



**FIRE**  
**CERTIFICATE OF APPROVAL**  
**CHILDREN'S CENTER**

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**

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