PRIVATE PROVIDER AGREEMENT

Private Provider shall agree to work under these conditions which will result in disciplinary action by the Gadsden County Building Inspections Division if not adhered.

1. The construction documents used on a project must have prior approval from the Private Provider and each page must bear the Private Provider stamp and reviewer initials.

2. The Duly authorized representative (DAR) that performs inspections shall use the approved plans & documents. The DAR shall not allow any work to start or continue on any portion of construction that does not have preapproved (reviewed and accepted) plans & documents.

3. Revisions to construction drawings must be reviewed and approved, and may have an audit review by the plan reviewers of Gadsden County continuing on that portion of the project.

- The Gadsden County Building Inspections Division shall stop the progress on any portion/all construction of work that does not comply with the approved plans & documents.
- If the Private Provider fails to comply with the conditions noted above, and depending on the severity of the non-compliance, at the discretion of the Building Official, the Private Provider will be placed on notice and a stop work order placed on the project.

The individual that signs this agreement must be listed on the SunBiz.org Division of Corporations website http://dos.myflorida.com/sunbiz/search/ as a company authorized/registered agent.

Private Provider Company Name:

Authorized Agent for Private Provider Company (Print Name):

Authorized Agent for Private Provider Company (Title):

X ___________________________ Signature of Agent for Private Provider

STATE OF _____________________
COUNTY OF ___________________
Sworn to (or affirmed) and subscribed before me this _____ day of _____________, 20______ by:

______________________________
(Type / Print Agent Name)

(Stamp or Print Notary Seal) (NOTARY’S SIGNATURE as to Agent)

______________________________
Notary Name ____________________________
(Print, Type or Stamp Notary’s Name)

______________________________
Personally Known ______ or Produced Identification: ______

______________________________
Type of Identification Produced: ______