

ELECTRICAL

CERTIFICATE OF APPROVAL

| Date of Inspection | | _ | |
|--|-------|--------------------|-------------------------|
| Name o | of CI | hildren's Center | |
| Located atAddress | | City | Zip |
| The premises located at the above address w compliance to the best of our knowledge, with the undersigned pertaining to such establishments. | h the | e ordinances, rule | |
| Premises inspected include the following: | | Entire building | |
| | | | Name/number of building |
| | | | |
| | _ | Specific areas _ | Name/number of space |
| | | | |
| Print Inspector's Name: | | Te | elephone #: |
| Signature: | | | |
| Title: | | | |
| Department or Agency: | | | |
| City, Town or County: | | | |

Return original to:

Pinellas County Health Department Child Care Licensing Program 8751 Ulmerton Road, Suite 2000

Largo, Florida 33771