



DEPARTMENT OF PLANNING AND BUILDING  
STARKE COUNTY PLANNING COMMISSION  
53 East Mound Street, Knox, IN 46534  
Office: 574-772-9133 | plancomm75@starke.in.gov

## EXHIBIT A: OWNER'S AFFIDAVIT OF INTENT TO USE PRIVATE PROVIDER

*Required Filing per Section 2 of Ordinance No. 2026-XX and IC 36-7-2.5*

### PROPERTY & PERMIT INFORMATION

- **Permit #:** \_\_\_\_\_
- **Property Address/Location:** \_\_\_\_\_
- **Parcel ID Number:** \_\_\_\_\_

### OWNER AFFIRMATION

I, \_\_\_\_\_ (Owner Name), hereby notify the Starke County Planning and Building Department of my intent to utilize a **Qualified Private Provider** for the following services (Check all that apply):

- **Plan Review:** Full technical review of construction documents for code compliance.
- **Required Inspections:** All required field inspections for the duration of the project.

### ACKNOWLEDGMENT OF INDEPENDENCE & LIABILITY

1. **Non-Affiliation Clause:** I hereby certify that the Private Provider listed below is a third-party professional and is **not** an employee of, affiliated with, or otherwise under the control of the construction contractor or builder performing the work.
2. **Mandatory Credentials:** I affirm that the Private Provider is an Indiana Licensed Architect, Professional Engineer, or an ICC Certified Building Official.
3. **Insurance Requirement:** I have attached a Certificate of Insurance for Professional Liability (Errors & Omissions) for said provider in an amount of at least **\$1,000,000 per claim**.
4. **Release of Liability:** I acknowledge that Starke County and the Department are **immune from liability** for any acts or omissions related to reviews or inspections performed by the Private Provider.
5. **Fee Structure:** I understand that I am subject to a **\$100.00 Administrative Convenience Fee** for the processing of third-party reports and credential verification.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRAFT**