



Department of Regulatory and Economic Resources
Building Code Support Division
11805 S.W. 26th St., Room 230, Miami, FL 33175-2474
T-786-315-2424 F- 786-315-2548

PLUMBING INSPECTION REPORT

Case No.: _____ Inspection Made by: _____
Property Owner's Name: _____ Print Name: _____
Property Address: _____ Title: _____
Date of Inspection: _____

DESCRIPTION OF STRUCTURE

- a. Type of Structure: _____
- b. Building Code Occupancy Classification: _____
- c. Present Use: _____
- d. General Description: Type of Construction, Size, Number of Stories and Special Features:

- e. Hazardous or unsafe conditions were observed in the structure?
 No
 Yes. If yes, please describe:

- f. Plumbing code violations or structural deficiencies were observed in the structure?
 No
 Yes. If yes, please describe:

- g. Additional Comments:

* Please duplicate this form and complete a separate report for each structure inspected.

Plumbing Inspection Report
Page 2

Dear Building Official:

I, _____, inspected the structure identified in the attached report on the property located at _____ which is the subject of unsafe structures enforcement action under Case No. _____. I hereby attest that I inspected the plumbing and gas systems and the components thereof in the structure on _____, 20____.

I further attest to the best of my knowledge, belief and professional judgment, that there are currently no unsafe or hazardous conditions currently existing with the plumbing and gas systems of the structure which is the subject of Case No. _____. I also attest that all building code violations have been corrected and the structure is safe for occupancy.

This document is being prepared in accordance with Section 8-5(c)(4) of the Code of Miami-Dade County; and, I acknowledge it must be approved as a condition of receiving final inspection approval of the work performed under any plumbing permit obtained to correct any violations of the Florida Building Code which existed in the structure inspected.

Sincerely,

Signature (and Seal)

Print Name

License No. _____

Address: _____

Telephone No.: _____

State of Florida
County of Miami-Dade

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

(SEAL)

_____ Personally Known

_____ or Produced Identification