

Inspection Solutions, LLC
PO BOX 219 Starke, FL 32091

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

Permit No.: 000055781

Project Address: 2215 SE HIGH FALLS RD LAKE CITY, FL 32205

Private Provider Firm: Inspection Solutions, LLC Qualifier Name: Kevin Powell

Phone: 904-304-9653 Email: inspectionssolutionsfl@gmail.com

Dear Building Official,

In accordance with Florida Statute §553.791 (12), pertaining to Private Provider Inspection Service, we herewith provide Columbia County Building Department with final disposition on the building components inspected under our authority.

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, the building components and site improvements captioned above have been inspected under my authority, as indicated in the inspections report, and have been completed in substantial compliance with the approved documents, plans, revisions, and applicable codes.

Kevin Powell
Printed Name of Private Provider Qualifier

BU1814
License No.

Signature of Private Provider Qualifier

**Inspection Solutions, LLC.
PO BOX 219
Starke, Florida, 32091**

**Columbia County
Building Department
Private Provider Inspection Result**

Project: Building (Floor Replacement)

Inspection Type; Building Final

Inspection Date: 6/2/26
Contractor's Name: Pro Construction Group
Permit Number: #000055781
Building Address: 2215 SE HIGH FALLS RD LAKE CITY, FL 32025
Parcel Number:
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Building Final
Inspection work code(s):
Result of Inspection: Pass

To the best of my knowledge and belief, the building components outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.

Signature of Private Provider or Duly Authorized Representative:

Kevin Powell

Certified Building Code Administrator

I hereby certify that the information indicated in this report or supplement report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath.

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**Columbia County
Building Department
Private Provider Inspection Result**

Project: Building (Floor Replacement)

Inspection Type; Framing

Inspection Date: 6/2/26
Contractor's Name: Pro Construction Group
Permit Number: #000055781
Building Address: 2215 SE HIGH FALLS RD LAKE CITY, FL 32025
Parcel Number:
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Framing
Inspection work code(s):
Result of Inspection: Pass

To the best of my knowledge and belief, the building components outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes.

Signature of Private Provider or Duly Authorized Representative:

Kevin Powell 
Certified Building Code Administrator

I hereby certify that the information indicated in this report or supplement report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath.

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Inspection Summary Report

Address: 2215 SE HIGH FALLS RD LAKE CITY, FL 32025

Building
Permit Number: #000055781

Inspection Type	Results	Date	Inspector
Framing	Pass	6/2/26	Kevin Powell
Building Final	Pass	6/2/26	Kevin Powell

Mechanical
Permit Number:

Inspection Type	Result	Date	Inspector

Plumbing
Permit Number:

Inspection Type	Result	Date	Inspector

Electric
Permit Number:

Inspection Type	Result	Date	Inspector