

*naples*

**Madani, Mo**

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**From:** Tatiana Gust <tgust@elitepermits.com>  
**Sent:** Wednesday, May 6, 2026 8:52 AM  
**To:** Madani, Mo  
**Subject:** Private Provider Forms Suggestions  
**Attachments:** Proposed\_PP\_certificate\_of\_compliance V1.2.docx;  
Proposed\_Private\_Provider\_Inspection\_form V1.2.docx

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Good morning Mo, attached are both documents with some minor modifications to the original forms, I labeled V1.2 so it is easier to identify. I volunteer to help format the forms once they are completed so they can be fillable and distributable to everyone, as they are they are rudimentary but the information is the important part of it. Thank you for making this available for public comments as this makes it much efficient for everyone.

Have a great day!



**Tatiana Gust**  
Principal

**P:** (239) 280-0570

**E:** [tgust@elitepermits.com](mailto:tgust@elitepermits.com)

2670 Horseshoe Dr N #205, Naples, FL 34104

[www.elitepermits.com/](http://www.elitepermits.com/)



**Private Provider Certificate of Compliance**

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Local Building Department \_\_\_\_\_

Project Address: \_\_\_\_\_

Permit No: \_\_\_\_\_

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:              No:              N/A:
  
- 2. **Mechanical:**    Yes:              No:              N/A:
  
- 3. **Electrical:**      Yes:              No:              N/A:
  
- 4. **Plumbing:**      Yes:              No:              N/A:
  
- 5. **Gas:**      Yes:              No:              N/A:

Private Provider Name \_\_\_\_\_ . License# \_\_\_\_\_

Private Provider Signature: \_\_\_\_\_

Attestation and Notary:

State of Florida, City / County of \_\_\_\_\_ Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed.

- Personally Known
- Produced Identification
- Type of ID:

Notary Public Signature: My Commission Expires:

**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. (this is not in the statutes, Private Provider in responsible charge should sign this form, this may give the impression that a duly authorized representative may sign this form)

**Private Provider Inspection Form**

Permit #: _____	Project Name: _____
Site Address: _____	Inspection Report #: _____
Owner Name: _____	Contractor: _____
Private Provider: _____	Inspection Date: _____

Inspection Code: \_\_\_\_\_

Inspection Description: \_\_\_\_\_

Inspection Result: Passed \_\_\_ Partial Pass \_\_\_ Failed \_\_\_ Canceled \_\_\_ Not Required \_\_\_

Area Inspected & 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: \_\_\_\_\_  
(Print Name)

License #: \_\_\_\_\_

Signature: \_\_\_\_\_