



City of Ocala  
Growth Management Department  
201 S.E. 3<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
352-629-8421 | [www.ocalafl.org](http://www.ocalafl.org)

## PRIVATE PROVIDER CHECKLIST

\*All applications must be filled out completely and submitted to the building official\*

**Incomplete Applications will not be accepted**

### Registration and Submittal Requirements List (Submittal Packet):

Florida Statute 553.791(15)(b) authorizes local government to adopt a system of registration:

All forms listed below are required and shall be used. No substitutions will be accepted, with the exception of the following, which may be provided on company letterhead:

- Letter of Acceptance by Private Provider stating services provided to fee owner
- Resumes of Private Provider and Duly Authorized Representative(s)

## PRIVATE PROVIDER REGISTRATION

### PRIVATE PROVIDER REGISTRATION CHECKLIST

The City of Ocala requires a one-time registration with Contractor Licensing for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

*Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.*

- Private Provider Registration Form**
- Copy of State License** issued by the DBPR under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.971(i).
- Certificate of General Liability Insurance** (minimum requirements for your category) showing Certificate Holder as The City of Ocala, Growth Management Department, 201 S.OE 3<sup>rd</sup> Street 2<sup>nd</sup> Floor, Ocala, Fl. 34471
- Workmen's Compensation Insurance** showing The City of Ocala, Growth Management Department as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. **NOTE:** Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".

- Private Provider Resume and copies of all Florida DBPR licenses** under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S.468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.791(i).
- Duly Authorized Representatives Employment Affidavit**, signed and notarized, with their resumes and State Licenses issued by the DBPR for Plan Examiners and/or Inspectors that will be performing the plan review or inspections as authorized representatives.
- Copy of Driver's License** for Private Provider and Duly Authorized Employees

**\*Must be provided before permits are applied for OR during the review of permit plans\***

## PROJECT SUBMITTAL CHECKLIST

### Documents required with building permit submittal:

- Notice to Building Official signed, sealed & notarized.
- "Letter of Acceptance" on company letterhead from private provider stating services provided to fee owner.
- Private Provider List of Inspections, for all trades. *Note: All inspection reports must be filled out completely and signed by private provider or duly authorized representative, to be accepted by City of Ocala Building Department.*
- Private Provider Plan Compliance Affidavit, signed and notarized, unless private provider is only performing building inspections for project.
- Private Provider Spot Survey Affidavit, signed & notarized.
- Private Provider General Contractor Spot Survey Affidavit, signed & notarized.
- Private Provider must submit signed and sealed plans when required by the Florida
- Building Code and all required copies (sets) required per *City of Ocala Building Department* for the type of construction or project being built.

**\*Must be provided at plan submittal\***

**Document required during inspections:**

1. Private Provider Inspection Reports must be filled out completely and signed by the private provider or duly authorized representative, to be accepted by *City of Ocala Building Department*.
2. Official Log of All Completed Inspections Organized by Discipline must be filled out completely and signed by the private provider and notarized

**Document required after all inspections and before Certificate or Occupancy:**

1. Private Provider Certificate of Compliance (request for certificate of occupancy) must be filled out completely, signed and notarized, and all required inspections reports completed and signed to be accepted by the Building Official in order to process the certificate of occupancy.

**PRIVATE PROVIDER REGISTRATION**

*Florida Statutes §553.791(15) (b)*

Please submit all the following documents. Certificate of Insurance must be sent directly from your insurance company to The City of Ocala, Growth Management Department.

- 1. Copy of current Florida license for the business entity (Certificate of Authorization).
- 2. Copy of Florida licenses for all private providers.
- 3. Resume for Qualifier and all private providers.
- 4. Occupational license.
- 5. Copy of Driver’s License.
- 6. Certificate of Insurance for Professional Liability and Worker’s Compensation. The certificate **must** name the City of Ocala, Growth Management Department as the certificate holder.

