



# HERNANDO COUNTY BUILDING DIVISION

PERMITTING ♦ CONTRACTOR LICENSING

789 PROVIDENCE BOULEVARD ♦ BROOKSVILLE, FLORIDA 34601 ♦ www.HernandoCounty.us

PHONE 352.754.4050 ♦ FAX PERMITTING 352.754.4416 ♦ FAX CONTRACTOR LICENSING 352.754.4159

Form E

## Private Provider

# CERTIFICATE OF COMPLIANCE

Florida Statutes §553.791(11)

(Request for Certificate of Occupancy)

Mr. Dennis O'Keefe  
Building Official  
Hernando County Building Division  
789 Providence Blvd.  
Brooksville, Florida 34601

Project Name / Address: \_\_\_\_\_

Plan number: \_\_\_\_\_ Key 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

┌ \_\_\_\_\_ ┐  
Seal/Signature/Date └ \_\_\_\_\_ ┘

Respectfully submitted,

Private Provider Name: \_\_\_\_\_

Florida License No. \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, 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

Date

Notary Public: NOTARY PUBLIC STAMP HERE

My Commission Expires: \_\_\_\_\_