

(Private Provider's Letterhead)

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. Each report must be numbered and signed legibly by the Private Provider or his/her Duly Authorized Representative. The report must be kept at the job site at all times, available for review by the Building Official or his/her representatives.

INSPECTION REPORT

Form C.1

F.S. §553.791(11) Rev. 01-03-2022

Master permit no. _____ Inspection date: _____ Report no. _____

Project name: _____ Job address: _____

Contractor: _____ Contractor's representative: _____

Was the permitting agency notified of this inspection? ___ No ___ Yes

Trade: ___ Structural

___ Building

___ Roofing

___ Electrical

___ Elect Low Voltage

___ Mechanical

___ Plumbing

Type (category) of inspection: _____

Sub-permit no. (if applicable) _____

Area(s) inspected: _____

Results of this inspection: ___ Approved

___ Approved partially

___ Rejected

___ Field check only

___ Category finalized?

Remarks: _____

Actions required:

___ Call for re-inspection

___ Plan revision

___ RFI from design professional

Inspector: _____ License no. _____ Signature: _____