



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: _____

Permit 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:

- | | |
|--|--|
| ☐ Certificate of Occupancy | ☐ Temporary Certificate of Occupancy |
| ☐ Certificate of Completion | ☐ Temporary Certificate of Completion |

Respectfully submitted,

Private Provider Name: _____

Florida License No.: _____

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Seal/Signature/Date

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SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 _____, personally appeared _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____

Notary Public Stamp:

My Commission Expires: