

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Permit #: _____

Project Address: _____

Private Provider Firm: _____

Qualifier Name: _____

Phone _____ Email: _____

In accordance with Florida Statute §553.791 (12), pertaining to Private Provider Inspection Service, we herewith provide _____ Building Department with final disposition on the building components inspected under our authority.

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 inspections report, and have been completed in substantial compliance with the approved documents, plans, revisions, and applicable codes.

Printed Name of Private Provider Qualifier

License No.

Signature of Private Provider Qualifier

Inspection Summary Report
Permit #:
Address: