



ELECTRICAL

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**

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