



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

Florida Statutes §553.791(11)

To the Building Official for City of Orlando Permitting Services Division
400 S. Orange Avenue, Orlando, FL 32801

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 documents, plans, revisions, As-Built 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 (TCO)
Certificate of Completion
Partial Certificate of Occupancy (PCO)

Respectfully submitted, Private Provider Qualifier
Name:
Florida License Number:

Seal/Signature/Date

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 Stamp: My Commission Expires: