



# BUILDING INSPECTION DIVISION PRIVATE PROVIDER INSPECTION RESULTS REPORT

JOB ADDRESS: \_\_\_\_\_ PERMIT # \_\_\_\_\_

**PLEASE SELECT THE APPROPRIATE BOX BELOW:**

- IN-PROGRESS INSPECTION                       EARLY POWER RELEASE
- CERTIFICATE OF OCCUPANCY                       CERTIFICATE OF COMPLETION

Project Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

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

Inspection Type(s) \_\_\_\_\_

Inspection Date \_\_\_\_\_

Inspection Result:

<b>Passed</b>	<b>Failed</b>	<b>Incomplete</b>	<b>Cancelled</b>
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Inspection Comments:

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

\_\_\_\_\_  
Signature of Private Provider or Duly Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***This form must be submitted in person or facsimile within two (2) business days of the completed inspection.***