



# CITY OF DELAND

## OWNER LETTER OF AUTHORIZATION

(For Private Provider Plan Review & Inspection Services — Florida Statute §553.791)

### Project Information:

- Project Name: \_\_\_\_\_
- Project Address: \_\_\_\_\_
- Permit/Application Number (if known): \_\_\_\_\_

### Owner Information:

- Owner/Entity Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Private Provider Firm Information:

- Company Name: \_\_\_\_\_
- Florida Business License No.: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Private Provider (Qualifier) Information:

- Qualifier Name: \_\_\_\_\_
- Florida License/Registration No.: \_\_\_\_\_
- Discipline:  Building  Mechanical  Electrical  Plumbing  Structural  
 Other: \_\_\_\_\_
- Services Authorized:  Plan Review  Inspections

### Authorization Statement:

Pursuant to **Florida Statute §553.791**, I, the undersigned Owner (or authorized representative of the Owner), hereby authorize the Private Provider identified above to perform **plans review** and/or **building code inspection services** for the project described herein.

I understand and acknowledge that:

1. The Private Provider and any duly authorized representatives are **independent contractors** and **not employees or agents of the local building department**.
2. The Building Official will rely upon the inspection reports, plan review documents, and affidavits prepared by the Private Provider for determining compliance with the **Florida Building Code** and applicable laws.
3. The Owner (or Contractor) is responsible for ensuring all required notices, forms, inspection requests, and reports are properly submitted to the Building Department as required by §553.791, F.S.
4. This authorization remains valid throughout the duration of the permit unless revoked in writing by the Owner and acknowledged by the Building Official.
5. The Owner affirms that this authorization was executed voluntarily and with full knowledge of the responsibilities conferred under Florida law.

**Owner Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Notary Acknowledgment

State of Florida

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

Personally Known  Produced Identification

Type of ID Produced: \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Commission No.:** \_\_\_\_\_

**Commission Expires:** \_\_\_\_\_

120 South Florida Avenue, DeLand, FL 32720

Community Development (386) 626-7023 Planning Division (386) 626-7016 Building Division (386) 626-7007