

**Private Provider – Certificate of Compliance**

**Request for Certificate of Occupancy/Completion**

**Date:** \_\_\_\_\_

Mr. Fred Clum  
 CBO Collier County, Building Plan Review and Inspections

**Permit #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

In accordance with Florida Statute 553.791(13), pertaining to Private Provider Inspection Services, we herewith provide Collier County Building Review with final disposition on the building components inspected under our authority.

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.

Check all that apply:

<b>Building:</b>	<b>YES</b> _____	<b>NO</b> _____	<b>N/A</b> _____
<b>Mechanical:</b>	<b>YES</b> _____	<b>NO</b> _____	<b>N/A</b> _____
<b>Electrical:</b>	<b>YES</b> _____	<b>NO</b> _____	<b>N/A</b> _____
<b>Plumbing:</b>	<b>YES</b> _____	<b>NO</b> _____	<b>N/A</b> _____
<b>Gas:</b>	<b>YES</b> _____	<b>NO</b> _____	<b>N/A</b> _____

**Private Provider Name:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Private Provider Signature:** \_\_\_\_\_  
 Digitally signed or notarized.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

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

Must Comply with Notarial

Notary