Planning & Development

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION

City of Tampa Permit No.: _____

Project Address: _____

Private Provider Firm: _____ Qualifier Name: _____

Phone: _____ Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the inspections report, and have been completed in substantial compliance with the approved documents, plans, revisions, and applicable codes; and, I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, 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 (TCO)
☐ Partial Certificate of Occupancy (PCO)

_____ _____ _____

Printed Name of Private Provider Qualifier | License No. | Signature of Private Provider Qualifier

NOTARY

STATE OF FLORIDA
COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this_____day of_____,

20____, by_____(name of person making statement).

_____
Signature of Notary Public – State of Florida

(NOTARY SEAL)

_____
Printed or Typed Name of Notary Public

1400 North Boulevard Tampa, FL 33607
(813) 274-3100