



GROWTH MANAGEMENT
 City Hall – 1st Floor
 205 N Marion Ave.
 Lake City, FL 32055
 386.754.2031
growthmanagement@lcfcla.com

Private Provider Requirements

Packet Submittal

All City of Lake City forms provided are to be used, no substitutions will be accepted. Except, for the letter of acceptance by private provider stating services provided to fee owner and licenses of private provider and duly authorized representatives, per Florida Statute 553.791.

Florida Statute 553.791 (15) (b) authorizes the Building Official to adopt a system of registration.

Note: The following items must be complete prior to the release of any permits.

1. Letter of acceptance from private provider stating services provided to fee owner.
2. Private Provider shall not be the designer or contractor for the project, F.S. 553.791(3)
3. Notice to Building Official signed by owner and notarized. (3 pages)
4. Copy of Private Provider’s license as a Florida Professional Engineer, a Florida Registered Architect or a Florida Building Code Administrator in accordance with F.S. 553.791(1)(i).
5. Duly authorized representative’s employment affidavit’s, signed and notarized. Also, copies of all Florida DBPR licenses of Standard Plan Examiner’s and Standard Inspector’s that are performing inspections or plan review as authorized representatives. (Full list of authorized representatives must be provided prior to permit being issued and any changes to list during construction, approved by Building Official)
6. Private provider’s list of requested building inspections, all trades.
7. Private provider notarized plan compliance affidavit, unless private provider is performing inspections only.
8. Private Provider’s certificate of insurance for general liability and professional insurance meeting State of Florida requirements with City of Lake City listed as the certificate holder, including 5 years of tail coverage for claims made policies, per F.S. 553.791(16).
9. Private provider and general contractor spot survey affidavit’s, signed and notarized.
10. Contractor must submit signed and sealed plans as required by the Florida Building Code, and each page of the plans must be stamped by the Private Provider and bear the name, license number and signature of the plans examiner who is approving, unless Private Provider is performing inspections, only.
11. Private Providers perform mistrial duties only, all discretionary authority under the Florida Building Code to approve alternate methods, materials or code interpretations is reserved by the Building Official.

Items below must be completed in a timely manner to ensure processing of request for certificate of occupancy.

- A.** All inspection reports must be filled out completely and signed by private provider or duly authorized representative, to be accepted by the City of Lake City Growth Management.
- B. Final – Private Provider Certificate of Compliance (Request for Certificate of Occupancy)** must be filled out completely, signed and notarized, and all required inspections reports signed and accounted for to be accepted by the Building Official before processing the certificate of occupancy.

Acknowledgement of Receipt of the Private Provider Procedures & Requirements

Date: _____ License Number (Architect, Engineer or Building Code Administrator): _____

Name of Private Provider Firm: _____

Name of Private Provider: _____

(SEAL)



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Memorandum

To: Private Providers, Contractors and Property Owners
From: David C. Young, CBO
Subject: Private Provider Plan Review or Inspections

Subject: Private Provider: Plans Review and Inspections

Code: Florida Statute Section 553.791

Purpose: To establish minimum guidelines and safeguards to protect property owners that choose to hire private providers to conduct plan review and/or inspections of proposed new construction of building'(s) or alteration of existing building'(s) under the procedures set by Florida Statute 553.791.

Policy: Upon receiving a complete private provider submittal packet and approved by the Building Official, applications under F.S. Section 553.791 shall be processed as outlined herein. Applicants should know that F.S. Section 553.791 requires that all needed outside agency approvals shall be delivered with the application to the Building Department before the allotted plan review time frame begins. Applicants without all outside approvals should know the plan review time frame for Building will only start after we route the application and get approval of other agencies and departments.

Permits shall be issued within thirty (30) working days of completed application, if critique comments have not been sent. Any open critique comments that do exist shall be addressed in accordance with F.S. 553.791 or no permit shall be issued. All critiques issued after the permit has been approved shall also be sent to the Owner, Designers, and Contractor, since all need an alert that no Certificates of Compliance will be accepted and no Certificate of Completion or Occupancy will be issued unless all apparent code violations or outstanding conditions are resolved.



