

**Standardized Private Provider Inspection Report Form**

**Form # 61G20-2.005-02**

**Rule 61G20-2.005, F.A.C.**

|                                                  |                         |
|--------------------------------------------------|-------------------------|
| <b>Jurisdiction:</b>                             |                         |
| <b>Permit No.:</b>                               | <b>Inspection Date:</b> |
| <b>Sub-permit No(s).</b> <i>(if applicable):</i> |                         |
| <b>Site Address:</b>                             |                         |
| <b>Private Provider Firm:</b>                    |                         |
| <b>Private Provider Firm Phone Number:</b>       |                         |

**Inspection Type:**

Building \_\_\_\_ Electrical \_\_\_\_ Mechanical \_\_\_\_ Plumbing \_\_\_\_ Roofing \_\_\_\_ Other \_\_\_\_

*Note: Multiple inspections under the identified type may be reported on this form.*

| Inspection Description | Approved | Partially<br>Approved | Failed | Cancelled |
|------------------------|----------|-----------------------|--------|-----------|
|                        |          |                       |        |           |
|                        |          |                       |        |           |
|                        |          |                       |        |           |
|                        |          |                       |        |           |
|                        |          |                       |        |           |

|                            |
|----------------------------|
| <b>Inspector Comments:</b> |
|----------------------------|

*I hereby certify, in accordance with section 553.791, Florida Statutes, that the inspections listed above have been performed on the permit and site identified above in accordance with section 110 of the Florida Building Code, and that the results stated above accurately reflect the conditions observed in the field as of the inspection date.*

**Inspector or Private**

**Provider Name** \_\_\_\_\_ **License Number** \_\_\_\_\_

**Inspector or Private**

**Provider Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Notes: In accordance with section 553.791, Florida Statutes, the inspection form must bear the written or electronic signature of the Private Provider or the Private Provider's duly authorized representative.

"Applicable Codes" means the Florida Building Code and any local technical amendments to the Florida Building Code but does not include the applicable minimum fire prevention and fire safety codes adopted pursuant to chapter 633.