

## Inspections Certified by Private Provider

To be submitted per Discipline (Building- Electric-Plumbing- and Mechanical)

DATE:

Name of Private Provider Approved by the

Clay County Building Department

Building Permit Number:                      Interim Report\_\_\_\_\_ & Final Report

Name of Contractor or Qualifier:

In accordance with Florida Statutes and the requirements established by the Clay County Building Department, this is to certify that I, of my approved sub consultant performed all the inspections listed below, and certify that the work inspected was according to Code. Further, the Private Provider, including its employees, agents, and sub consultants, shall hold harmless, and indemnify the Clay County Building Department, its directors, officers, employees, representatives, and agents against any claim, action, loss, damage, injury liability, cost and expense of whatsoever kind of nature (including, but not by way of imitation, attorney's fees and court costs) arise out of injury (whether mental or corporeal) to persons, including death, or damage to property, arising out of or incidental to the Private Provider, its employees, agents and/or sub consultants for work performed hereunder including, but not limited to all omissions of corrections to documents. This indemnification agreement is separate and apart from and in no way limited by, any insurance provided pursuant to this agreement or otherwise.

We also confirm that all monies have been paid to us in full for these professional services. Should additional inspection be required of us by the Clay County Building Department because of errors of omissions on our part, there will be no additional charges for these services to the Clay County Building.

We further confirm that in individual, corporation, partnership, joint venture or other legal entity, or any employee thereof that has provided any part of this inspections service, has had any part in the design, permitting, or has any ownership interest of any kind in the referenced project.

Signature & Stamp of Certified Private Provider Approved by the Clay County Building Department

Attachment:

Report of inspection

Date

Permit #

Permit type	Associated permit number	Date Performed	Inspection Code & Description	Inspector Performing Inspection