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Procedure

1. Actions required by Private Provider:

- A. Private Provider shall not be a designer or the contractor for the project.
- B. A *Certificate of Insurance shall be provided with the complete application packet, fully in accordance with the statute (minimum \$1,000,000 Professional Liability Minimum, without deductions).

**Definition of Insurance Per F.S. 553.791, “Such insurance shall have minimum policy limits 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.” (Which includes plan review).*

If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

- C. The Notice to Building Official form completed on City of Lake City form, bearing the owner's notarized signature, shall be submitted by the applicant for the application to be deemed complete and acceptable.
- D. A Plan Compliance Affidavit attesting that all documents and plans submitted comply with the Florida Building Code and all local amendments to the Florida Building Code, if Private Provider is performing Plan Review as well as Inspections.
- E. The Notice to Building Official application form shall indicate if plan review and/or inspections are desired by Private Provider. As provided in F.S. Section 553.791, the Building Official requires inspections by Private Provider if plan review is selected by the applicant. All other standard application forms, fees and contractor qualifications shall also be required.
- F. Complete list of inspections on City of Lake City forms must be provided for application to be deemed complete.
- G. Permit shall be issued within our plan review time frame, unless unresolved critique observations indicating code violations have been sent to the applicant.
- H. Per F.S. Section 553.791(9), **Notice** of all Private Provider inspections shall be provided to Building Division staff at the email addresses listed below no later than 2:00PM on the prior working day. Results of Private Provider Inspections shall be provided on forms provided by the City of Lake City and posted on the jobsite.

David C. Young, CBO
Growth Management

Building Official
Office

youngd@lcfla.com
growthmanagement@lcfla.com



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- I. A Certificate of Compliance shall be submitted requesting a Certificate of Completion or Certificate of Occupancy, by the Private Provider once project is complete.
- J. Once a complete Certificate of Compliance/Request for Certificate of Occupancy is submitted along with all completed inspection reports a Certificate of Completion or Occupancy shall be issued, provided no prior identified code violations or appropriate conditions exist and all documentation is in order and acceptable to the Building Official.

2. Actions required of Building Division personnel:

- A. Review private provider submitted packet to verify all required documentation is complete and insurance certificates verifying all coverage is in full force.
- B. Review plans to determine proper permitting for records and fees are consistent. Verify that all pages of plans, specifications and documents are stamped by the private provider and shall include the name of the plan examiner and the DBPR license number. Send critique comments promptly to permit applicant and/or designers. Attempt to obtain Revisions and/or Alternates acceptable to the Building Official.
- C. Notify permit applicant in writing if any building code or FEMA critique comments.
- D. Any evidence of a Private Provider acting outside their area of competency shall be reported to the Building Official, for action with/against the Private Provider with Florida DBPR.
- E. After receipt of details on unresolved code issues and review of plans are completed the packet and plans will be routed to the Building Official to create a Private Provider File for the project.
- F. **In accordance with F.S. 553.791(9) The Building Official may visit the building site as often as necessary to verify that the Private Provider is performing all required inspections.** Careful job records shall be kept of inspections requests, Private Provider inspection results, and/or Inspector's observations. If City of Lake City inspector visiting the building site to pick-up the Private Provider inspection report find that jobsite conditions do not reflect what is spelled out in the report, an "audit" will be initiated. Photos shall be obtained on site by City of Lake City Inspector, and delivered to the Building Official for review when identified code violations or violations of other city ordinances are observed.
- G. Any evidence of work being covered without proper inspection or building code violations shall be reported to the Building Official for a stop work decision. In accordance with F.S. 553.791(15)(c) the Building Official is authorized to issue a stop-work order for a building project or any portion of the project, as provided by law, if the Building Official determines that a condition on the building site constitutes an immediate threat to public safety and welfare. Decision to place stop work shall trigger a request for a prompt on site meeting with all involved notified, i.e., (Owner, Contractor, Designer and Private Provider) ext.
- H. Private Provider inspection reports may be audited on a random basis on select projects and if Private Provider inspection reports do not match the stage of construction in field an audit will be initiated. Any building code violations approved by the Private Provider, shall be reported in writing to the Building Official, Private Provider, Contractor, Owner and Designer as an alert to possible residual problems at time of request for a Certificate of Completion or Occupancy. File photos shall be obtained to document the existence of building code violations not being corrected during



