



## Community Development Department

### Building Division

10770 West Oakland Park Boulevard · Sunrise, FL 33351

P: (954) 572-2354

Website: [www.SunriseFL.gov](http://www.SunriseFL.gov) · E-mail: [AskBuilding@SunriseFL.gov](mailto:AskBuilding@SunriseFL.gov)

# Alternative Plans Review and Inspection Requirements

## Florida Statute §553.791

*FLORIDA STATUTE 553.791 (15)(B) AUTHORIZES THE BUILDING OFFICIAL TO ADOPT A SYSTEM OF REGISTRATION.*

### General Information:

The use of a Private Provider is authorized by Florida Statute 553.791 under “Alternative Plans Review and Inspection”. The City of Sunrise requires that only the forms in this packet be used (**no substitutions will be accepted, unless authorized by the State of Florida Building Commission or The Broward County, Board of Rules and Appeals**) for the application process. All forms must be **fully** completed prior to the acceptance of the application for any permit.

**Note 1:** Applications for permit by a Private Provider that is performing plan review will not be accepted for private provider document review and permit processing by the Building Division until approvals and permits are issued by all outside agencies known by the Building Official per the Florida Building Code, Broward County Administrative Provisions, section 105.2.3.

**Note 2:** All Private Provider Firms must be registered with the City of Sunrise prior to the application permit submittal.

**Note 3:** If you have any questions, please contact the Building Official by email at [caugustin@sunrisefl.gov](mailto:caugustin@sunrisefl.gov) for detailed registration requirements.

The documents listed below shall be submitted electronically for evaluation by the City of Sunrise.

1. Letter of Acceptance from Private Provider stating the services provided to fee owner (Private Provider shall not be the Designer or Engineer of Record, the Duly Authorized Representative, or the Contractor for the project per FS 553.791(3)).
2. Private Provider registration.
3. Employment affidavit for Duly Authorized Representatives (DAR).
4. Private Provider Agreement.
5. DBPR Certificate of Authorization for the firm.
6. A copy of the Professional Licenses for each of the DAR personnel regulated by Florida Statutes chapter 481 (Architects), chapter 471 (engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors).
7. Certificate of professional liability insurance as required by FS 553.791(16) naming the City of Sunrise Building Division as Certificate Holder.
8. A Blank Original of the actual inspection report form to be used on the project for inspection by the DAR. Normally this would be a three or a four-part form (white on top with a yellow, pink, and blue copy).
9. Private Provider’s list of requested inspections (All trades), on a private provider letterhead, shall be signed and sealed by the Private Provider and signed by the Duly Authorized Representative (DAR), and shall be notarized.
10. Private Provider shall submit the signed and sealed construction drawings accompanied by the “Plan Compliance Affidavit” as required by FS 553.791(6).



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To be submitted with the initial permit application:

**1. Notice to Building Official.**

This is the principal document required for the official election to use a Private Provider and will specify if the Private Provider will perform the services of inspections only or whether the services will include plan reviews and inspections. This document must be accompanied by the Personnel Directory and Qualifications Statement and the certificate of insurance. (**Note:** If a Private Provider performs the plans reviews, the Private Provider shall also perform the required inspections.)

**2. Personnel Directory & Qualifications Statement.**

This document identifies all the Private Providers Duly Authorized Representatives (DAR) utilized on the specific project. It shall contain the numbers of the current licenses they hold to perform their specified type of work on the project, their contact phone number, email address, the responsibility that the DAR will have for the specific project, a Qualification Statement, and a current resume for each DAR. This form is filled out for each of the DAR's of the Private Provider. This form is for the Building Official to keep as reference. Another similar form (Private Provider Jobsite Identification Form) will be kept at the job site. Every DAR (Inspector or Plans Examiner) shall be certified by the State of Florida.

**3. Certificate of Insurance.**

This certificate is provided by the Private Provider Insurance Carrier and must be submitted with each permit application. It is also submitted at the time of the initial registration with the City of Sunrise. It must show coverage in the statutory amounts pursuant to F.S. 553.791(16) and must include the City of Sunrise Building Division as the certificate holder.

