



## BUILDING

### CERTIFICATE OF APPROVAL

Date of Inspection \_\_\_\_\_

\_\_\_\_\_  
Name of Children's Center

Located at \_\_\_\_\_  
Address City Zip

The premises located at the above address was inspected by this department and was found **in compliance** to the best of our knowledge, with the ordinances, rules, and regulations administered by the undersigned pertaining to such establishments.

**Premises inspected include the following:**

- Entire building \_\_\_\_\_
- Multi-buildings \_\_\_\_\_  
*Name/number of building*
- Specific areas \_\_\_\_\_  
*Name/number of space*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Print Inspector's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Department or Agency: \_\_\_\_\_

City, Town or County: \_\_\_\_\_

**Return original to: Pinellas County Health Department  
Child Care Licensing Program  
4175 East Bay Drive, Suite 350,  
Clearwater, Florida 33764**

\_\_\_\_\_  
**BUILDING**  
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