Creation of Private Provider Certificate of Compliance and Inspection Forms

Interim Report

Submitted by: Jennifer Bridge, University of Florida, June 26, 2026

The objective of this project is to develop standardized forms for the use of Private Providers pursuant to section 553.791, Florida Statute. Three forms are under development: Private Provider Inspection Form, Private Provider Certificate of Compliance Form, and the Notice to Building Official of Intent to Use Private Provider. The first two forms are to be developed with input from an advisory group (AG) that has balanced representation from building departments and private providers and includes representation from relevant industry associations.

This interim report provides an account of the progress towards meeting the objectives of this project.

Advisory Group:

An 11-member advisory group has been recruited and approved by FBC:

Name	Organization	Title	Sector
Debra Mazakas	City of Coral Springs Building Dept.	Permit Services Supervisor	Jurisdiction
Jaime Gascon	Miami Dade Board of Rules and Appeals	Board and Code Administration Division	Jurisdiction
John Freeland	City of Gainesville Building Dept.	Building Official	Jurisdiction
Ana Barbosa	Broward Board of Rules and Appeals	Administrative Director	Jurisdiction
Tony Apfelbeck	Altamonte Springs	Director of Building & Fire Safety	Jurisdiction
Ron Leiseca	Building Officials Assoc. of Florida	Legislative Committee Chair	Private Provider/ Jurisdiction
John Barley	The Barley Consulting Group, LLP	Managing Partner	Private Provider
J.F. (John) Desnoyers	Threshold Inspection Consulting Engineers	Principal Engineer/Managing Member	Private Provider
Shane Gerwig	Southeast Code Consultants	Consultant	Private Provider
Tara Randolph	Arcxis	Client Services Project Manager	Private Provider
Jack Rauch	Private Provider Assoc. of Florida	Chairman	Private Provider

Two virtual meetings have been scheduled with the group (July 8 and August 21, 2026) where the forms will be discussed.

Data Collection:

In May 2026, FBC staff posted initial drafts of the Private Provider Inspection Form and Certificate of Compliance Form for public comment. The comments received were provided to the research team at the initiation of this project and are appended to the end of this report. The input included general comments relevant to both forms, comments specific to the each form, and proposed forms either currently in use in jurisdictions or developed to comply with 553.791 Florida Statutes. Three jurisdictions provided their forms (Miami-Dade, City of Coral Springs, and the City of Miami) and six proposed forms were provided by other interested parties.

All comments were reviewed by the research team to determine which form components were generally acceptable and which would require additional deliberation. The potential components of each form were extracted to create a form development matrix for guiding AG discussion and consensus building. Guidance from Florida Statutes and other relevant context have been added as notes to some components. The matrix will be distributed to the AG prior to the initial meeting in July. Each component will be voted on by the AG for inclusion/exclusion from the forms. The matrix for each form is attached to this report.

Form Development:

Based on a review of Florida Statute 553.791, public comment, and forms currently in use in Florida jurisdictions, the UF team has created updated drafts of each form. The form drafts will provide a starting point for the AG discussion in July. The draft forms are attached to this report.

Ongoing Work:

The forms will be updated based on the consensus of the AG and the final forms will be submitted to FBC at the conclusion of this project in September 2026.

The NOTB form will also be updated to ensure compliance with FS 553.791 and submitted to FBC.

Private Provider Inspection Form Component Evaluation Matrix

Project Information					
	Require	Optional	Omit	Total	Notes
Jurisdiction					
Site Address					
Project Name					Not required to identify project
Owner					Not required to identify project
Contractor					Not required to identify project
Permit Number	x				Required to identify project
Sub-permit Number					
Indicate if in Flood Hazard Area					

Private Provider Information					
	Require	Optional	Omit	Total	Notes
Private Provider (Firm)	x				
Logo/branding					
Phone Number					553.791(4): PP registration system in each jurisdiction should include contact information of firm
Email Address					
Firm Address					
Inspector Name	x				
Inspector License Number	x				

Private Provider Inspection Form Component Evaluation Matrix, cont.

Inspection Information					
	Require	Optional	Omit	Total	Notes
Report Number					
Date	x				
Time					
Code/Category (fill in blank)					533.791(14): Inspection records must reflect those inspections required by the applicable codes of each phase of construction for which permitting by a local enforcement agency is required. Does not include fire.
Category List (see below)					
Virtual or In-person					553.791(9): inspections may be performed in person or virtually (no requirement for distinction)
Description					
Allow multiple inspections on single form					

Inspection Results				
	Include	Omit	Total	Notes
Check or Dropdown:				553.791(14): The private provider, upon completion of the required inspection, shall post each completed inspection record, indicating pass or fail...
Approve				
Pass				
Partial Approve				
Partial Pass				
Failed				
Canceled				
Not Required				
Other				
Notes				
Actions Required (see below for potential list)				

Private Provider Inspection Form Component Evaluation Matrix, cont.

