



Child Care Facility

Department of Growth Management

August 2014

Name of Establishment

Address

Owner(s)

Building Inspector (Date)

Electrical Inspector (Date)

Plumbing Inspector (Date)

Mechanical Inspector (Date)

Gas Inspector (Date)

Fire Inspector (Date)

Completion of this form denotes Final Approval has been given.

This form must be returned to the State of Florida Department of Children and Families.

***Some circumstances may require additional information to be submitted.**

For further information, please contact one of our offices:

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