



PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Private Provider: _____

Job Address: _____

Permit #s: Building: _____ Electrical: _____ Mechanical: _____

Gas: _____ Plumbing: _____ Roofing: _____

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 and the applicable codes. I have attached a summary of all inspections performed by me or my authorized representatives.

Print Name

Florida License/Registration No.

Signature

Date

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by _____

Who is personally known to me or who has produced _____

as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____ A.D., _____

Signature of Notary

Print Name of Notary

Notary Public Seal State of Florida at Large