



**City of Belleair Bluffs**

727.202.6825 Phone  
727.258.4986 Fax  
belleairbluffs@safebuilt.com  
<http://safebuilt.com/locations/florida-gulf-coast-office>

**PRIVATE PROVIDE CERTIFICATE  
OF COMPLIANCE**

**REQUEST FOR CERTIFICATE OF OCCUPANCY**

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



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

Building Official  
City of Belleair Bluffs Building Department

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

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

In accordance with Florida Statute 553.791, Section 11 pertaining to Private Provider Inspection Services, we herewith provide the City of Belleair Bluffs 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: \_\_\_\_\_