PRIVATE PROVIDER
INSPECTIONS/CERTIFICATE OF COMPLIANCE

Documentation and steps required for inspections

☐ **Inspections Checklist** - Prior to performing any required inspections, the Private Provider shall serve notice to the Building Official by scheduling an inspection in the Accela system (FS 553.791(9).

☐ Inspection Reports - The inspection reports must include specific criteria. Refer to Checklist for specific information.

Documentation and steps required for Issuance of Certificate of Occupancy or Certificate of Completion (applicable only if Private Provider performed inspections)

☐ **Certificate of Compliance** must be submitted as outlined in FS 553.791(13). This document is notarized, signed, and sealed by the professional in charge of the Duly Authorized Representative (DAR) to affirm that all required inspections were performed as per Code and the approved construction drawings.

☐ Submit summary document of all completed inspections performed by each Duly Authorized Representative (DAR), organized by discipline (building, mechanical, electrical, plumbing, etc.) and contain all inspection reports and results (approved, partially approved, or disapproved). A comprehensive Final Inspection Report must be uploaded directly into the Accela permit record.

☐ Submit Engineering Site Inspections approval performed by Pasco County Engineering Inspections Staff *Please note this only pertains to commercial and model centers

Important note:

- All applicable fire safety inspections must be performed by Pasco County staff and approved/final.
- All applicable site inspections must be performed by Pasco County staff and approved/final.
- All applicable fees must be paid.
- Any ancillary documents and/or government approvals applicable to the scope of work must be uploaded into the Accela permit record and available on-site (i.e., Commercial Pool Operating Permit, Termite Certificate, Blower Door Test).

FEES

Fees for qualified Private Provider projects will reflect a reduction from the standard building permit fees based upon the services performed by a Private Provider (plan review, inspections or both). The fee reduction will be calculated after the application has been filed and accepted by Pasco County as a Private Provider project.

If you have any questions, please call (727) 847 - 8126.

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INSPECTION REPORT
CHECKLIST

The DAR inspection reports must provide, at a minimum, space for the following information, and when completed will state:

- ☐ Pasco County permit number
- ☐ Job address (including suite/unit number if applicable)
- ☐ Date inspection was performed
- ☐ Private Provider's company contact information
- ☐ Inspector's name, license number, and signature
- ☐ Inspection comments (what the inspection result was based on, and the location/area that the inspection was for), the inspection results (Approved, Partial Approval, Failed, Not Applicable), the corrections required, with code citations (if corrections or further action is required).
- ☐ A copy of all periodic inspection reports must be uploaded directly into the Accela permit record and available on-site.

The following must be completed:

- ☐ All required Florida Building Code inspections through the Accela System.
- ☐ "Electrical Power Release" and upload the document indicating that Private Provider has inspected the electrical system and approved the release.
- ☐ All required Florida Building Code inspections once completed-Upload the Private Provider Final Certificate of Compliance document to the Accela Record.

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PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION

Pasco County Permit No.:_____

Project Address:_____

Private Provider Firm:_____

Qualifier Name:_____

Phone:_____ 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 inspections report, and have been completed in substantial compliance with the approved documents, plans, revisions, 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 (Residential) ☐ Certificate of Occupancy (Commercial)

☐ Certificate of Completion

_____ _____

Printed Name of Private Provider Qualifier License No.

_____

Signature of Private Provider Qualifier

STATE OF FLORIDA
COUNTY OF PASCO

Stamp and Seal

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ , by _____ who is personally known to me or who has produced _____as identification.

Notary Signature: _____

Name Printed:_____

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