Standardized Private Provider Inspection Report

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

Inspection Type:

Building _____ Electrical _____ Mechanical _____ Plumbing _____ Roofing _____ Other_____

Inspection Description:

Inspection Result: Approved _____ Partially Approved _____ Failed _____ Cancelled _____

Inspector Comments:

I hereby certify, in accordance with section 553.791, Florida Statutes, that the inspection listed above has 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** _____

Note: 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.