



## PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

PERMIT No. \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_  
CONTRACTOR NAME \_\_\_\_\_  
CONTRACTOR LICENSE \_\_\_\_\_

The following inspections have been completed and approved for the above listed permit: (Please check the box next to each inspection performed)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Under slab-<br>Electric/Plumbing/Mechanical | <input type="checkbox"/> Rough Gas/Bonding/Piping       | <input type="checkbox"/> Final Gas                   |
| <input type="checkbox"/> Footing                                     | <input type="checkbox"/> Insulation                     | <input type="checkbox"/> Final Electrical Inspection |
| <input type="checkbox"/> Slab  | <input type="checkbox"/> Window/Door Installation       | <input type="checkbox"/> Firewall/Sheetrock          |
| <input type="checkbox"/> Roof Sheathing                              | <input type="checkbox"/> Shutters                       | <input type="checkbox"/> Meter Can                   |
| <input type="checkbox"/> Wall Sheathing                              | <input type="checkbox"/> Roofing Materials/Installation | <input type="checkbox"/> Temporary Pole              |
| <input type="checkbox"/> Hurricane Tie Down System                   | <input type="checkbox"/> Tile Roofing Materials         | <input type="checkbox"/> Hood/Duct                   |
| <input type="checkbox"/> Lintel                                      | <input type="checkbox"/> Tile/Metal Roofing             | <input type="checkbox"/> Pool Rough                  |
| <input type="checkbox"/> Rough Plumbing                              | <input type="checkbox"/> Soffit Materials               | <input type="checkbox"/> Safety Final                |
| <input type="checkbox"/> Rough Electric                              | <input type="checkbox"/> Lath Corner Bead               | <input type="checkbox"/> Mobile Home                 |
| <input type="checkbox"/> Rough Framing                               | <input type="checkbox"/> Stucco Installation            | <input type="checkbox"/> Columns/Beams               |
| <input type="checkbox"/> Rough Mechanical                            | <input type="checkbox"/> Final Building Inspection      | <input type="checkbox"/> Brick Flashing              |
| <input type="checkbox"/> Other _____                                 | <input type="checkbox"/> Final Plumbing                 | <input type="checkbox"/> Irrigation                  |

Approval from all Federal, State and local agencies has been granted.

To the best of my knowledge and belief, the building components and site improvements outlined here and inspected under my authority, have been completed in conformance with the approved plans and the applicable codes.

Private Provider Name (Print) \_\_\_\_\_ Private Provider # \_\_\_\_\_

Signature \_\_\_\_\_

### Notary as to Contractor:

The forgoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_  
20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature Stamp:

Notary Signature

Known Personally \_\_\_\_\_ or Identification \_\_\_\_\_

Type of Identification \_\_\_\_\_