



Private Provider Certificate of Compliance
Request for Certificate of Completion for TRADE (BTR) PERMITS

PROJECT INFORMATION

City of Tampa Record ID (Permit) Number: _____

Project Address: _____

Inspection Date: _____

PRIVATE PROVIDER

Name of Firm: _____

Name of Inspector: _____ Inspector License Number: _____

Office Phone: _____ Cell Phone: _____

Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components captioned above have been inspected under my authority, as indicated in the inspections report, and have been completed in substantial compliance with 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 a CERTIFICATE OF COMPLETION

Printed or Typed 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 by means of [] physical presence or [] online notarization, this ___ day of
_____, 20___ by _____ (name of person making statement).

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public

(NOTARY SEAL)

Personally known OR produced identification

Type of Identification Produced: _____