Village of Wellington Building Department
PRIVATE PROVIDER CERTIFICATE OF INSPECTION(s)/COMPLIANCE
(Required Village form)

Effective 9/1/2011

Upon completion of all required inspections the "private provider" shall prepare a "Certificate of Inspection(s)/Compliance" summarizing all required inspections (see 105 Building code for minimal required inspections) performed and including a written representation, under oath, that the stated inspections have been performed and that the building construction inspected complies with the approved plans and applicable codes.

The required Village of Wellington "Private Provider Certificate of Inspection(s)/Compliance" form must be hand delivered, mailed, or electronically delivered via Email; faxes are not acceptable.

Permit #_____ **Date**_____

Site Address_____

Site RE #: _____

Owner Name_____

Private Provider_____

Contractor_____

TO: Village of Wellington Building Department,_____(DESIGNATE OFFICE)

To the best of my knowledge and belief, as a private provider, as authorized in s. 553.791, Florida Statutes; The building components and site improvements outlined here-in and inspected under my authority have been completed in conformance with the approved plans and applicable codes and standards, as well as all related permit documents. In the event of a conflict between codes and documents, the more restrictive have applied. I further certify that the structure, electrical, gas, mechanical and plumbing systems (as applicable) have been erected in accordance with requirements of the technical codes. I affirm that I am qualified under FS s. 553.791 to provide building inspection services as authorized by s 553.791, Florida Statutes. It is understood that the undersigned hereby accepts the responsibility for performing all of the required inspections identified in this document. I certify that ALL inspections were performed (and passed) as detailed in Section 105 of the Florida Building Code, the permit card, and as prescribed by the local authority having jurisdiction.

INSPECTION TYPE	DATE	INSPECTION TYPE	DATE
If more inspection entries please duplicate this form and continue list.			

Architect / Engineer, Inspector as recognized s 553.791 FS:

_____ _____

PRINTED NAME OF Architect / Engineer, Inspector) (SIGNATURE OF Architect / Engineer)

(DATE) _____ (PHONE #:) _____