**PRIVATE PROVIDER FIRM**

<b>Name of Firm:</b>			
<b>Business Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	
<b>Florida Employer Identification Number (FEIN)</b>			

**PRIVATE PROVIDER (QUALIFIER)**

<b>Name of Qualifier:</b>		<b>Signature:</b>	
<b>Home Address:</b>			
<b>Telephone:</b>		<b>Alternative Telephone:</b>	
<b>Email:</b>		<b>FEIN:</b>	

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ Before me, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.     r                     j

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_   L   J

My commission expires: \_\_\_\_\_ Seal

# NOTICE TO BUILDING OFFICIAL

For the use of Private Provider

Florida Statutes §553.791(4)

<b>Project Name:</b>		<b>Project Address:</b>	
<b>Plan number:</b>		<b>Phased Permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parcel Tax ID:</b>
<b>Parcel tax ID:</b>		<b>Services to be provided (select one):</b>	<input type="checkbox"/> Inspections Only <input type="checkbox"/> Plans Review and Inspections*

*\*Pursuant to FS Section 553.791(2): If this notice applies to private plan review only, the Building Official has the authority to require, at his or her discretion, that the private provider be used for both services.*

I, \_\_\_\_\_, the fee owner of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

<b>Private Provider Firm:</b>		<b>Private Provider (Qualifier for firm):</b>	
<b>Florida License or Registration Number:</b>		<b>Address:</b>	
<b>Telephone:</b>		<b>Email:</b>	

I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests.

By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand that the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one business day after any change, update this Notice to reflect such changes. The building plans review and/or inspection services provided by the Private Provider are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

**The following attachments are provided as required by Section 553.791, Florida Statutes:**

- Qualification statements and/or resumes of the Private Provider and all duly authorized representatives.
- Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to FS Section 553.791(16).

*(Please notarize using the appropriate section)*

<b>Individual</b> By: _____ (signature) Print name: _____		
Address: _____ Telephone: _____		
<b>STATE OF</b> _____ <b>COUNTY OF</b> _____ Before me, this ____ day of _____, 20____,		
personally appeared _____ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.		
<input type="checkbox"/> Personally known <b>or</b> <input type="checkbox"/> Produced Identification		
Type of ID produced: _____	┌	┐
Signature of Notary: _____		
Print Name: _____		
My commission expires: _____	└	┘
<b>Seal</b>		

**Corporation** Print Corporation Name: \_\_\_\_\_

By: \_\_\_\_\_ Print name: \_\_\_\_\_ Its: \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal

**Partnership** Print Corporation Name: \_\_\_\_\_

By: \_\_\_\_\_ Print name: \_\_\_\_\_ Its: \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal

**Private Provider  
PLAN COMPLIANCE AFFIDAVIT**

*Florida Statutes §553.791(6)*

<b>Project Name:</b>		<b>Project Address:</b>			
<b>Plan number:</b>		<b>Key Number:</b>		<input type="checkbox"/> Revision	<input type="checkbox"/> Shop Drawing
<b>Master Permit Number:</b>		<b>Private Provider Firm:</b>			
<b>Provider Address:</b>		<b>Provider Telephone:</b>		<b>Provider Email:</b>	

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider: \_\_\_\_\_  
 Florida License No. \_\_\_\_\_

┌ \_\_\_\_\_ ┐  
 L Seal/Signature/Date J

Name of person reviewing the plans (if applicable): \_\_\_\_\_  
 Florida License/Registration/Certification numbers: \_\_\_\_\_  
 Discipline and Plan Sheets covered by this affidavit: \_\_\_\_\_  
 Signature of reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed. ┌ \_\_\_\_\_ ┐

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ L \_\_\_\_\_ J

My commission expires: \_\_\_\_\_ Seal



**PRIVATE PROVIDER PLAN COMPLIANCE AFFIDAVIT**

*Florida Statutes §553.791(6)*

<b>Private Provider Firm:</b>			
<b>Private Provider:</b>		<b>License #:</b>	
<b>Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

<b>Reviewer Name:</b>	
<b>Plan Sheets:</b>	
<b>Florida License/Registration/ Certificate #:</b>	
<b>Description:</b>	

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.      r                                  r