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construction, The Building Official in accordance with F.S. 553.791 (9), may visit the building site as often as necessary to verify that the Private Provider is performing all required inspections. An audit may be initiated if it is determined the field conditions or stage of construction do not match the Private Provider inspection reports to ensure compliance with the Florida Building Code.

- I. Any building code violations found will be documented and reported to the Florida Department of Business & Professional Regulation in accordance with F.S. 553.791(17).**
- J.** Inspections required by agencies outside the Building Division shall be arranged directly by the Private Providers or the permit holder. Any missing or needed approvals blocking the request for Certificate of Completion or Occupancy, shall be explained to the Private Provider, owner and contractor, along with written documentation provided to all parties.
- K.** Any circumstances which indicate a code violation may exist that would legally block the issuing of a Certificate of Occupancy at completion of construction, shall be reported to the Building Official as soon as conditions indicate that actions to bring code compliance are lacking, for written notification to the owner, contractor and professionals involved.
- L.** Certificate of Occupancy shall be issued when all conditions and inspections of the permit have been resolved and No Code Violations are known to exist. The Building Official shall be promptly involved by Building Division Staff should a request for a Certificate of Occupancy be received and code violations do exist.



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NOTICE TO BUILDING OFFICIAL

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

Project Name / Unit Address: _____

Property Name / Building Address: _____

Permit/Process number: _____

Project address: _____ Parcel tax ID: _____

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

Permit by Affidavit inspections only (PXA1) or Permit by Affidavit plan review and inspections (PXA2).

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

This project will be a buildout or tenant improvement in an existing structure:

Property Owner:

I, (print name) _____

(sign name) _____, the

property owner/owner authorized agent of the **property** stated above, hereby affirm that I am allowing the Private Provider firm being identified to conduct the type of services indicated above.

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally appeared _____ or Online _____, _____ 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: _____, Print Name _____

Notary public stamp: _____ My commission expires: _____

Private Provider Firm: _____

owner/authorized agent for the Firm: _____

Florida License or Registration number: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____



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Form A { Part 1 of 2 }

NOTICE TO BUILDING OFFICIAL

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

Project Name / Unit Address: _____

Property Name / Building Address: _____

Permit/Process number: _____

Project address: _____ Parcel tax ID: _____

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

Permit by Affidavit inspections only (PXA1) * Permit by Affidavit plan review and inspections (PXA2)

**Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his/her discretion, that the private provider be used for both services.*

For Tenant Improvements/Buildouts of an existing space, an additional **Form A-TI** must be provided.

I, (print name) _____ (sign name) _____,

the **project owner/owner authorized agent** of the **project** stated above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated.

Private Provider Firm: _____

Private Provider (owner/authorized agent for the Firm): _____

Florida License or Registration number: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

I have elected to use a Private Provider 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.

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, Assistant 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. 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, Zoning, Flood, Landscaping, Engineering or Broward County Environmental.



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Form A { Part 2 of 2 } Continued:

The following attachments are provided as required by Section 553.791, Florida Statutes:

1. Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
2. 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 FS Section 553.791(16).

(Please notarize using the **appropriate section** below)

Individual: By: _____ (signature) Print name: _____
 Address: _____ Telephone: _____
 STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____, personally
 appeared _____ or Online _____, _____, 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: _____, Print Name _____

Notary public stamp: _____ My commission expires: _____

Corporation: Print Corporation Name: _____

By: _____ (signature) Print name: _____ Title: _____
 Address: _____ Telephone: _____
 STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____,
 personally appeared _____ or Online _____, _____ on behalf of
 the stated corporation, who executed the foregoing instrument, and acknowledged before me that same was

executed for the purposes therein expressed. Personally known Produced Identification

