



Madani, Mo

From: Suzanne Turner <sturner@ctsolutionsfl.com>
Sent: Sunday, May 3, 2026 11:03 AM
To: Madani, Mo
Subject: Comments - Private Provider Proposed Forms Based on 2026 Legislative Session (HB 803)
Attachments: Proposed Private Provider Inspection Form-Fillable.pdf; Private Provider Certificate of Compliance Form-Fillable.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Good Morning Mo,

Thank you for the opportunity to weigh in on the proposed forms.

COC

1. Add a date to the form (date signed)
2. Use Contractor name on both forms consistently (instead of Applicant on the COC and Contractor on the Inspection form)
3. Include check boxes for ease of use.
4. Remove "Summary of inspections performed:" or change to "Comments:" to allow for notes to be added if needed.
5. Add "Print Name" for clarity of who is signing.
6. Offer an option of Notarized signature (when submitting manually - as when systems are down) and a Digital Signature (no notary needed when forms are emailed or submitted electronically).
7. Add footer text to show this is the Adopted Form and the Effective Date.

Inspection Form

1. Keep Permit No. And Site Address near top for quick identification
2. Refer to the address as "Site" Address on both documents for consistency
3. Move Inspection Date near Inspection Code to keep inspection information together
4. Change "Inspection Code" to Inspection "Type" as required in FBC 110.3
5. Use check boxes for the Inspection Results to keep it quick and easy
6. Add footer text to show this is the Adopted Form and the Effective Date

For both forms: please provide MS Word and form-fillable PDF versions for both forms.

Whatever forms are decided on - I volunteer to help with formatting and/or transition to form-fillable options. I've attached two PDF form-fillable versions for your review. I have the editable MS Word docs as well if you would like them for this endeavor. I have over 25 years of experience creating and editing forms and am happy to offer my abilities to help with this.

Private Provider Inspection Form

| | |
|-------------------|-----------------------|
| Permit No: | Inspection Report No: |
| Site Address: | Owner: |
| Contractor: | |
| Private Provider: | |

| | |
|------------------|------------------|
| Inspection Date: | Inspection Type: |
| Description: | |

Inspection Result:

Passed Partial Pass Failed Canceled Not Required

Comments: _____

I hereby certify that the above-referenced inspection has been completed and is in conformance with the approved plans and the applicable codes.

By: _____ License No: _____

Signature: _____ Date: _____

Note: In accordance with section 553.791, Florida Statutes, the inspection form must bear the written or electronic signature of the private provider or the private provider's duly authorized representative.

Private Provider Certificate of Compliance

| | |
|------------------|---------------|
| Permit No: | Project Name: |
| Project Address: | |
| Contractor Name: | |

In accordance with section 553.791, Florida Statutes pertaining to Private Provider Services, we are providing the Building Division with the final disposition of the building inspection conducted under our authority. 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 the applicable codes for:

- | | | | |
|---------------|------------------------------|-----------------------------|------------------------------|
| 1. Building | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Mechanical | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Electrical | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Plumbing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Gas | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

| | |
|----------------------------------|----------|
| Summary of Inspections/Comments: | |
| Private Provider Signature: | Date: |
| Print Name: | License: |

Attestation and Notary (if not digitally signed):

State of Florida, City of _____, County of _____ Before me,
 this _____ day of _____, personally appeared _____,

Who executed the foregoing instrument and acknowledged that same was executed for the purposes therein expressed. Personally Known or Produced Identification in the type of _____.

Notary Public Signature: _____ My Commission Expires: _____

[Stamp]

Note: In accordance with section 553.791, Florida Statutes, the certificate of compliance may be signed by any qualified licensed individual employed full-time by the private provider from under whose authority the inspection was completed.