



PASCO COUNTY
 BUILDING INSPECTION DIVISION
 PRIVATE PROVIDER INSPECTION REPORT

Please check the appropriate box below:

- In-progress inspection
- Request for Certificate of Completion
- Request for Temporary Power Release
- Request for Certificate of Occupancy

Permit Number: _____ Inspection Date: ___/___/_____
 Building Address: _____
 Parcel Number: _____
 Private Provider Firm: _____
 Private Provider Name: _____ Lic./Reg. Num: _____
 Duly Authorized Rep's Name: _____ License Num: _____

Indicate current inspection performed below. If other than first inspection in each category, verify that all previous applicable inspections have been successfully performed, either by this provider or by the records maintained on the jobsite. Reported currently-performed inspection is invalid without verification of all previously performed successful inspections

<p>Verified/Performed</p> <p style="text-align: center;">BUILDING INSPECTIONS</p> <p><input type="checkbox"/> <input type="checkbox"/> Foundation Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Slab Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Tie Beam/Lintel Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Sheathing Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Roof Dry-in, Flashing Insp.</p> <p><input type="checkbox"/> <input type="checkbox"/> Frame Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Rough Insulation Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Insulation Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Roof</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection</p> <p style="text-align: center;">ELECTRICAL INSPECTIONS</p> <p><input type="checkbox"/> <input type="checkbox"/> Underground/Ufer Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Rough-In Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection</p>	<p>Verified/Performed</p> <p style="text-align: center;">PLUMBING INSPECTIONS</p> <p><input type="checkbox"/> <input type="checkbox"/> PVC Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Rough-In Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Top out Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Water</p> <p><input type="checkbox"/> <input type="checkbox"/> Sewer</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection</p> <p style="text-align: center;">MECHANICAL INSPECTIONS</p> <p><input type="checkbox"/> <input type="checkbox"/> Rough-In Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection</p> <p style="text-align: center;">GAS INSPECTION</p> <p><input type="checkbox"/> <input type="checkbox"/> Rough Inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection</p> <p style="text-align: center;">OTHER:</p> <p><input type="checkbox"/> <input type="checkbox"/> _____</p>
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IF THIS IS AN IN-PROGRESS INSPECTION: I certify that the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes:

Signature of Private Provider or Duly Authorized Representative _____

APPLICATION FOR TEMPORARY POWER AND/OR CERTIFICATE OF OCCUPANCY;
PLEASE COMPLETE THE STATEMENT BELOW:

I hereby certify the building components and site improvements outlined herein and inspected by my authority have been completed in conformance with the approved plans and applicable codes. I have attached a summary of all inspections performed by myself or my authorized representatives

Printed Name of Private Provider

Florida License/Registration Number

Signature and Seal

Date

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by _____

Who is personally known to me or who has produced _____

As identification and who did / did not take an oath.
(circle one)

WITNESS my hand and official seal this _____ day of _____, 20_____

Signature of Notary

Printed Name of Notary

(Place Notary Seal In Space Above)