PRIVATE PROVIDER

CERTIFICATE OF COMPLIANCE

PERMIT #_____

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)

- ☐ Under slab-Electric-Plumbing-Mechanical
- ☐ Footing
- ☐ Slab
- ☐ Roof Sheathing
- ☐ Wall Sheathing
- ☐ Hurricane Tie Down System
- ☐ Lintel
- ☐ Rough Plumbing
- ☐ Rough Electric
- ☐ Rough Framing
- ☐ Rough Mechanical
- ☐ Rough Gas-Bonding-Piping
- ☐ Insulation
- ☐ Window-Door Installation
- ☐ Shutters
- ☐ Roofing Materials and Installation
- ☐ Tile Roofing Materials
- ☐ Tile-Metal Roofing
- ☐ Soffit Materials
- ☐ Lath-Corner Bead
- ☐ Stucco Installation
- ☐ Siding Installation
- ☐ Final Building Inspection
- ☐ Final Mechanical Inspection
- ☐ Final Plumbing
- ☐ Other _____
- ☐ Final Gas
- ☐ Final Electrical Inspection
- ☐ Firewall/Sheetrock
- ☐ Meter Can
- ☐ Temporary Pole
- ☐ Hood & Duct
- ☐ Pool Rough
- ☐ Safety Final
- ☐ Mobile Home
- ☐ Columns/Beams
- ☐ Brick Flashing
- ☐ 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 _____ Private Provide # _____
Please print

Signature _____

NOTARY as to Private Provider

In St. Johns County, Florida
This instrument was acknowledged before me
This _____ day of _____, 20_____

Known Personally _____
Or Identification _____

Type of Identification _____

_____
Notary Signature

Notary Public: NOTARY STAMP

My Commission expires _____