



Supplemental Materials

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Request for Certificate of Occupancy

Date: _____

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide the City of Venice Building Department with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes (check all that apply):

- 1. Building: YES _____ NO _____ N/A _____
- 2. Mechanical: YES _____ NO _____ N/A _____
- 3. Electrical: YES _____ NO _____ N/A _____
- 4. Plumbing: YES _____ NO _____ N/A _____
- 5. Gas: YES _____ NO _____ N/A _____

Private Provider Name: _____ License #: _____

Private Provider Signature

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 drivers license _____
- Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law

Notary Seal