The following shall be submitted as a PREREQUISITE with the building permit application, if Private Provider performs plans review:

**4. Plan Compliance Affidavit.**

This form is required, after the Private Provider has performed the required plan reviews and has approved those plans for code compliance under the scope allowed by F.S. 553.791(6). (This form will not be required for jobs where the Private Provider is to perform Inspections only). **Note:** The Building Official may require, at his or her discretion, the private provider to be used for both services (Plans Review and Jobsite Inspections) pursuant to Section 553.791(2)(a) Florida Statute.

The following is required Jobsite documentation:

**1. Private Provider Job Site Identification Form**

This is to identify each individual Duly Authorized Representative (DAR) involved. Forms must be provided when the plans are submitted so they can be perforated/stamped and returned to the jobsite. Form(s) for each DAR shall be kept on the jobsite in a log and shall be updated and kept current by the Private Provider. Building Code Services may perform periodic jobsite visits at their discretion per FS 553.791(9). Form entries will be compared to inspections reports. Any new entries to the worksite log will need to be approved first by the Building Official. The inspection reports shall be submitted to the Building Official every two days, in accordance with FS 553.791(10) and at the final inspection. Inspection reports must only be written by those previously approved inspectors.

**2. Inspection Reports.**

The Private Provider shall submit to the Building Official for approval prior to the start of the project, a blank copy off the form that will be supplied to the DAR for recording and logging the inspections.

The inspection reports must provide:

- The date the inspection was performed.
- The permit number for the inspection.
- The job address.
- The project name.
- The Private Provider's company contact information.



- The Inspector’s name, license number, & signature.
- The inspection comments (including location/area of the inspection).
- The inspection results (Approved, Partial Approval, or Disapproved).
- The corrections required (if corrections or further action is required).

To be submitted prior to the issuance of any Certificate of Completion or Certificate of Occupancy

**1. Official Log for all Completed Inspections.**

The official log will include all inspections reports performed by each Duly Authorized Representative (DAR), and must be organized by discipline (Building, Mechanical, Electrical, Electrical Low Voltage, Plumbing, Roofing, etc.), and contain all inspection reports for inspections performed whether the inspection was approved or disapproved. The log will also include the “Private Provider Job Site Identification Form” for all inspectors and any additional closing documents that pertain to the job. Examples of closing documents: Certificate of Compliance, Compaction Reports, Soil Bearing Capacity Statement, Elevation Certificates, Termite Treatment Certificates, Welding Certificate, Insulation Certificate, Compressive Strength Reports, Surface Water Release, Test & Balance Report, Blower Door Tests, Broward County Elevator Approval, etc. In addition:

- If requesting a TCO (at the direction of the Building Official):
  - A signed and notarized letter from the qualifier of the prime contractor stating the timeframe of the TCO (up to 90 days), the outstanding items for each permitted trade, and the estimated time of completion for each outstanding item. The letter should include outstanding Planning, Engineering, and Fire items (if applicable).
  - A TCO will not be issued without the approval from all required outside agencies.
- If requesting a Certificate of Completion:
  - The final inspection report for each trade, and all outside agencies approvals per the FBC, Broward County Administrative Provisions section 111.1.
- If there are threshold or specialty inspections performed:
  - Threshold inspection reports
  - Final Threshold and building envelope Completion/Acceptance letter for the structure from the threshold Engineer.
  - Threshold Inspection Final Approval Letter from the Private Provider
  - Inspection Reports from special inspectors
  - Shoring and reshoring reports
  - Welders Certifications
  - Specialty Inspector Inspection Final Approval Letter from specialty Engineer
  - Acceptance for the Specialty Inspections Final Letter from the Private Provider
  - Affidavit for TCO/CO from private provider for each trade.

