Standardized Private Provider Certificate of Compliance Form
Form # 61G20-2.005-03
Rule 61G20-2.005, F.A.C.

Jurisdiction:	
Permit No.:	**Certification Date:**
Sub-permit No(s). (*if applicable)*	
Site Address:	
Private Provider Firm:	
Private Provider Firm Address:	
Private Provider Firm Email:	
Private Provider Firm Phone Number:	

In accordance with section 553.791, Florida Statutes, pertaining to Private Provider Services, we are providing the Building Official with the final disposition of the building inspections conducted under our authority. 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, including revisions, and the applicable codes per section 110 of the Florida Building Code, as issued by the governing authority having jurisdiction for this project.

A summary of completed and approved inspections or the completed and approved inspection reports are attached to support this Certificate of Compliance.

Note: If a summary is attached, include the information outlined in the template provided with this form and list the permit number at the top of each page of the inspection summary.

Inspection Types summarized in the attachment(s):

Building _____ Electrical _____ Mechanical _____ Plumbing _____ Roofing _____ Other_____

Under penalties of perjury, I declare that I have read the foregoing Certificate of Compliance and that the facts stated in it are true to the best of my knowledge and belief.

Private Provider Name _____ **License Number**_____

Signature _____ **Date Signed** _____

Note: In accordance with section 553.791, Florida Statutes, the certificate of compliance may be signed by any qualified licensed individual employed full time by the Private Provider under whose authority the inspections were completed.

Private Provider Certificate of Compliance Inspection Summary Template

Inspection Date	**Inspection Type**	**Inspection Description**	**Inspector or Private Provider Name**	**Result**	**Comments** *(Optional)*