Signature and Attestation					
	Require	Optional	Omit	Total	Notes
Inspector Signature	x				Required by 553.791(14): The form must bear the written or electronic signature of the private provider or the private provider's duly authorized representative.
Date signed					
Note whether Private Provide or Duly Authorized Individual					
Attestation (see below for options)					

Notes and Footer				
	Include	Omit	Total	Notes
Note: In accordance with section 553.791, Florida Statutes, the inspection form must bear the written or electronic signature of the of the private provider or the private provider's duly authorized representative				
Note: "Applicable Codes" means the Florida Building Code and any local techincal ammendments to the Florida Building Code but does not include the applicable minimum fire prevension and firesaftey codes adopted pursuant to chapter 633				
Footer: Adopted by the Florida Building Commission, Date				

Private Provider Inspection Form Component Evaluation Matrix, cont.

Trade/Inspection Type/Code				
	Include	Omit	Total	Notes
Building				FBC 110.3
Structural				Under Building in FBC 110.3
Roofing				Under Building in FBC 110.3
Electrical				FBC 110.3
Mechanical				FBC 110.3
Plumbing				FBC 110.3
Fuel Gas				FBC 110.3
Solar PV				
Other				

Actions Required				
	Include	Omit	Total	Notes
Plan Revision				
Reinspection				
RFI from AOR/EOR				
Stop Work Order				
Special Inspection				
Shop Drawing				
Other				

Private Provider Inspection Form Component Evaluation Matrix, cont.

Attestation			
	Acceptable	Not Acceptable	Notes
I hereby certify that the above-referenced inspection has been completed and is in conformance with the approved plans and the applicable codes.			This attestation may not be accurate if the inspection is not passed
I hereby certify, in accordance with section 553.791, Florida Statutes, that the inspection listed above has been performed under my authority on the permit and site identified above, and that the results stated above accurately reflect the conditions observed in the field as of the inspection date.			Removes requirement for conformance
I hereby certify, in accordance with section 553.791, Florida Statutes, that the inspection listed above has been performed by me or my duly authorized representative on the permit and site identified above, and that the results stated above accurately reflect the conditions observed in the field as of the inspection date.			Adds clarification that duly authorized representative may have carried out inspection

Private Provider Certificate of Compliance Form Evaluation Matrix

Project Information					
	Require	Optional	Omit	Total	Notes
Jurisdiction					
Site Address					
Project Name					Not required to identify project
Owner					Not required to identify project
Contractor					Not required to identify project
Permit Number					Required to identify project

Private Provider Information					
	Require	Optional	Omit	Total	Notes
Private Provider (Firm)					
Logo/branding					
Phone Number					553.791(4): PP registration system in each jurisdiction should include contact information of firm
Email Address					
Firm Address					
Inspector Name					
Inspector License Number					

Private Provider Certificate of Compliance Form Evaluation Matrix, cont.

Inspection Information/Log					
	Require	Optional	Omit	Total	Notes
No reference to specific inspections					Relies on reference to /compliance with FBC 110.3
Refer to inspections: in-line with form					553.791(14): ... upon completing the required inspections at each applicable phase of construction, the private provider shall record such inspections on a form provided by the commission. ...These inspection records must reflect those inspections required by the applicable codes of each phase of construction for which permitting by a local enforcement agency is required.
Refer to inspections: attached as log					
Refer to specific inspection categories: check box					
Refer to specific inspection categories: Results (yes, no, N/A)					
Refer to specific inspection categories: date					
Refer to specific inspection categories: inspection report numbers					

Signature					
	Require	Optional	Omit	Total	Notes
Private Provider Signature					553.791(14): The form must bear the written or electronic signature of the private provider or the private provider's duly authorized representative.
Date Signed					
Note whether Private Provide or Duly Authorized Individual					
Seal					
Notary when digitally signed					
Notary when not digitally signed					

Private Provider Certificate of Compliance Form Evaluation Matrix, cont.

Notes and Footer				
	Include	Omit	Total	Notes
In accordance with section 553.791, Florida Statues, the Certificate of Compliance may be signed by any qualified licensed individual employed full time by the private provider form under whose authority the inspection was completed.				
Adopted by the Florida Building Commission, Date				

Attestation			
	Acceptable	Not Acceptable	Source
Therefore, I HEREBY CERTIFY that all building components and site improvements for the project referenced above have been inspected under my authority; and, To the best of my knowledge, belief, and professional judgement, 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 jurisdiction referenced above and have been approved; and, The scope of work authorized under the aforementioned permit has been fully completed; and therefore, I have no objection to the issuance of a Certificate of Occupancy or Completion.			City of Coral Springs

Private Provider Certificate of Compliance Form Evaluation Matrix, cont.