**2. Certificate of Compliance from the Private Provider.**

This form shall be provided by the Private Provider and shall be signed, sealed & dated by the Professional in Charge of the Duly Authorized Representatives (DAR) as outlined in F.F. 553.791(11). The inspections that are required to be performed per Code requirements and per Official Construction Documents shall be affirmed by the designated Professional in Charge for the Private Provider Company.

**ACKNOWLEDGMENT OF RECEIPT OF THE PRIVATE PROVIDER PROCEDURES & REQUIREMENTS**

Date: \_\_\_\_\_  
 Registration or License No. (Architect or Engineer): \_\_\_\_\_  
 Name of Private Provider Firm: \_\_\_\_\_  
 Name of Private Provider: \_\_\_\_\_



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## **Notice to Building Office to Use Private Provider**

### **Florida Statutes §553.791(4)**

**Folio No.** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_

Services to Be Provided:      **Plan Review & Inspections**                    **Inspections Only**

**Note:** If the notice applies to private plan review the Building Official will require the private provider be used for both services (plan review and inspections) pursuant to Section 553.791(2) Florida Statute.

I, \_\_\_\_\_, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

**Private Provider Firm:** \_\_\_\_\_  
**Private Provider:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Florida License, Registration or Certificate #:** \_\_\_\_\_

I have elected to use one or more private providers to provide building code plans review and/ or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 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, 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 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 553.791. Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers. I shall, within 1 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 is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.



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The following attachments are provided as required:

1. Alternate Plans Reviews and Inspections Requirements
2. Private Provider Registration.
3. Private Provider Agreement.
4. Private Provider Personnel Identification.
5. Private Provider Duly Authorized Representative (DAR) Employment Affidavit.
6. Private Provider Jobsite Directory
7. Private Provider Plan Compliance Affidavit
8. Other forms as required above.
9. All required approval from outside Agencies (Local, County, State, and Federal), as required per FBC- BCAP 105.2.3

Print Name of Corporation or Partnership: \_\_\_\_\_  
 (If applicable) By: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of individual, or on behalf of the state corporation, or a partnership) Print Name:

**Address** \_\_\_\_\_  
**Telephone Number** \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_ being personally known to me \_\_\_\_\_ OR having 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Stamp:

My Commission Expires



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## Private Provider Registration

### Florida Statute §553.791(15)(b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the City of Sunrise, Building Division.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Business Tax Receipt registration.
5. Copy of Driver's License.
6. Certificate of Insurance for General Liability, Professional Liability, and Worker's Compensation. The Certificate must name the City of Sunrise as the certificate holder, in accordance to FS 553.791(16).

<b>Private Provider Firm</b>	
<b>Name of Firm</b>	_____
<b>Business Address</b>	_____
<b>Telephone:</b>	_____
<b>Firm:</b>	_____
<b>E-mail:</b>	_____
<b>Federal Employer Identification No. (FEIN)</b>	_____

<b>Private Provider Firm (Qualifier)</b>	
<b>Name of Qualifier:</b>	<b>Signature</b>
<b>Home Address:</b>	_____
<b>Home Telephone:</b>	_____
<b>Alternate Telephone</b>	_____

State of FLORIDA )  
County of \_\_\_\_\_ )

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me \_\_\_ or having 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Notary Public: NOTARY PUBLIC STAMP BELOW                      My Commission Expires \_\_\_\_\_







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**Private Provider Employment Affidavit**  
**For Private Provider Duly Authorized Representatives (DAR)**  
 As per Florida Statutes §553.791(4)(b)

*Florida Statute 553.791(8) requires that all Duly Authorized Representative(s) are employees of the Private Provider who is/are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.*

*I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representative(s) listed below are my employee(s), as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.*

**DULY AUTHORIZED REPRESENTATIVES:**

*If more space is needed to list all DAR, have another separate "Employment Affidavit Form" signed and sealed, to list them.*

Name	State of Florida License (s) No.	Discipline	Signature	Bora Certified?	
				Yes	No

