

Standardized Private Provider Inspection Report **Form**
Form # 61G20-2.005-02
Rule 61G20-2.005, F.A.C.

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

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 Approved	Failed	Cancelled

Inspector Comments:

Formatted Table

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, 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~~ 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.
Adopted by Florida Building Commission
Effective Date: xx/xx/2026