Type of ID produced: _____

Signature of Notary: _____ Notary Stamp: _____

Partnership: Print Partnership Name: _____

By: _____ (signature) Print name: _____ Title: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____ Before me, this _____ day of _____, 20____,
 personally appeared _____ or Online _____, _____ partner/agent on behalf of
 the 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: _____ Notary Stamp: _____

Print Name: _____



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Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the City of Lake City’s Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b)

I _____ as the duly authorized representative for the Private Provider Firm listed below, do hereby affirm that I’m an “**employee**” as defined by F.S 448.101(2), and understand that I’m entitled to reemployment assistance benefits under Chapter 443, in accordance with F.S. 553.791 (8).

Private Provider Firm _____

Engineer, Architect, Building Code Administrator License number _____

Submit copies of all DBPR licenses for each Duly Authorized Representative.

Duly Authorized Representatives:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License number - Standard Plans Examiner _____ **Standard Inspector** _____

Trade Categories _____

Name - Duly Authorized Representative

Signature - Duly Authorized Representative

This Section To Be Completed By a Notary Public:

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, __ (year), by _____ (name of person acknowledging)

personally known to me; Online ___ or who has produced __ (type of ID) as identification and who did / did not take an oath.

Notary Public Signature: _____

My commission Expires: _____



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Private Provider Inspection Report

(Must be filled out completely, incomplete reports will not be accepted by the City of Lake City)

At the completion of each inspection the private provider shall:

- Post a copy of each completed inspection report on the Permit Card posted on site, indicating pass or fail.
- The “private provider” shall also provide the record on this form to the Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via Email; faxes are not acceptable.

These inspection records shall reflect those inspections required by the Florida Building Code– Building Regulations for each phase of construction for which permitting by the building division is required.

Permit Number: _____

Date: _____

Site Address: _____

Inspection Report Number: _____

Inspection Type: _____

Owner Name: _____

Private Provider: _____

Contractor: _____

Inspection Code: _____

Inspection Date: _____

Inspection Result:

1. Passed _____ 2. Partial Pass _____ 3. Failed _____ 4. Cancelled _____

General Contractor's Name: _____ License number: _____

Comments: _____

I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the Florida Building Code,.

By: _____
(Print Name)

License Number: _____

Certified: _____
(Signature)



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Private Provider – List of Building Inspections

(Please check all that apply)

Building Inspections

STRUC/ANCHOR BOLT	STRUC/HANDICAP ACCESSIBILITY
STRUC/AWNING	STRUC/HEADER
STRUC/BOND BEAM	STRUC/IN PROGRESS
STRUC/BUCKS	STRUC/INSULATION
STRUC/BUSINESS TAX INSPECTION	STRUC/JOIST ANCHORS
STRUC/CEILING GRID	STRUC/JOIST WELDS
STRUC/DECK	STRUC/LIFESAFETY INSPECTION
STRUC/DEMOLITION	STRUC/MASONARY REINFORCEMENT
STRUC/DOOR BUCK	STRUC/MOBILE HOME FINAL
STRUC/DRIVEWAY	STRUC/MOBILE PRE POUR
STRUC/DRYWALL SCREW	STRUC/MONUMENT SIGN FINAL
STRUC/DUMPSTER PAD	STRUC/MOP OR P&S IN PROGRESS
STRUC/EFIS WALL SYSTEM	STRUC/OUTDOOR-SIDEWALK CAFE
STRUC/ENGINEER'S REPORT	STRUC/PANELS UP SHUTTER
STRUC/EXTERIOR WALL FRAMING	STRUC/PARTIAL DEMO
STRUC/FILLED CELL	STRUC/PARTIAL FRAMING
STRUC/FINAL DEMOLITION	STRUC/PAVEMENT STRIPING
STRUC/FINAL DOOR	STRUC/POOL DECK
STRUC/FINAL FENCE	STRUC/POOL DECK STEEL
STRUC/FINAL INSPECTION	STRUC/POOL SAFETY BARRIER
STRUC/FINAL POOL	STRUC/POOL STEEL
STRUC/FINAL ROOF	STRUC/PRECAST CONCRETE
STRUC/FINAL SCREEN ENCLOSURE	STRUC/RENAILING AFFIDAVIT
STRUC/FINAL SHED	STRUC/ROOF COVERING IN PROGRES



