



CITY OF PORT ST. LUCIE BUILDING DEPARTMENT PRIVATE PROVIDER INSPECTION COMPLETION REPORT



Permit Number: _____

Project Name: _____

Project Address: _____

Name of the Private Provider or Duly Authorized Representative: _____

License type: _____

License #: _____

List the types of inspections performed (must be consistent with the required inspections noted in the FBC Section 110).

1. _____

11. _____

2. _____

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To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.

Signature _____

Date _____

Florida License # (PE, AR, BU or BN): _____

Office Use Only

Date Received: _____

Reviewer's Initials: _____