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

<b>Private Provider Company Name:</b> _____ <b>Authorized Agent for Private Provider Company (Print Name):</b> _____ <b>Authorized Agent for Private Provider Company (Title):</b> _____
--

SWORN AND SUBSCRIBED before me by \_\_\_\_\_ being personally known to me \_\_\_\_\_ OR having 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public Stamp:** \_\_\_\_\_ **My Commission Expires:** \_\_\_\_\_





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## Private Provider Job Site Directory

### Florida Statutes §553.791(4)(b)

<b>Project Name:</b>	
<b>Project Address:</b>	
<b>Permit No.:</b>	

**Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections.**

**PRIVATE PROVIDER JOB SITE DIRECTORY**

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review and/or inspections.

Private Provider or Duly Authorized Representative (DAR):				
Email:				
Telephone:		Fax:		
State of Florida Professional License(s):				
Private Provider Company:				
Private Provider / Address:				
Type of Service Provided:				
Insurance Policy:				

Private Provider or Duly Authorized Representative (DAR):				
Email:				
Telephone:		Fax:		
State of Florida Professional License(s):				
Private Provider Company:				
Private Provider / Address:				
Type of Service Provided:				
Insurance Policy:				

Private Provider or Duly Authorized Representative (DAR):				
Email:				
Telephone:		Fax:		
State of Florida Professional License(s):				
Private Provider Company:				
Private Provider / Address:				
Type of Service Provided:				
Insurance Policy:				



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Private Provider or Duly Authorized Representative (DAR):			
Email:			
Telephone:		Fax:	
State of Florida Professional License(s):			
Private Provider Company:			
Private Provider / Address:			
Type of Service Provided:			
Insurance Policy:			

Private Provider or Duly Authorized Representative (DAR):			
Email:			
Telephone:		Fax:	
State of Florida Professional License(s):			
Private Provider Company:			
Private Provider / Address:			
Type of Service Provided:			
Insurance Policy:			

Private Provider or Duly Authorized Representative (DAR):			
Email:			
Telephone:		Fax:	
State of Florida Professional License(s):			
Private Provider Company:			
Private Provider / Address:			
Type of Service Provided:			
Insurance Policy:			

Private Provider or Duly Authorized Representative (DAR):			
Email:			
Telephone:		Fax:	
State of Florida Professional License(s):			
Private Provider Company:			
Private Provider / Address:			
Type of Service Provided:			
Insurance Policy:			

**Note:** If additional space is needed additional copies of this form must be attached.



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## Private Provider Certificate of Compliance

### Florida Statutes §553.791(11)

To: Building Official for the City of Sunrise - Building Division  
10770 W. Oakland Park Boulevard  
Sunrise, FL 33351

<b>Project Name</b>	_____
<b>Project Address</b>	_____
<b>Folio No.</b>	_____
<b>Private Provider Firm</b>	_____
<b>Business Address</b>	_____ _____
<b>Telephone No.</b>	_____
<b>Fax No.</b>	_____
<b>E-mail</b>	_____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved documents, plans, revisions, As-Built plans, and all applicable adopted codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life-safety which would preclude the issuance of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Certificate of Occupancy  | <input type="checkbox"/> Temporary Certificate of Occupancy (TCO) |
| <input type="checkbox"/> Certificate of Completion | <input type="checkbox"/> Partial Certificate of Occupancy (PCO)   |

Respectfully Submitted,

**Private Provider Firm Name** \_\_\_\_\_  
**Private Provider Qualifier** \_\_\_\_\_  
**Private Provider Qualifier Name** \_\_\_\_\_  
**Private Provider Qualifier No.** \_\_\_\_\_

State of FLORIDA )  
 County of \_\_\_\_\_ )

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me \_\_\_\_\_ or having 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  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

Notary Public: NOTARY PUBLIC STAMP BELOW

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



**Private Provider Plan Compliance Affidavit**  
**Florida Statutes §553.791(6)**

**Project Name:** \_\_\_\_\_  
**Project Address:** \_\_\_\_\_  
**Folio No.:** \_\_\_\_\_  
**Application No.:** \_\_\_\_\_

