



# PRIVATE PROVIDER INSPECTION COMPLETION AFFIDAVIT 2010 FLORIDA BUILDING CODE

## Job Information

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

Job Site Address: \_\_\_\_\_

Legal Address of Site: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Contractor (Company Name): \_\_\_\_\_

## Contact Information

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

Private Provider Company Name: \_\_\_\_\_

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

Phone/Fax/E-mail: \_\_\_\_\_

## Job Description

Description of work that was inspected, include any deviations from approved plans: \_\_\_\_\_

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## Private Inspector Final Certification

I certify that all necessary inspections have been performed. The construction is consistent with the plans and specifications outlined on the construction documents.

\_\_\_\_\_  
Print Name of Private / License #

\_\_\_\_\_  
Signature of Design Professional

\_\_\_\_\_  
Date

(Seal)