

Private Provider Request for Certificate of Occupancy or Certificate of Completion

F.S. 553.791(1)(o) "Request for certificate of occupancy or certificate of completion" means a properly completed and executed application for:

- 1. A certificate of occupancy or certificate of completion.
- 2. A certificate of compliance from the private provider required under subsection (12).
- 3. Any applicable fees.
- 4. Any documents required by the local building official to determine that the fee owner has secured all other government approvals required by law.

F.S. 553.791 (12) Upon completion of all required inspections, the private provider shall prepare a certificate of compliance, on a form acceptable to the local building official, summarizing the inspections performed and including a written representation, under oath, that the stated inspections have been performed and that, to the best of the private provider's knowledge and belief, the building construction inspected complies with the approved plans and applicable codes. The statement required of the private provider shall be substantially in the following form and shall be signed and sealed by a private provider as established in subsection (1) or may be electronically transmitted to the local building official:

Building Official: 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.

Job Information Permit Number(s):	
Legal Address of Site:	
Owner's Mailing Address:	
Primary Contractor (Company Name):	
Contact Information	
Private Provider Name / License #:	
Private Provider Company Name:	
Private Provider Address/Phone/Email:	
Job Description	
Description of work that was inspected, include any deviati	ons from approved plans:
Design Professional Certification	
I certify that all necessary inspections have been performed outlined on the sealed construction documents.	. The construction is consistent with the plans and specifications
Print Name of Private Provider Inspector /License #	Signature of Inspector
Date	(Seal)