Plan Reviews and Inspections or [ ] Inspections Only

Plan Process no: \_\_\_\_\_ Permit no: \_\_\_\_\_

Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep.

FL License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep.

FL License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep. FL

License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_

Name: \_\_\_\_\_  Private Provider  Duly Authorized Rep. FL

License(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Service performed:  Plans Review  Inspections Discipline(s): \_\_\_\_\_



### LIST OF APPROVED DRAWINGS Florida Statutes §553.791(6)

**Project Information:**

Permit Application #: \_\_\_\_\_

Drawing pages approved (Page \_\_\_ of \_\_\_) Include a separate list of drawings by Item# Sheet# Rev/Delta Date

Name / Address: \_\_\_\_\_

**This Submittal:**

Scope of Work: \_\_\_\_\_

Calculations\*: \_\_\_yes \_\_\_no # of pages \_\_\_\_\_

NOA's\*: \_\_\_yes \_\_\_no \*Listed after drawing sheets attached.

**Private Provider Information:**

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

Duly Authorized Representative plans reviewer:

(Note: If utilized for the Plan Review, notarize below.)

Name: \_\_\_\_\_ License # \_\_\_\_\_

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

**STATE OF FLORIDA** )

**CITY OF:** \_\_\_\_\_ )

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging), who is [ ] personally known to me; or [ ] has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(NOTARY PUBLIC SEAL)





### PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

**Project Information:**

Permit Application Number: \_\_\_\_\_

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

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

- Stand Alone Plan
- Revision
- Additional Plan/Shop Drawing
- Phased permit

**Private Provider Information:**

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code(s) and all local amendments thereto, either by myself or by my Duly Authorized Representative\* identified below, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

**Private Provider:** \_\_\_\_\_ Discipline: \_\_\_\_\_

Name & FL License No.: \_\_\_\_\_

Use one Affidavit for each Review Discipline. Individually list all plan sheets reviewed, with dates. The submitted drawings must agree with this exactly. Attach additional pages of as needed, signed and sealed.

**Duly Authorized Representative:** \*if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans:

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF FLORIDA)**

**CITY OF \_\_\_\_\_)**

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging), who is [ ] personally known to me; or [ ] has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)

Notary Public Signature: \_\_\_\_\_  
My commission expires: \_\_\_\_\_



### Private Provider (with separate Structural Peer Reviewer)

#### PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

#### Project Information:

Permit Application Number: \_\_\_\_\_

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

Folio no.: \_\_\_\_\_ Notes: \_\_\_\_\_

Check all that apply:

- Stand Alone Plan
- Revision
- Additional Plan/Shop Drawing
- Phased permit

#### Private Provider Information:

Name of Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**I HEREBY CERTIFY** that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed and approved in full accordance with the City of Leesburg Building Division requirements for Structural Peer Review by a separate Reviewing Engineer:

Name: \_\_\_\_\_ P.E. No: \_\_\_\_\_ Firm: \_\_\_\_\_

**I HAVE VERIFIED** that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the City of Leesburg to perform a Structural Peer Review of this specific project. I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the City of Leesburg Building Division requirements for Structural Peer Review.

**I FURTHER CERTIFY** that to the best of my knowledge and belief, I (or my Duly Authorized Representative\*) have reviewed the plans submitted herewith for conformance with Rule 61G15-23.001 of the Florida Administrative Code, which sets forth the minimum standards for sealing engineering documents and the information to be included therein.

**Private Provider:** Name & FL License No.: \_\_\_\_\_

**Duly Authorized Representative:** \*if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this log exactly. Attach as many pages as needed, signed and sealed.

**STATE OF FLORIDA / CITY OF \_\_\_\_\_** Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_ day of \_\_, 20 \_\_, by \_\_\_\_ (name of person acknowledging), who is [ ] personally known to me; or [ ] has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)

Notary Public Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_



Private Provider's Company Letterhead

## INSPECTION REPORT (Sample) F.S. §553.791(10)

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. The report must be kept at the jobsite at all times, available for review by the Building Official or his/her representatives.

