



Development & Growth Management

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:

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Temporary Certificate of Occupancy (TCO) |
| <input type="checkbox"/> Certificate of Completion | <input type="checkbox"/> Temporary Use Authorization (TUA) |
| <input type="checkbox"/> 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).

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public