



Private Provider
Certificate of Compliance

Updated 6/9/2023

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

Temporary Certificate of Occupancy (TCO)

Certificate of Completion

Temporary Use Authorization (TUA)

Partial Certificate of Occupancy (PCO)

Printed Name of Private Provider Qualifier

License No.

Signature of Private Provider Qualifier

STATE OF FLORIDA

AFFIX
NOTARY
SEAL

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by
means of physical presence or online notarization,
this ____ day of _____,

by _____
(Name of person making statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____