



City of Longwood

Building Division

Election for use of Private Provider Inspection Services

Date: _____

Pursuant to Florida Statute 553.791(2) (a), I _____, the fee owner of the property located at _____ dually authorize my contractor _____ to utilize the services of state licensed private inspection company, licensed under Florida Statute 468, 471 or 481 for the following project:

Outline Project Information:

My contractor, listed above has explained to me the applicable Florida Statute regarding the use of a private provider for inspection/ plans review services, and by signing below I understand the Florida Statute as read.

(Fee Owners Signature)

(Fee Owners Printed Name)

You will need to provide a copy of the legal document, from the Seminole County property appraisers stating that you are the actual fee owner of stated property.

STATE OF FLORIDA COUNTY OF

Sworn and subscribed to before me this day of: _____, 20_____

By _____ Notary Public, State of Florida _____ (Print, type or stamp name)

Commission No.: _____

Personally known _____ or

Produced Identification _____ Type of Identification Produced: _____