

PRIVATE PROVIDER REGISTRATION

General Information:

The use of a Private Provider is authorized under Florida Statute 553.791, "**Alternative Plans Review and Inspections.**" All Private Providers must complete this one-time registration with the City of Pompano Beach Building Department before submitting any permit applications for processing. Registration must be approved in advance to verify state licensure, insurance, and authorized representatives.

This registration does not replace permit-specific documentation. For each permit application where a Private Provider is used, the following items must still be submitted:

- **Notice to Building Official** (election to use a Private Provider, F.S. 553.791(4))
- **Plan Compliance Affidavit** (if Private Provider performs plan review)
- **Inspection Reports** (issued by the approved DAR on the approved report form)
- **Certificate of Compliance** (submitted at project completion)
- **Jobsite DAR Directory & Logbook** (maintained on site for inspection reference)

In addition, **outside agency approvals** are required before a permit will be issued. Although Private Providers may perform plans review and inspections, **submissions must still be routed** through the Building Department for review by the following agencies: **Floodplain Review, Engineering, Fire Prevention, Zoning Compliance, Landscape, and Utilities.** These reviews will be conducted electronically through the City's ePlan system, which is managed by the Building Department.

Audits

All plans and inspection reports performed by a Private Provider are subject to audit by the Building Official in accordance with F.S. 553.791. The Building Official may review plans, perform inspections, and enforce compliance at any time. Failure to comply with statutory or local requirements may result in suspension or revocation of this registration and/or the issuance of a Stop Work Order.

For questions regarding the registration process, please contact the Building Official, Michael Rada, at 954-545-7774 or by email at Michael.Rada@copbfl.com.



**CITY OF POMPANO BEACH
BUILDING DEPARTMENT**

100 W. Atlantic Blvd, 3rd Floor
Pompano Beach, FL 33060
Phone: 954-786-4669

PRIVATE PROVIDER REGISTRATION

Complete all sections of the following Registration Pages, and include any additional Required Documentation as an attachment to this form.

Section 1 – Firm Information	
Legal Firm Name:	
DBA (if any):	
Business Address:	
Phone:	
Email:	
Federal Employer ID Number (FEIN):	

Section 2 – Qualifier Information	
Name of Qualifier:	
Discipline:	<input type="checkbox"/> Architect – Florida Statutes Ch. 481 <input type="checkbox"/> Engineer – Florida Statutes Ch. 471 <input type="checkbox"/> Building Code Administrator / Inspector – Florida Statutes Ch. 468 <input type="checkbox"/> Other (specify): _____
Florida License / Registration #:	
Phone:	
Email:	
Home Address:	

Section 3 – Required Documentation	
<input type="checkbox"/>	Florida DBPR Certificate of Authorization (Firm License)
<input type="checkbox"/>	Duly Authorized Representative (DAR) Employment Affidavit & Directory
<input type="checkbox"/>	Professional Licenses – §553.791(3), §553.791(6) <ul style="list-style-type: none"> Qualifier and DARs must hold valid Florida licenses (Architects under Ch. 481, Engineers under Ch. 471, Inspectors under Ch. 468).
<input type="checkbox"/>	Certificate of Professional Liability Insurance <ul style="list-style-type: none"> Must name the City of Pompano Beach as the Certificate Holder Must meet F.S. 553.791(16) minimum limits: <ul style="list-style-type: none"> \$1M per occurrence / \$2M aggregate (projects ≤ \$5M) \$2M per occurrence / \$4M aggregate (projects > \$5M) Claims-made policies must include 5-year tail coverage



**CITY OF POMPANO BEACH
BUILDING DEPARTMENT**

100 W. Atlantic Blvd, 3rd Floor
Pompano Beach, FL 33060
Phone: 954-786-4669

PRIVATE PROVIDER REGISTRATION

Duly Authorized Representative (DAR) Employment Affidavit & Directory

I, _____ (Qualifier/Authorized Agent), hereby affirm under oath that:

1. All Duly Authorized Representatives (DARs) listed below are employees (W-2) of the Private Provider firm and entitled to reemployment assistance under Chapter 443, Florida Statutes.
2. Each DAR holds a current and valid Florida license in the trade/discipline indicated.
3. No DAR listed is serving as an independent contractor (1099) for this firm.