Attestation, cont.			
	Acceptable	Not Acceptable	Source
As a Private Provider responsible for building code inspections in accordance with Section 553.791, Florida Statutes, I have reviewed and approved the identified inspection reports as evidenced in the accompanying log of completed inspections. Therefore, I 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 judgement, 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 jurisdiction referenced above and have been approved; and, The scope of work authorized under the aforementioned permit has been fully completed; and therefore, I have no objection to the issuance of a Certificate of Occupancy of Completion.			City of Miami
To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes. I have attached a summary of all inspections performed by me or my authorized representatives.			Coastal Code
In accordance with section 553.791, Florida Statutes pertaining to Private Provider Services, the undersigned hereby provides the final disposition to the inspections performed under our authority. To the best of my knowledge, belief, and professional judgement, the building components and site improvements inspected under our authority and attested to by licensed professionals have been completed in substantial compliance with the approved plans and applicable codes for the approve-referenced project. Attached is the inspection log and/or inspection reports supporting this Certificate of Compliance/Completion			Denise Dore

Private Provider Certificate of Compliance Form Evaluation Matrix, cont.

Attestation, cont.			
	Acceptable	Not Acceptable	Source
In accordance with section 553.791, Florida Statutes pertaining to Private Provider Services, we are providing the Building Division with the final disposition of the building inspection conducted under our authority. To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes per FBC 110.3. I respectfully request the issuance of a Certificate of Occupancy and/or Completion as applicable.			Danny Bass update to FBC initial Draft
As the private provider of record having performed and approved the required inspections, as indicated in the attached approved inspection log, I hereby attest that to the best of my knowledge, belief and professional judgment, the trade (select one): Building Electrical Mechanical Plumbing Roofing covered by the above referenced permit has been approved in accordance with the approved plans and the provisions of all applicable laws and technical codes. I also attest that all construction deviations from the original permit application, plans, and all necessary shop drawings have been filed with the building department in the form of permit revisions and in compliance with all the provisions of the law. This document is being prepared in accordance with F.S. 553.791 and is being submitted to the Building Department at the time of the final inspection for the above referenced permit.			Miami-Dade
In accordance with section 553.791, Florida Statutes pertaining to Private Provider Services, we are providing the Building Division with the final disposition of the building inspection conducted under our authority. To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.			FBC Initial Draft

Standardized Private Provider Inspection Report

Jurisdiction:	**Inspection Date:**
Permit No.:	**Sub-permit No. (if applicable):**
Site Address:	
Private Provider:	

Inspection: Building ____ Electrical ____ Mechanical ____ Plumbing ____ Roofing ____

Inspection Result:

Pass_____ Partial Pass_____ Fail_____ Cancelled_____ Not Required_____ Other_____

Inspector Comments:

I hereby certify, in accordance with section 553.791, Florida Statutes, that the inspection listed above has been performed under my authority on the permit and site identified above, and that the results stated above accurately reflect the conditions observed in the field as of the inspection date.

Inspector Name _____ **License Number** _____

Inspector Signature _____ **Date Signed** _____

Note: In accordance with section 553.791, Florida Statutes, the inspection form must bear the written or electronic signature of the of the private provider or the private provider's duly authorized representative

Standardized Private Provider Certificate of Compliance

Jurisdiction:	**Certification Date:**
Permit No.:	
Site Address:	
Private Provider:	

In accordance with section 553.791, Florida Statutes pertaining to Private Provider Services, we are providing the Building Division with the final disposition of the building inspection conducted under our authority. To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes per FBC Section 110, as issued and approved by the governing authority having jurisdiction for this project.

A log of completed and approved inspections is attached to support this Certificate of Compliance. All required plan revisions and/or additional plans have been submitted to the jurisdiction referenced above and have been approved and the scope of work authorized under the aforementioned permit has been fully completed.

Private Provider Name _____ **License Number/Seal** _____

Signature _____ **Date Signed** _____

Notary required only for non-digitally signed forms:

State of Florida, City / County of _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or

____ online notarization, this ____day of _____ 20_____ by _____,

____ personally known or by I.D. (type) _____.

_____

Signature of Notary Public – State of Florida

_____

Print, Type, or Stamp Commissioned Name of Notary Public

Note: In accordance with section 553.791, Florida Statutes, the certificate of compliance may be signed by any qualified licensed individual employed full time by the private provider from under whose authority the inspection was completed.

Private Provider Certificate of Compliance Inspection Log

Inspection Date	**Inspection Type**	**Inspector Name**	**License Number**	**Result**	**Comments** *(Optional)*