



Town of Jupiter Building Department
210 Military Trail
Jupiter, Florida 33458
(561) 741-2286

Private Provider Certificate of Compliance

Permit Number: _____

Property Address: _____

Contractor Name: _____ Owner Name: _____

In accordance with Florida Statute 553.791(13), as the Private Provider of record, we herewith provide the Town of Jupiter Building Department with final disposition on the building components inspected under our authority.

To the best of my knowledge and belief, I certify by my signature below that the building components and site improvements outlined herein and inspected under my authority have been completed in conformity with the approved plans, applicable codes and the Florida Building Code: (Indicate all that apply and list sub-permit numbers for trades)

Permit #

Building	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Mechanical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Plumbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	_____
Other: _____				_____

Private Provider Name

License Number

Private Provider Signature

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF FLORIDA, 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, IF APPLICABLE _____

SIGN: _____

PRINT: _____

PUBLIC SEAL