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STRUC/FINAL SIGN	STRUC/ROOF FRAMING
STRUC/FINAL WINDOW	STRUC/ROOF SHEATHING
STRUC/FIRE PENETRATIONS	STRUC/ROOF TRUSS
STRUC/FIRESTOPPING	STRUC/SET UP & TIE DOWN
STRUC/FIREWALL	STRUC/SHAFTS
STRUC/FLAT IN PROGRESS	STRUC/SHINGLE IN PROGRESS
STRUC/FLOOR FRAMING	STRUC/SHUTTER
STRUC/FLOOR SHEATHING	STRUC/SHUTTER FASTENER
STRUC/FLOOR TRUSS	STRUC/SHUTTER PANELS
STRUC/FOOTING	STRUC/SIGN
STRUC/FOUNDATION	STRUC/SLAB REINFORCMENT
STRUC/FRAMING	STRUC/SPOT SURVEY
STRUC/GARAGE DOOR FINAL	STRUC/STEEL
STRUC/GUARDRAIL/HANDRAIL	STRUC/STEEL DECK WELDS



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	STRUC/STEEL REINFORCEMENTS
	STRUC/STEM WALL
	STRUC/STOCKING
	STRUC/STOREFRONT
	STRUC/TEMPORARY C/O
	STRUC/TENT
	STRUC/TIE BEAM
	STRUC/TIE COLUMN
	STRUC/TIE DOWN
	STRUC/TILE IN PROGRESS
	STRUC/TIN TAG ON FLAT
	STRUC/TIN TAG ON SLOPE
	STRUC/TRUSS
	STRUC/UPLIFT TEST
	STRUC/WALL FLASHING
	STRUC/WALL SHEATHING
	STRUC/WALL SIGN ROUGH
	STRUC/WATERPROOFING
	STRUC/WELDING CONNECTION
	STRUC/WINDOW & DOOR
	STRUC/WINDOW BUCKS
	STRUC/WIRE LATHE



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Private Provider – List of Building Inspections

(Please check all that apply)

Mechanical Inspections

MECH/AC STAND & CURB
MECH/BLOWER DOOR TEST
MECH/BOILER
MECH/BUSINESS TAX INSPECTION
MECH/CONDENSATE LINES
MECH/EQUIPMENT ROUGH
MECH/EXHAUST FAN ROUGH
MECH/FINAL DEMOLITION
MECH/FINAL FIRE SUPPRESSION
MECH/FINAL HOOD
MECH/FINAL INSPECTION
MECH/FIRE DAMPERS
MECH/FIRE SUPPRESSION
MECH/FUEL PIPING
MECH/FUEL TANK
MECH/GENERATOR
MECH/HEAT PUMP
MECH/HOOD FIRE SUPPRESSION
MECH/HOOD ROUGH
MECH/MOBILE HOME HOOK-UP
MECH/PARTIAL FINAL
MECH/PARTIAL ROUGH
MECH/PIPING
MECH/REFRIGERANT PIPING



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	MECH/REFRIGERATION LINE
	MECH/ROOF CURB
	MECH/ROOF STAND
	MECH/ROUGH CURB
	MECH/ROUGH DUCT
	MECH/ROUGH EQUIPMENT
	MECH/ROUGH EXHAUST FAN
	MECH/ROUGH INSPECTION
	MECH/SLAB ROUGH
	MECH/SMOKE DETECTION
	MECH/SPRAY BOOTH
	MECH/UNDERGROUND
	MECH/VENTILATION
	MECH/WALK-IN COOLER



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Private Provider – List of Building Inspections

(Please check all that apply)

