



CHILDREN'S CENTER OPERATED IN FACILITY OWNED BY THE PINELLAS COUNTY SCHOOL BOARD

BUILDING, ELECTRICAL, FIRE

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: _____

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

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