

Private Provider
CERTIFICATE OF COMPLIANCE
(Request for Certificate of Occupancy)

Florida Statutes §553.791(11)

Building Official
Bal Harbour Village,
Building Department
655 96th Street
Bal Harbour, FL 33154

Project Name / Address: _____

Permit number: _____ Folio number: _____

Private Provider Firm: _____

Business Address: _____

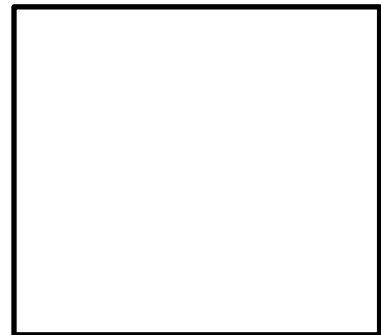
Telephone: _____ Fax: _____ Email: _____

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the accompanying log of completed inspections, and have been completed in substantial compliance with the approved plans and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

- Certificate of Occupancy Temporary Certificate of Occupancy
- Certificate of Completion Temporary Certificate of Completion

Respectfully submitted,



Private Provider Name: _____

Seal/Signature/Date

Florida License No. _____

SWORN AND SUBSCRIBED before me by _____, being personally known to me or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP HERE

My Commission Expires: _____