

MIAMI-DADE COUNTY

STANDARDIZED PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Instructions: Submit one certificate of compliance separately for each permit.

Date Issued:						
Private Provider Firm:						
Name of Private Provider:				Lic. No.:		
Phone No.:	Email: _					
Company Address:						
City:			Stat	te: Zip:		
Contractor Company Nam	e:			Owne	r Builder: 🗌	
Qualifier Name:			Qualifier Phone	No.:		
Project Name/Description:						
Site Address:						
Master Permit No.:		Sub	sidiary Permit No).:		
Attestation statement:						
As the private provider of in the attached approved in professional judgment,	• .	-		•		
the trade (select one):	Building	Electrical	Mechanical	Plumbing	Roofing	
covered by the above refe the provisions of all applic the original permit applica department in the form of document is being prepare Dade County Building Dep	able laws and tech tion, plans, and all permit revisions ar ed in accordance w	nical codes. I necessary sh id in compliar vith F.S. 553.7	also attest that a op drawings have nce with all the pro (91 (12) and is be	all construction de been filed with to ovisions of the law ing submitted to	viations from he building w. This the Miami-	
Private Provider's Name:			License No.:			
Signature: (Wet signature and seal or digitally sarchitect or engineer, notary for build STATE OF Compared to the control of the contr	ding code administrator)					
Sworn to (or affirmed) and รเ Name of Notary Public:	ubscribed before me	this da	ay of, 20 Signature of Notary	0, by /:		
Name of Notary Public: Personally known to me or P	roduced identificatio	n (type)		(NO	TARY SEAL)	