



## HERNANDO COUNTY BUILDING DIVISION

PERMITTING ◆ CONTRACTOR LICENSING

789 PROVIDENCE BOULEVARD ◆ BROOKSVILLE, FLORIDA 34601 ◆ [www.HernandoCounty.us](http://www.HernandoCounty.us)

PHONE 352.754.4050 ◆ FAX PERMITTING 352.754.4416 ◆ FAX CONTRACTOR LICENSING 352.754.4159

# Private Provider Inspection Report

Project: \_\_\_\_\_

Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Private Provider Firm: \_\_\_\_\_

Contractor: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Lic/Reg No.: \_\_\_\_\_

### BUILDING INSPECTIONS

Inspection Type

Footer

Slab

Lintel/Tie Beam

Sheathing

In-progress

Partial Framing (Commercial Only)

Framing

Insulation

Firewall 1<sup>st</sup> Layer

2<sup>nd</sup> Layer

**APPROVED**

Final Building

Pool Rough-in

Pool Steel

Pool Deck

Other \_\_\_\_\_

**REJECTED**

Other \_\_\_\_\_

Inspection Comments:

I hereby certify that to the best of my knowledge and belief the above listed inspections were performed as indicated, and the work was reviewed for compliance with the approved plans and all applicable building codes.

\_\_\_\_\_  
Signature of Inspector or Duly Authorized Representative

\_\_\_\_\_  
Date and Time of Inspection



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# Private Provider Trades Inspection Report

Project: \_\_\_\_\_ Date: \_\_\_\_\_

Job Address: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Private Provider Firm: \_\_\_\_\_ Contractor: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ Lic/Reg No.: \_\_\_\_\_

### MECHANICAL

Rough Mechanical  
Final Mechanical  
Rough Refrigeration  
Final Refrigeration  
Rough Hood  
Final Hood  
Other \_\_\_\_\_

### PLUMBING

1<sup>st</sup> Plumbing  
2<sup>nd</sup> Plumbing  
Sewer  
Underground Water (Commercial)  
Underground Storm (Commercial)  
Underground Sewer (Commercial)  
Tub/Shower Set  
Final Plumbing  
Other \_\_\_\_\_

### ELECTRICAL

T-Pole  
Underground  
Bond Building Pool  
Rough-in  
Above Ceiling  
Pre-Power  
Final Electrical  
Other \_\_\_\_\_

### GAS

Underground	LPG	Natural
Pressure Test	LPG	Natural
Rough-in	LPG	Natural
Rough Medical Gas		
Final Medical Gas		
Final	LPG	Natural
Other		

Inspection Comments:

I hereby certify that to the best of my knowledge and belief, the above listed inspections were performed as indicated and the work was reviewed for compliance with the approved plans, and all applicable building codes.

**APPROVED**

**REJECTED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Signature of Inspector/or Duly Authorized Representative