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_    L    J

My commission expires: \_\_\_\_\_ Seal

# EMPLOYMENT AFFIDAVIT

**For Private Provider, Duly Authorized Representatives**

*Florida Statutes §553.791(4)*

*Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.*

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

**DULY AUTHORIZED REPRESENTATIVES:**

Print name	Florida License no(s)	Discipline	Signature

**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

Private Provider Name: \_\_\_\_\_

Florida License No. \_\_\_\_\_

\_\_\_\_\_  
Seal/Signature/Date

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known **or**  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal

## PRIVATE PROVIDER JOB SITE DIRECTORY

Florida Statute §553.791(4) requires that this form be posted at the job site for all projects involving private providers for plan review or inspections. Add additional pages as necessary.

<b>Project Name:</b>	
<b>Project Address:</b>	
<b>Permit Number:</b>	

<b>Provider or Duly Authorized Representative:</b>	
<b>Email:</b>	<b>Telephone:</b>
<b>Florida professional licenses:</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>Type of Service Performed:</b>	
<b>Insurance Policy:</b>	

<b>Provider or Duly Authorized Representative:</b>	
<b>Email:</b>	<b>Telephone:</b>
<b>Florida professional licenses:</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>Type of Service Performed:</b>	
<b>Insurance Policy:</b>	





# Private Provider Trades Inspection Report

<b>Project:</b>		<b>Date:</b>	
<b>Job Address:</b>		<b>Permit Number:</b>	
<b>Private Provider:</b>		<b>Contractor:</b>	
<b>Inspector Name:</b>		<b>License/ Registration Number</b>	

<b>MECHANICAL</b>
<input type="checkbox"/> Rough Mechanical
<input type="checkbox"/> Final Mechanical
<input type="checkbox"/> Rough Refrigeration
<input type="checkbox"/> Final Refrigeration
<input type="checkbox"/> Rough Hood
<input type="checkbox"/> Final Hood
<input type="checkbox"/> Other _____

<b>PLUMBING</b>
<input type="checkbox"/> 1 <sup>st</sup> Plumbing
<input type="checkbox"/> 2 <sup>nd</sup> Plumbing
<input type="checkbox"/> Sewer
<input type="checkbox"/> Underground Water (Commercial)
<input type="checkbox"/> Underground Storm (Commercial)
<input type="checkbox"/> Underground Sewer (Commercial)
<input type="checkbox"/> Tub/Shower
<input type="checkbox"/> Set Final Plumbing
<input type="checkbox"/> Other _____

<b>ELECTRICAL</b>
<input type="checkbox"/> T-Pole
<input type="checkbox"/> Underground
<input type="checkbox"/> Bond <input type="checkbox"/> Building <input type="checkbox"/> Pool
<input type="checkbox"/> Rough-in
<input type="checkbox"/> Above Ceiling
<input type="checkbox"/> Pre-Power
<input type="checkbox"/> Final Electrical
<input type="checkbox"/> Other _____

<b>GAS</b>
<input type="checkbox"/> Underground <input type="checkbox"/> LPG <input type="checkbox"/> Natural
<input type="checkbox"/> Pressure Test <input type="checkbox"/> LPG <input type="checkbox"/> Natural
<input type="checkbox"/> Rough-in <input type="checkbox"/> LPG <input type="checkbox"/> Natural
<input type="checkbox"/> Rough Medical Gas
<input type="checkbox"/> Final Medical Gas
<input type="checkbox"/> Final <input type="checkbox"/> LPG <input type="checkbox"/> Natural
<input type="checkbox"/> Other _____

I hereby certify that to the best of my knowledge and belief, the above listed inspections were performed as indicated and the work was reviewed for compliance with the approved plans, and all applicable building codes.

**APPROVED**  
**REJECTED**

\_\_\_\_\_  
Signature of Inspector/or Duly Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## OFFICIAL LOG OF ALL COMPLETED INSPECTIONS ORGANIZED BY DISCIPLINE

<b>Permit Number:</b>		<b>Date:</b>	
<b>Project Name:</b>		<b>Job Address:</b>	
<b>Private Provider:</b>			
<b>Private Provider Address:</b>			
<b>Private Provider Phone:</b>		<b>Private Provider Email:</b>	
<b>FL License/ Registration or Certificate Number:</b>			

### **Inspection Summary**

Check the box next to each selection to indicate that the inspections listed were completed and approved.

