



**Regulatory and Economic Resources (RER)
Permitting and Inspection Center
11805 SW 26 ST
Miami, FL 33175**

STATEMENT OF INSPECTION REPORT COVID-19

This report is to be used for Building Code inspections during the COVID-19 Emergency Period. This notice does not set forth procedures for Fire Code inspections. This report must be provided via email to the trade section supervisor or to the inspector at the next scheduled on-site inspection.

PERMIT _____ JOB ADDRESS _____

The following inspection for the above permit were performed and signed by the below design professional or contractor (Contractor inspections must be conducted by April 27, 2020 and this report submitted by May 1, 2020)

INSPECTION TYPE*	INSPECTION DATE	(APPROVED, DISAPPROVED or APPROVED PARTIAL)	COMMENT

*Type of inspection listed on the permit card. If this Inspection type is for a Roofing Inspection 009 or 059, please identify in the Comment area whether or not there is a existing or new gas vent.

I _____ have read the procedures for building code inspections during the COVID-19 Emergency Period. Having performed the above required inspections, I hereby attest that to the best of my knowledge, belief and professional judgment, the components of the construction are in compliance with the approved plans and other documents covered by the above referenced permit, as well as the provisions of all applicable laws and technical codes.

I am not the permit holder. Additionally, I hold no financial interest in the construction. I acknowledge that the Department of Regulatory and Economic Resources will rely on the truth and accuracy of this statement. I hereby certify that I hold the appropriate license and certification to perform the inspections.

Qualified Professional

Name _____
(PRINT)

Signature _____

License No: _____

Address: _____

Phone No. _____

Email Address: _____



STATE OF FLORIDA COUNTY OF MIAMI-DADE Sworn to and subscribed before me this _____ Day of _____ 20 _____

By _____
Personally known _____ or Produced Identification _____

Date: _____