

## Private Provider Statement of Inspection

Private Provider Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certification request type:    CO        TCO        Permit Final

Project Name: \_\_\_\_\_

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

Master Permit No: \_\_\_\_\_ Subject permit No: \_\_\_\_\_

Description: \_\_\_\_\_

I, \_\_\_\_\_ representing Private Provider firm,  
\_\_\_\_\_ do hereby certify that I have reviewed, and  
approved inspection reports performed by qualified and licensed inspectors as indicated in the  
attached inspections log. I also certify that inspectors representing Private Provider firm,  
\_\_\_\_\_ have performed and approved all the required  
inspections for permit number \_\_\_\_\_. Furthermore, I attest that, to the best of my  
knowledge and professional judgment, the work covered by the aforementioned permit has been  
approved in accordance with the approved plans and the provisions of all the applicable codes,  
laws, and ordinances. I also attest that all the shop drawings and any changes from the originally  
approved plans have been filed as revisions with the City of Miami Beach Building Department in  
compliance with provisions of law.

This certification is being prepared in accordance with Florida Statute 553.791 and is being  
submitted to the City of Miami Beach Building Department for the above referenced permit.

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



Signature/Seal

License number: \_\_\_\_\_