### **Building**

**Foundation inspection:** To be made after trenches are excavated and forms erected. It shall, at a minimum, include the following building components:

- stem-wall
- monolithic slab-on-grade
- piling/pile caps
- footers/grade beams

**Slab inspection:** To be made after the reinforcement is in place, all concealed conduit, piping, ducts, and vents are installed and the electrical, plumbing, and mechanical work is complete. Slab shall not be pouted until all required inspections have been made and passed.

- A foundation survey prepared and certified by a registered surveyor shall be required for all new construction prior to approval of the framing inspection. The survey shall certify placement of the building on the site, illustrate all surrounding setback dimensions and shall be available at the job site for review by the building inspector. In lieu of providing a survey, the contractor may elect to uncover all property line markers and string-up all property lines in preparation for inspection.
- Flood Elevation: A copy of the certificate of elevation or a survey prepared and certified by a registered architect, engineer or surveyor that establishes the lowest floor shall be available for review at the job site before approval of the framing inspection for all new construction built in an "A" or "V" flood zone.

**Framing inspections:** To be made after the roof, all framing, fire blocking, and bracing is in place, all concealing wiring, all pipes, chimneys, ducts and vents are complete and shall at a minimum include the following building components:

- window/door framing installation
- vertical cells/columns
- lintel/tie beams
- framing/trusses/bracing/connectors
- draft stopping/fire-blocking
- curtain wall framing
- energy insulation
- accessibility

**Tie Beam inspection:** To be made after the masonry walls are complete and the reinforcement is in place.

**Sheathing inspection:** To be made either as part of a dry-in inspection or done separately at the request of the contractor after all roof and wall sheathing and fasteners are complete and shall at a minimum include the following building components:

- roof sheathing
- wall sheathing
- sheathing fasteners
- roof/wall/dry-in

**Roofing inspection:** Shall at a minimum include the following building components:

- dry-in
- insulation
- roof coverings
- flashing

**Insulation Inspection:** To be made after the framing inspection is approved and the insulation is in place.

**Final Inspection:** To be made after the building is completed and ready for occupancy.

**Swimming pool inspections:**

- First inspection to be made after excavation and installation or reinforcing steel, bonding and main drain and prior to placing of concrete.
- Final inspection to be made when the swimming pool is complete and all required enclosure requirements are in place.
- In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the requirements relating to the pool safety features as described in Section 424.2.17, Florida Building Code.



### **Demolition inspections:**

- First inspection to be made after all utility connections have been disconnected and secured in such a manner that no unsafe or unsanitary conditions shall exist during or after demolition operations.
- Final inspection to be made after all demolition work is completed.

### **Electrical**

- Underground inspection: To be made after trenches or ditches are excavated, conduit or cable installed, and before any backfill is put in place
- Rough-in inspection: To be made after the roof, framing, fire-blocking and bracing is in place prior to the installation of wall or ceiling membranes.
- Final inspection: To be made after the building is complete, all required electrical fixtures are in place and properly, connected or protected, and the structure is ready for occupancy.

### **Plumbing**

- Underground inspections: To be made after trenches or ditches are excavated, piping installed, and before any backfill is put in place
- Rough-in inspection to be made after the roof, framing, fire-blocking and bracing is in place and all soil, waste and vent piping is complete, and prior to the installation of wall or ceiling membranes.
- Final inspection: To be made after the building is complete, all required plumbing fixtures are in place and properly connected or protected, and the structure is ready for occupancy.

### **Mechanical**

- Underground inspections: To be after trenches or ditches are excavated, underground duct and fuel piping, and before any backfill is put in place.
- Rough-in inspection: To be made after the roof, framing, fire-blocking and bracing is in place and ducting and other concealed components, and prior to the installation of wall or ceiling membranes.
- Final inspection: To be made after the building is complete, the mechanical system is in place and properly connected, and the structure is ready for occupancy.