Plumbing Inspections

PLBG/2ND ROUGH
PLBG/BACKFLOW INSTALLATION
PLBG/BACKFLOW RECERTIFICATION
PLBG/BUSINESS TAX INSPECTION
PLBG/FINAL DEMOLITION
PLBG/FINAL FIRE SPRINKLER
PLBG/FINAL GAS
PLBG/FINAL INSPECTION
PLBG/FINAL MEDICAL GAS
PLBG/FINAL POOL
PLBG/FIRE SPRINKLER 200# TEST
PLBG/GAS METER
PLBG/GAS PRESSURE TEST
PLBG/GREASE TRAP
PLBG/IRRIGATION
PLBG/MISC PLUMBING
PLBG/PARTIAL FINAL
PLBG/PARTIAL INSPECTION
PLBG/POOL MAIN DRAIN
PLBG/POOL PIPING
PLBG/PRESSURE TEST
PLBG/ROOF DRAIN/DOWNSPOUT
PLBG/ROUGH FIRE SPRINKLER
PLBG/ROUGH GAS
PLBG/ROUGH INSPECTION



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	PLBG/ROUGH INTERCEPTOR
	PLBG/ROUGH IRRIGATION
	PLBG/ROUGH MEDICAL GAS
	PLBG/ROUGH MEDICAL GAS (2ND)
	PLBG/ROUGH UNDERGROUND
	PLBG/SANITARY SEWER
	PLBG/SEWER
	PLBG/STORM DRAIN
	PLBG/TCO INSPECTION
	PLBG/TOP OUT
	PLBG/UNDERGROUND
	PLBG/WATER PIPING
	PLBG/WATER SERVICE



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Private Provider – List of Building Inspections

(Please check all that apply)

Electrical Inspections

ELEC/AC CHANGE OUT	ELEC/SLAB ELECTRICAL
ELEC/BOND	ELEC/SPECIAL EVENT/TENT
ELEC/BOND DECK PERIMETER	ELEC/TEMP 30 DAY POWER/TEST
ELEC/BOND POOL DECK	ELEC/TEMP SERVICE POLE
ELEC/BOND POOL STEEL	ELEC/UNDERGROUND
ELEC/BOND SCREEN ENCLOSURE	
ELEC/BUSINESS TAX INSPECTION	
ELEC/CONCRETE ENCASE ELECTRODE	
ELEC/EMPTY RACEWAY/CONDUIT	
ELEC/EQUIPOTENTIAL POOL BOND	
ELEC/FINAL DEMOLITION	
ELEC/FINAL ELECTRICAL SERVICE	
ELEC/FINAL FIRE ALARM	
ELEC/FINAL INSPECTION	
ELEC/FINAL LOW VOLTAGE	
ELEC/FINAL SMOKE DETECTORS	
ELEC/FINAL TEMP ELEC SERVICE	
ELEC/GROUNDING ELECTRODE	
ELEC/LIGHT NICHE	
ELEC/METER RELEASE	
ELEC/MOBILE HOME SERVICE	
ELEC/PANEL	
ELEC/PARTIAL INSPECTION	
ELEC/PHOTO VOLTAIC	
ELEC/POOL ALARM	



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	ELEC/POOL UNDERGROUND
	ELEC/ROUGH
	ELEC/ROUGH CEILING
	ELEC/ROUGH ELECTRICAL SERVICE
	ELEC/ROUGH FIRE ALARM
	ELEC/ROUGH LOW VOLTAGE
	ELEC/ROUGH LV ACCESS CONTROL
	ELEC/ROUGH LV ALARM
	ELEC/ROUGH LV CABLE
	ELEC/ROUGH LV DATA/PHONE
	ELEC/ROUGH LV LIGHTNING PRO
	ELEC/ROUGH TEMP ELEC SERVICE
	ELEC/ROUGH WALL



GROWTH MANAGEMENT

City Hall – 1st Floor
205 N Marion Ave.
Lake City, FL., 32055
386.752.2031
growthmanagement@lcfla.com

Private Provider – List of Building Inspections

(Please check all that apply)

