



**Gadsden County**

Building Inspections Division  
1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353  
Phone: (850)875-8665 Fax: (850)875-7280

**Private Provider  
Certificate of Compliance**

**PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE**  
(Request for Certificate of Occupancy)  
Florida Statutes §553.791(11)

To the Building Official for Gadsden County, Building Inspections Division;  
1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353

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 all applicable adopted 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 Firm: \_\_\_\_\_  
 Private Provider Qualifier: \_\_\_\_\_  
 Private Provider Qualifier Name: \_\_\_\_\_  
 Private Provider Qualifier License Number: \_\_\_\_\_



**X** \_\_\_\_\_  
Signature of Private Provider

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:



\_\_\_\_\_  
(Type / Print Property Private Privder)

\_\_\_\_\_  
(NOTARY'S SIGNATURE as to Private Provider)

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)  
Personally Known \_\_\_\_ or Produced Identification \_\_\_\_

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



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\_\_\_\_\_, 20\_\_\_\_\_ by:



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**(NOTARY'S SIGNATURE as to Private Provider)**

Notary Name \_\_\_\_\_

(Print, Type or Stamp Notary's Name)

Personally Known \_\_\_\_ or Produced Identification \_\_\_\_\_

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