**Gas**

Rough piping inspection: To be made after all new piping authorized by the permit has been installed, and before any such piping has been covered or concealed or any fixtures or gas appliances have been connected.

Final piping inspection: To be made after all piping authorized by the permit has been installed and after all portions which are to be concealed by plastering or otherwise have been so concealed, and before any fixtures or gas appliances have been connected. This inspection shall include a pressure test.

Final inspections: To be made on all new gas work authorized by the permit and such portions of existing systems as may be affected by new work or any changes, to insure compliance with the requirements of this code and to assure that the installation and construction of the gas system is in accordance with reviewed plans.

**Inspection Report**

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above referenced project were reviewed according to, and are in compliance with, the Florida Building Code and all local amendments thereto, either by myself or by the affiant identified below, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider: \_\_\_\_\_  
Florida License No. \_\_\_\_\_

\_\_\_\_\_  
Seal/Signature/Date

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged  
before me that same was executed for the purposes therein expressed. \_\_\_\_\_  
 Personally known or  Produced Identification  
Type of ID produced: \_\_\_\_\_  
Signature of Notary: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
My commission expires: \_\_\_\_\_ Seal

## PRIVATE PROVIDER CERTIFICATE OF INSPECTION(S)/COMPLIANCE

Upon completion of all required inspections the “private provider” shall prepare a “Certificate of Inspection(s)/Compliance”, summarizing all required inspections (see 110 Building code for minimal required inspections) performed and including a written representation, under oath, that the stated inspections have been performed and that the building construction inspected complies with the approved plans and applicable codes.

**The required The City of Ocala, Growth Management Department “Private Provider Certificate of Inspection(s)/Compliance” form must be hand delivered, mailed, or electronically delivered via email; faxes are not acceptable.**

<b>Permit Number:</b>		<b>Date:</b>	
<b>Job Address:</b>		<b>Owner Name:</b>	
<b>Private Provider:</b>			
<b>Contractor:</b>			

To the best of my knowledge and belief, as a private provider, as authorized in s. 553.791, Florida Statutes; The building components and site improvements outlined here-in and inspected under my authority have been completed in conformance with the approved plans and applicable codes and standards, as well as all related permit documents. In the event of a conflict between codes and documents, the more restrictive have applied. I further certify that the structure, electrical, gas, mechanical and plumbing systems (as applicable) have been erected in accordance with requirements of the technical codes, and that if required the Certificates of Elevation has been submitted in timely matter and approved. I affirm that I am qualified under FS s. 553.791 to provide building inspection services as authorized by s. 553.791, Florida Statutes. It is understood that the undersigned hereby accepts the responsibility for performing all of the required inspections identified in this document. I certify that ALL inspections were performed (and passed) as detailed in Section 110 of the Florida Building Code, the permit card, and as prescribed by the local authority having jurisdiction.

**Building Code Administrator/Architect/Engineer, Inspector as recognized s 553.791 FS:**

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PRINTED NAME (SIGNATURE OF Building Code Administrator/Architect / Engineer)

Building Code Administrator/Architect / Engineer, Inspector

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Seal

**Private Provider**  
**CERTIFICATE OF COMPLIANCE**  
 (Request for Certificate of Occupancy)

Florida Statutes §553.791(11)

Building Official  
 City of Ocala

<b>Project Name:</b>		<b>Job Address:</b>	
<b>Plan number:</b>		<b>Key Number:</b>	
<b>Private Provider Firm:</b>		<b>Private Provider Address:</b>	
<b>Private Provider Telephone:</b>		<b>Private Provider Email:</b>	

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgement, the building components and site improvement captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved plans and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and Professional judgement, there are no known issues relating to life, Safety which would preclude the issuance of the following:

- Certificate of Occupancy      Certificate of Completion  
 Temporary Certificate of Occupancy      Temporary Certificate of Completion

\_\_\_\_\_  
 Seal/Signature/Date

Private Provider Name: \_\_\_\_\_

Florida License No. \_\_\_\_\_

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known or  Produced Identification

Type of ID produced: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal