



## Private Provider Inspection Report

*(Must be filled out completely, incomplete reports will not be accepted by the City of Boca Raton)*

### ***At the completion of each inspection the private provider shall:***

- Post a copy of each completed inspection report on the Permit Card posted on site, indicating pass or fail.
- The “private provider” shall also provide the record on this form to the Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via Email; faxes are not acceptable.

*These inspection records shall reflect those inspections required by the Florida Building Code and all local amendments per Chapter 19 of the City of Boca Raton – Building Regulations for each phase of construction for which permitting by the building division is required.*

Permit Number \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_

Inspection Report Number \_\_\_\_\_ Inspection Type \_\_\_\_\_

Owner Name \_\_\_\_\_

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

Contractor \_\_\_\_\_

Inspection Code \_\_\_\_\_ Inspection Date \_\_\_\_\_

### ***Inspection Result:***

1. Passed \_\_\_\_\_ 2. Partial Pass \_\_\_\_\_ 3. Failed \_\_\_\_\_ 4. Cancelled \_\_\_\_\_

Comments: \_\_\_\_\_

***I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the Florida Building Code, including all local amendments per Chapter 19 of the Building Regulations of the City of Boca Raton.***

By: \_\_\_\_\_ License Number \_\_\_\_\_

(Print Name)

Certified \_\_\_\_\_

(Signature)