Fire Inspections

	FIRE/BUSINESS TAX INSPECTION
	FIRE/FINAL ALARM
	FIRE/FINAL DEMOLITON
	FIRE/FINAL FIRE SUPPRESSION
	FIRE/FINAL INSPECTION
	FIRE/FINAL SPRINKLER
	FIRE/FLUSH TEST
	FIRE/HAZARDOUS MATERIALS
	FIRE/INSPECTION
	FIRE/LIFESAFETY INSPECTION
	FIRE/OUTDOOR-SIDEWALK CAFE
	FIRE/PARTIAL INSPECTION
	FIRE/PRESSURE TEST
	FIRE/ROUGH ALARM
	FIRE/ROUGH FIRE SUPPRESSION
	FIRE/ROUGH GAS
	FIRE/ROUGH INSPECTION
	FIRE/ROUGH SPRINKLER
	FIRE/SMOKE DETECTORS
	FIRE/STOCKING
	FIRE/UNDERGROUND (200 PSI)



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Private Provider Plan Compliance Affidavit

Private Provider Firm: _____

Private Provider: _____ License Number: _____

Project 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 pursuant to F.S. 471, 481 or 468.

Print Name: _____ Plan Page Sheets: _____

Florida License/Registration/Certification number(s) and description: _____

Signature of Reviewer: _____

This Section To Be Completed By a Notary Public:

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, __ (year), by _____ (name of person acknowledging)

personally known to me or Online __; or who has produced _ (type of ID) as identification and who did / did not take an oath.

Notary Public Signature: _____

My commission Expires: _____



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Notice to General Contractor's Private Provider Spot Survey Affidavit Property Located in a FEMA Flood Zone

Name of Owner

It is the responsibility of the General Contractor to ensure that a Spot Survey and Elevation Certificate are provided to this division in a timely manner. Per the Building Official, no inspection activity is allowed after the slab inspection has been approved until a Spot Survey and Elevation Certificate has been submitted to and approved by City of Lake City Growth Management.

General Contractor's Private Provider performing inspections must notify the City of Lake City Growth Management within 48 hours of approving the slab inspection. Notification to include date of approval.

No further construction activity is permitted until the survey and elevation certificate are approved. Upon completion of the project an Elevation Certificate or Flood Proofing Certificate and Final Survey must be submitted to this division in order to receive a final Certificate of Occupancy.

I understand that I am subject to enforcement action by the City of Lake City, if the above directives are not adhered to in the time frames specified in this affidavit. I also understand that any permit issued by the City of Lake City Growth Management pursuant to this affidavit holds the General Contractor responsible for maintaining compliance with this policy, the Florida Building Code and any FEMA Flood Proofing or Elevation Requirements.

Parcel Tax ID: _____ Permit number _____

General Contractor's Name: _____ License number: _____

Signature of Qualifier or Authorized Representative: _____

This Section To Be Completed By a Notary Public:

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, __ (year), by _____ (name of person acknowledging)

personally known to me; or who has produced _____ (type of ID) as identification and who did / did not take an oath.

Notary Public Signature: _____

My commission Expires: _____



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Private Provider Certificate of Compliance

Request for Certificate of Occupancy

Date: _____ Permit Number: _____

To: David C. Young, CBO
Building Official
City of Lake City, Florida
Growth Management

Contractor Name: _____ Owner Name: _____

Project Address: _____

In accordance with Florida Statute 553.791(11), as the Private Provider of record, we herewith provide the City of Lake City Growth Management with final disposition on the Building components inspected under our authority.

To the best of my knowledge and belief, I certify by my signature below that the building components and site improvements outlined herein and inspected under my authority have been completed in conformity with the approved plans, applicable codes and the Florida Building Code: (Indicate all that apply)

Building	Yes	No	N/A	
Roof	Yes	No	N/A	
Mechanical	Yes	No	N/A	
Electrical	Yes	No	N/A	Seal
Plumbing	Yes	No	N/A	
Gas	Yes	No	N/A	

Private Provider Name _____ License Number: _____

Private Provider Signature: _____

This Section To Be Completed By a Notary Public:

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, (year), by _____ (name of person acknowledging)

personally known to me; or Online __; or who has produced _____ (type of ID) as identification and who did / did not take an oath.

Notary Public Signature: _____

My commission Expires: _____



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