Madani, Mo

From: danny@dbcservices.us
Sent: Tuesday, May 12, 2026 12:20 PM
To: Madani, Mo
Subject: Proposed forms for compliance with HB803 and F.S.553.791
Attachments: Proposed_Private_Provider_Inspection_form (1).pdf; Proposed_Private_Provider_certificate_of_compliance.pdf

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Good afternoon, Mr. Madani,
Please find attached the proposed forms, which have been updated to ensure compliance with the Florida Building Code, HB803, and F.S.553.791. I have modified the original forms as necessary to meet these requirements.

Danny Bass
DBC Services
3369 CR 528
Sumterville FL. 33585
352-267-7945
danny@dbcservices.us

DBC SERVICES
Alternative Plan Review and Inspections

Private Provider Inspection Form

Permit #: _____
Inspection Date: _____
Site Address: _____
Private Provider:_____

Inspection(S) Per FBC 110.3: _____

Description of required inspections per FBC 110.3:_____
_____

Inspection Result:

Passed ____ Partial Pass ____ Failed Canceled ____
____

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 #: _____
(Print Name)

Signature: _____ Date: _____

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

"Applicable codes" means the Florida Building Code and any local technical amendments to the Florida Building Code but does not include the applicable minimum fire prevention and firesafety codes adopted pursuant to chapter 633.

Private Provider Certificate of Compliance

Project Name: _____

Project Address: _____

Permit No: _____

In accordance with section 553.791 (15), *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 per FBC 110.

I respectfully request the issuance of a certificate of occupancy and/or completion as applicable.

SUMMARY OF INSPECTIONS:

1. **Building:** Yes: No:
2. **Mechanical:** Yes: No:
3. **Electrical:** Yes: No:
4. **Plumbing:** Yes: No:
5. **Gas:** Yes: No:

Private Provider Signature: _____

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.