



## Private Provider Certificate of Compliance

### *Request for Certificate of Occupancy*

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

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

To: Michael DiNorscio, Chief Building Official  
City of Boca Raton, Florida Development  
Services - Building Division

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

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

In accordance with Florida Statute 553.791(11), as the Private Provider of record, we herewith provide the City of Boca Raton Building Department with final disposition on the Building components inspected under our authority.

*To the best of my knowledge and belief, I certify by my signature below that the building components and site improvements outlined herein and inspected under my authority have been completed in conformity with the approved plans, applicable codes and the Florida Building Code: **(Indicate all that apply)***

Building	Yes	No	N/A	
Mechanical	Yes	No	N/A	
Electrical	Yes	No	N/A	Seal
Plumbing	Yes	No	N/A	
Gas	Yes	No	N/A	

Private Provider Name \_\_\_\_\_ License Number \_\_\_\_\_

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

### **This Section To Be Completed By a Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, Check One: Personally Known to Me \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_