

Madani, Mo

From: Ascunce, Sergio (RER) <Sergio.Ascunce@miamidade.gov>
Sent: Friday, May 1, 2026 2:35 PM
To: Madani, Mo
Cc: Rojas, Edward A. (RER); Gascon, Jaime (RER)
Subject: State Standardized Private Provider Forms
Attachments: Standardized Private Provider Inspection Report.pdf; Standardized Private Provider Certificate of Compliance.pdf

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Good afternoon, Mo,

I hope this email finds you well. I have reviewed the proposed standardized private provider forms to be provided by the commission and wish to offer examples of the forms we have developed for the same purposes. Our forms are fillable and unlocked for your use and have a generic look. Through evolution we have created our forms to be acceptable to most private provider firms, who have completed them electronically. Our forms offer additional choice and statuses not covered by the commission's proposal. Please consider our forms as examples of what the commission can release. Should you need further assistance please feel free to contact me.

Best regards,

Sergio T. Ascunce, **Deputy Building Official**
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Miami-Dade County Department of Regulatory and Economic Resources
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STANDARDIZED PRIVATE PROVIDER INSPECTION REPORT

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contractor Company Name: _____ Owner Builder:

Qualifier Name: _____ Qualifier Phone No.: _____

Project Name/Description: _____

Site Address: _____

Master Permit No.: _____ Subsidiary Permit No.: _____

Trade: Building Electrical Mechanical Plumbing Roofing

Inspection Date: _____ Time: _____ Inspection Report No.: _____

Inspection (Category) & Type: (_____) _____ Disposition: _____

Comments:

Additional Actions Required: Re-inspection Required Elevation Certificate Required
 Plan Revision Required Shop Drawing Required
 Subsidiary Permit Required Special Insp. Report Required
 Other: _____

I hereby certify that the above inspection is true and correct and has been inspected in accordance with the applicable Florida Building Code, reference standards, and approved permit documents.

Duly Authorized Rep. Name: _____ License No.: _____

Signature: _____
(Written or electronic signature)

STANDARDIZED PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

Instructions: Submit one certificate of compliance separately for each permit.

Date Issued: _____

Private Provider Firm: _____

Name of Private Provider: _____ Lic. No.: _____

Phone No.: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contractor Company Name: _____ Owner Builder:

Qualifier Name: _____ Qualifier Phone No.: _____

Project Name/Description: _____

Site Address: _____

Master Permit No.: _____ Subsidiary Permit No.: _____

Attestation statement:

As the private provider of record having performed and approved the required inspections, as indicated in the attached approved inspection log, I hereby attest that to the best of my knowledge, belief and professional judgment,

the trade (select one): Building Electrical Mechanical Plumbing Roofing

covered by the above referenced permit has been approved in accordance with the approved plans and the provisions of all applicable laws and technical codes. I also attest that all construction deviations from the original permit application, plans, and all necessary shop drawings have been filed with the building department in the form of permit revisions and in compliance with all the provisions of the law. This document is being prepared in accordance with F.S. 553.791 and is being submitted to the Miami-Dade County Building Department at the time of the final inspection for the above referenced permit.

Private Provider's Name: _____ License No.: _____

Signature: _____
(Wet signature and seal or digitally signed w/3rd party certificate for architect or engineer, notary for building code administrator)

STATE OF _____ COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____
Name of Notary Public: _____ Signature of Notary: _____
Personally known to me or Produced identification (type) _____ (NOTARY SEAL)