

City of Coral Gables Development Services Department

CERTIFICATE OF COMPLIANCE PRIVATE PROVIDER

Form E
Florida Statutes §553.791(11)
(Request for Certificate of Occupancy)

Manuel Z. Lopez, P.E. Building Official City of Coral Gables Development Services Department 405 Biltmore Way, 3rd Floor Coral Gables, Florida 33134

Project Name / Address:			
Plan number:		Folio number:	
Private Provider Firm:			
Business Address:			
Telephone:	Fax:	Email:	
building components and authority, as indicated in	d site improvements cap in the accompanying lo	wledge, belief and professio tioned above have been ins g of completed inspections oved plans and applicable cod	spected under my s, and have been
	•	vledge, belief and professions ould preclude the issuance of	
☐ Certificate of Occupand☐ Certificate of Completi		nporary Certificate of Occupa	•

Respectfully submitted,			
Private Provider Name:			
Florida License No.:			
	Γ	٦	
Seal/Signature/Date		,	
	L	J	
SWODN AND SUBSCRIPED before me this	day of	20	
SWORN AND SUBSCRIBED before me, this _	day of being personally	being personally known to me () or	
personally appearedhaving produced as identification	, comg personan	, and who being fully	
having produced as identificationsworn and cautioned, states that the foregoing is true and belief.	e and correct to the best	of his/her knowledge	
Signature of Notary:			
Print Name:			
Notary Public Stamp:	My Commission Expires:		