Permit Application no. \_\_\_\_\_ Inspection date: \_\_\_\_\_

Report no. \_\_\_\_\_ Project name: \_\_\_\_\_

Job Address: \_\_\_\_\_ Contractor: \_\_\_\_\_

Contractor's representative: \_\_\_\_\_ Contractor's representative: \_\_\_\_\_

Received this report? \_\_\_no\_\_\_yes (initial) \_\_\_\_\_

Was the permitting agency notified of this inspection? \_\_\_no\_\_\_yes

Trade: \_\_\_Structural Type (category) of inspection: \_\_\_\_\_

\_\_\_Building Sub-permit no. (if applicable) \_\_\_\_\_

\_\_\_Roofing Area(s) inspected: \_\_\_\_\_

\_\_\_Electrical \_\_\_\_\_

\_\_\_Elect Low Volt \_\_\_\_\_

\_\_\_Mechanical \_\_\_\_\_

\_\_\_Plumbing \_\_\_\_\_

Results of this inspection: \_\_\_Approved\_\_\_Partially Approved\_\_\_Rejected\_\_\_Field check only  
\_\_\_Category finalized?

Remarks:

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Actions required:

\_\_\_Call for re-inspection\_\_\_Plan revision\_\_\_RFI from design professional

Inspector: \_\_\_\_\_ License no. \_\_\_\_\_ Signature: \_\_\_\_\_



Private Provider's Company Letterhead

**INSPECTION SUMMARY (Sample) F.S. §553.791(10)**

Use this document to finalize each inspection trade, i.e.: Building, Electrical, Plumbing, etc.

(Date)

Ann Kinsey, Building Official

City of Leesburg Building Division

204 N. 5<sup>th</sup> Street, Leesburg, FL 34748

RE: Project Name: \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Inspection trade: \_\_\_\_\_

Dear Building Official, I, \_\_\_\_\_, hereby certify that all required inspections under the inspection trade captioned above have been completed and approved, as evidenced by the accompanying final reports of each inspection category within that trade. This document has been prepared in accordance with F.S. 553.791(10) and is being submitted to the City of Leesburg Building Division for the purpose of closing out the permit captioned above.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]



Private Providers Company Letterhead

**CERTIFICATE OF COMPLIANCE Sample F.S. § 553.791(11)**

**Request for CO/CC**

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Ann Kinsey Building Official  
City of Leesburg Building Division  
204 N. 5<sup>th</sup> Street, Leesburg, FL 34748

RE: Project Name: \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Dear Building Official,

I, \_\_\_\_\_, having reviewed and approved inspection reports numbers 1 to \_\_\_\_\_ (Structural); numbers 1 to \_\_\_\_\_ (Building); numbers 1 to \_\_\_\_\_ (Roofing); numbers 1 to \_\_\_\_\_ (Electrical); numbers 1 to \_\_\_\_\_ (Mechanical); and numbers 1 to \_\_\_\_\_ (Plumbing), as evidenced in the accompanying log of completed inspections, and HEREBY CERTIFY that all building components and site improvements for the project captioned above have been inspected under my authority, and,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes; and,

All required plan revisions and/or additional plans have been submitted to the City of Leesburg and have been approved; and,

The scope of work authorized under the aforementioned permit has been fully completed; therefore, I have no objection to the issuance of a Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]



Private Provider's Company Letterhead

**CERTIFICATE OF COMPLIANCE (Sample) F.S. § 553.791(11)**

**Request for TCO/TCC**

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Ann Kinsey, Building Official

City of Leesburg Building Division

204 N. 5<sup>th</sup> Street, Leesburg, FL 34748

RE: Project Name: \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Dear Building Official,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

**[EXPLAIN IN DETAIL]** [Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project.

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]



Private Provider's Company Letterhead

**AFFIDAVIT FOR PRE-POWER (Sample) F.S. § 553.791(11)**

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Ann Kinsey, Building Official  
City of Leesburg Building Division  
204 N. 5<sup>th</sup> Street, Leesburg, FL 34748

RE: Project Name: \_\_\_\_\_

Project address: \_\_\_\_\_

Permit application number: \_\_\_\_\_

Reason for Pre-Power \_\_\_\_\_

Dear Building Official,

I hereby state that fire sprinklers if applicable, have flow in case of fire.

I hereby state that all required inspections have been completed for Electrical Pre-Power.

I hereby request Pre-Power for this subject permit application number. I understand that all fees must be paid before releasing Pre-Power.

Respectfully submitted,

(Private Provider Name)  
(Florida License No.)  
[Include Seal/Signature/Date if applicable]

**STATE OF FLORIDA**

**CITY OF \_\_\_\_\_)**

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

(name of person acknowledging), who is [ ] personally known to me; or [ ] has 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 Public: \_\_\_\_\_

(Notary Seal)

My Commission Expires: \_\_\_\_\_