

WINTER HAVEN
The Chain of Lakes City

City of Winter Haven Building Division
490 Third Street, NW ♦ Winter Haven, FL 33881
(863) 291-5695 ♦ www.mywinterhaven.com

Certificate of Compliance
(Sign, Seal, and Notarization)

Private Provider Firm: _____

Private Provider: _____

License# _____

Address: _____

Phone: _____ Fax: _____

Email: _____

To the best of my knowledge and belief, the building components and site improvements outlines herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.

Private Provider Name: _____

Private Provider Signature: _____

Inspections Performed: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC