



**Town of North Redington Beach**  
 17985 Gulf Boulevard, Ste 201  
 Redington Shores, FL 33708  
 727.202.6825 Phone  
 727.258.4986 Fax  
<http://safebuilt.com/locations/florida-gulf-coast-office>

**PRIVATE PROVIDE CERTIFICATE  
 OF COMPLIANCE**

**REQUEST FOR CERTIFICATE OF OCCUPANCY**

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



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

Building Official  
 Town of North Redington Beach Building Department

Permit #: \_\_\_\_\_

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

In accordance with Florida Statute 553.791, Section 11 pertaining to Private Provider Inspection Services, we herewith provide The Town of North Redington Beach with final disposition on the Building components inspected under our authority.

*I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes: (Circle all that apply)*

|            |     |    |     |
|------------|-----|----|-----|
| Building   | YES | NO | N/A |
| Mechanical | YES | NO | N/A |
| Electrical | YES | NO | N/A |
| Plumbing   | YES | NO | N/A |
| Gas        | YES | NO | N/A |

Private Provider Name \_\_\_\_\_ License # \_\_\_\_\_

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 I.D. \_\_\_\_\_

TYPE OF ID PRODUCED \_\_\_\_\_

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_