

PRIVATE PROVIDER REQUEST

_____ (Date)

Mr. Danny Ezzeddine
Building Department, Director
401 NW 70th Terrace
Plantation, FL 33317

Re: _____ (Project Name)

_____ (Job Address)

Plantation, FL

Permit No. _____

Dear Mr. Ezzeddine:

I/We, the undersigned, _____ am certified by the State of Florida to perform private provider services in accordance with the Florida Statute 553.79.

I/We will be performing the inspections for referenced Project/Address/Permit filed under _____ (Contractor of Record).

List of **Private Provider inspection(s) to be performed**: _____

The following items have been attached to this letter:

1. A copy of liability insurance for inspection services (the City of Plantation **must** be listed as Certificate Holder).
2. A synopsis of experience and background, showing qualifications for all named inspectors to make said inspections.
3. Copies of State Department of Business and Professional Regulation Licenses for all named inspectors.
4. Hold Harmless Letter.
5. Broward County Board of Rules and Appeals Form for Special Building Inspector.
6. Required Private Provider Forms.

Sincerely,
