



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Project Name / Address: _____
 Permit number: _____ Parcel ID: _____
 Private Provider Firm: _____
 Business Address: _____
 Telephone: _____ Email: _____

The private provider shall attach all inspection records and a summary of all inspections performed by the private provider with a list of all administrative approvals by the city including but not limited to soil density reports, termite treatment certificates, form board surveys, insulation certificates, blower door test results, duct leakage test results, final surveys and elevation certificates to this certificate of compliance. All government approvals shall be obtained prior to the submission of the certificate of compliance. The private provider also certifies that all phased or partially approved inspections have been completed and that all required inspections have been completed and approved.

Total Number of Private Provider Inspections: _____

I HEREBY ATTEST that to the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority, have been completed in conformance with the approved plans and the applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following, subject to approval by the City:

Certificate of Completion Certificate of Occupancy Temporary Certificate of Occupancy

Respectfully submitted, Private Provider Qualifier (Same as Registration)

Name: _____
 Florida License No.: _____
 Seal/Signature/Date : _____

SWORN AND SUBSCRIBED before me by _____, being personally known to me ____ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____
 Date : _____
 Notary Public Stamp: My Commission Expires: _____

Building Department Staff Only:

Verification of all requirements: _____
 Signature _____ Date _____