

*Supplemental Materials*

# PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

## Request for Certificate of Occupancy

Date: \_\_\_\_\_

Mr. Jonathan Walsh P.E.  
CBO Collier County, Building Review  
Naples, Florida 34104

Permit #: \_\_\_\_\_

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

In accordance with Florida Statute 553.791, section 10 pertaining to Private Provider Inspection Services, we herewith provide Collier County Building Review with final disposition on the Building components inspected under our authority.

*I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes (check all that apply):*

- |                |           |          |           |
|----------------|-----------|----------|-----------|
| 1. Building:   | YES _____ | NO _____ | N/A _____ |
| 2. Mechanical: | YES _____ | NO _____ | N/A _____ |
| 3. Electrical: | YES _____ | NO _____ | N/A _____ |
| 4. Plumbing:   | YES _____ | NO _____ | N/A _____ |
| 5. Gas:        | YES _____ | NO _____ | N/A _____ |

Private Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_\_  
Private Provider Signature

### NOTARY

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_,

who executed the foregoing instrument, and acknowledged that same was executed for the purposes

therein expressed. He/she is \_\_\_\_\_ personally known or \_\_\_\_\_ procured Identification. Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Seal