

Standardized Private Provider Certificate of Compliance

Jurisdiction:	
Permit No.:	Certification Date:
Sub-permit No(s). <i>(if applicable)</i>	
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 FBC Section 110, 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 ____

Private Provider Name _____ **License Number/Seal** _____

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.

Notary required only for non-digitally signed forms:

Commented [JAB1]: Defer to FBC legal

State of Florida, City / County of _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or
____ online notarization, this ____ day of _____ 20____ by _____,
____ personally known or by I.D. (type) _____.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Private Provider Certificate of Compliance Inspection Summary Template

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