



Private Provider Inspection Report

October 2018

One Fourth Street North
St. Petersburg, FL 33701
(727) 893-7231

Project: _____ Date: _____

Job Address: _____ Permit No.: _____

Private Provider Firm: _____ Contractor: _____

Inspector's Name: _____ Lic/Reg No.: _____

BUILDING INSPECTIONS

| <u>Done</u> | <u>Inspection Type</u> |
|-------------|--|
| | 0096 Roof Final |
| | 0112 Footer |
| | 0115 Foundation |
| | 0120 Slab |
| | 0124 Vertical Steel |
| | 0125 Lintel/Tie Beam |
| | 0128 Sheathing |
| | 0129 Lathe |
| | 0130 Partial Framing (Commercial Only) |
| | 0131 Floor Framing |
| | 0135 Framing |
| | 0137 Firewall |
| | 0140 Insulation |
| | 0144 Rated Drywall |
| | 0149 Pool Rough-In |
| | 0150 Pool Steel |
| | 0196 Building Final |

INSPECTION RESULT:

APPROVED

REJECTED

Date: _____

Time: _____

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