



City of Coral Gables
Development Services Department

CERTIFICATE OF COMPLIANCE
PRIVATE PROVIDER

Form E
Florida Statutes §553.791

Manuel Z. Lopez, P.E.
Building Official
City of Coral Gables
Development Services Department
427 Biltmore Way
Coral Gables, Florida 33134

Project Name / Address: _____

Plan 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 plans and applicable 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:

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Temporary Certificate of Occupancy |
| <input type="checkbox"/> Certificate of Completion | <input type="checkbox"/> Temporary Certificate of Completion |