Signature of Qualifier/Authorized Agent: _____ Date: _____

DAR Directory (List all Duly Authorized Representatives. Attach additional pages if needed.)

DAR Name	License Number(s)	Discipline	Phone	Email
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		
		<input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing		

PRIVATE PROVIDER REGISTRATION

Attach a copy of the current Florida license for each Duly Authorized Representative listed above.

PRIVATE PROVIDER REGISTRATION STIPULATION

(Pursuant to F.S. 553.791)

In my capacity as the Qualifier or Authorized Representative of the Private Provider Firm, I hereby agree to the following conditions as part of this one-time registration with the City of Pompano Beach Building Department:

1. Plan and Document Review

- All construction documents submitted under this registration will be pre-approved by the Private Provider firm. Each page shall bear either the Qualifier's initials or the firm's stamp.
- All permits remain subject to outside agency approvals, including **Floodplain, Engineering, Fire Prevention, Zoning, Landscape, and Utilities**. Reviews are routed through the Building Department and conducted electronically in the Cities' ePlan system.

2. Inspections

- No Duly Authorized Representative (DAR) performing inspections will allow any work to begin or continue unless it complies with the approved Construction Documents.
- DARs will perform only those inspections for which they are licensed and authorized, and all inspection reports will be submitted in the approved format.

3. Revisions and Changes

- Any revisions to Construction Documents will be reviewed and approved by the Private Provider before resubmission to the Building Department.
- Updated DAR rosters will be submitted promptly when personnel changes occur.

4. Compliance and Enforcement

- The Private Provider firm and its DARs will comply with F.S. 553.791, the Florida Building Code, and all local administrative provisions.
- The Building Official retains authority to audit plans and inspections, and may take enforcement action, including suspension of this registration, for non-compliance.

5. Acknowledgment

- By signing this stipulation, the Qualifier affirms that all information provided in this registration is true and correct, and agrees to abide by these conditions for the duration of registration with the City of Pompano Beach.

PRIVATE PROVIDER REGISTRATION

PRIVATE PROVIDER REGISTRATION STIPULATION

Firm Information
Private Provider Firm:
Qualifier Name:
Florida License / Registration #:

Note: *If signing as an Authorized Representative for a Private Provider Firm, the attached Certificate of Incumbency must be completed and submitted with this Private Provider Stipulation.*

INDIVIDUAL	CORPORATION	PARTNERSHIP
_____	_____ <i>(Print Corporation Name)</i>	_____ <i>(Print Partnership Name)</i>
_____ <i>(Signature)</i>	_____ <i>(Signature)</i>	_____ <i>(Signature)</i>
_____ <i>(Name)</i>	_____ <i>(Name)</i>	_____ <i>(Name)</i>
_____ <i>(Address)</i>	_____ <i>(Address)</i>	_____ <i>(Address)</i>
_____ <i>(Telephone Number)</i>	_____ <i>(Telephone Number)</i>	_____ <i>(Telephone Number)</i>

STATE OF _____ COUNTY OF _____

<p>Before me, this ____ day of _____, 20____ personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.</p>	<p>Before me, this ____ day of _____, 20____ personally appeared _____ of _____, a _____ corporation, on behalf of the state corporation, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes therein expressed.</p>	<p>Before me, this ____ day of _____, 20____ personally appeared _____ partner/agent on behalf of _____ a partnership, who executed the foregoing instrument, acknowledged before me that same was executed for the purposes therein expressed.</p>
---	---	--

X _____
(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



PRIVATE PROVIDER REGISTRATION

**PRIVATE PROVIDER STIPULATION
CERTIFICATE OF INCUMBENCY**

The undersigned, _____, in my capacity as a
(Print Name)

Officer, Director, Manager or Partner (circle one) of _____
(Print Name of Company)

(the "Company"), a _____ corporation, limited liability company
(Print Name of State)

or partnership (circle one) and pursuant to its By-Laws, as amended, and certain validly adopted resolution(s) hereby certifies as follows:

1. _____ has been designated to serve as the Authorized Representative for the Company and given authority to act on behalf of and to bind the Company in its capacity as a Private Provider for the Project.
2. The undersigned has the power and authority to execute this Certificate on behalf of the Company and has so executed same and set the Company seal this ____ day of _____, 20____.

X _____
Signature of Officer, Director, Manager or Partner.

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by:



(Type / Print Officer, Director, Manager or Partner Name)

(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____