Construction Documents     Revisions     Shop Drawings     Other

**If "Other" is marked, please clarify:** \_\_\_\_\_

**Master Permit No.:** \_\_\_\_\_  
**Private Provider Firm:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_  
**Fax No.:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

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

**Private Provider:** \_\_\_\_\_  
**Florida License No.:** \_\_\_\_\_

SEAL

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

**Name of person review plans (if applicable):** \_\_\_\_\_  
**Florida License/Registration/Certification numbers:** \_\_\_\_\_  
**Discipline and Plan Sheets covered by this affidavit:** \_\_\_\_\_

**Signature of Reviewer** \_\_\_\_\_  
**Date:** \_\_\_\_\_

State of FLORIDA )  
 County of \_\_\_\_\_ )

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me \_\_\_\_\_ or \_\_\_\_\_ having 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  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

Notary Public: NOTARY PUBLIC STAMP BELOW

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



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## Private Providers Performing Inspections on Building Permits

### Inspection Process:

1. Private Providers performing inspections must schedule all inspections **PRIOR** to performing them. Inspections may be scheduled online using our Customer Self-Service (CSS) Portal ([www.sunrisefl.gov/openforbusiness](http://www.sunrisefl.gov/openforbusiness)) or by calling our inspection line at (954) 572-2380.
2. Inspection results (reports) are to be uploaded to the attachments of the scheduled inspection being performed through your CSS account within two business days. Inspection reports may be accompanied by photographic evidence of the inspection performed. Exclusion of the images may trigger an additional audit of the project. **Note:** Inspections must be scheduled with the City of Sunrise prior to having access to upload inspection reports.
3. The Certificate of Compliance must be uploaded with the final inspection on the master permit.

**Note:** If a Temporary Certificate of Occupancy (TCO) is being requested, the following will be required.

- A signed and notarized letter from the qualifier of the prime contractor stating the timeframe of the TCO (up to 90 days), the outstanding items for each permitted trade, and the estimated time of completion for each outstanding item. The letter should include outstanding Planning, Engineering, and Fire items (if applicable).



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## Private Provider Flood Provisions Responsibilities

**Owner's Name:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Project Address:** \_\_\_\_\_  
**Folio No.** \_\_\_\_\_  
**Application No.** \_\_\_\_\_

It is the responsibility of the PRIVATE PROVIDER to ensure that an Under Construction Elevation Certificate is 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 AN UNDER CONSTRUCTION ELEVATION CERTIFICATE HAS BEEN SUBMITTED TO AND APPROVED BY THE CITY FLOODPLAIN MANAGER AND BUILDING OFFICIAL.

Private Provider must notify City of Sunrise, Building Division within 24 hours of approving slab inspection. Notification must include the date of approval.

No further construction activity is permitted until the Under Construction Elevation Certificate is approved by the Floodplain Manager and Building Official or his designee. Upon completion of the project a Finished Construction Elevation Certificate and Flood Proofing Certificate (If applicable) must be submitted to the Building Division in order to receive a Temporary Certificate of Occupancy (TCO), a Partial Certificate of Occupancy (PCO) or a Final Certificate of Occupancy (CO).

I understand that I am subject to enforcement action by the City of Sunrise, 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 Sunrise Building Division or any other City Agency pursuant to this affidavit, holds the private provider responsible for maintaining compliance with this policy, the Florida Building Code and any FEMA Flood Proofing, Elevation Requirements or the City of Sunrise Floodplain Regulations.

**Private Provider Firm Name:** \_\_\_\_\_  
**Private Provider Qualifier:** \_\_\_\_\_  
**Private Provider Qualifier License No.:** \_\_\_\_\_

State of FLORIDA )  
 County of \_\_\_\_\_ )

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me \_\_\_\_\_ or \_\_\_\_\_ having 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  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

Notary Public: NOTARY PUBLIC STAMP BELOW                      My Commission Expires \_\_\_\_\_