

Inspection Solutions, LLC
PO BOX 219 Starke, FL 32091

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

Permit No.: 000055280
Project Address: 322 SW MOONLIT DR FORT WHITE, FL 32038
Private Provider Firm: Inspection Solutions, LLC Qualifier Name: Kevin Powell
Phone: 904-304-9653 Email: inspectionsolutionsfl@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, FL 32091
904-304-9653
inspectionsolutionsfl@gmail.com

Inspection Summary Report

Address: 322 SW MOONLIT DR FORT WHITE, FL 32038

Building

Permit Number: 000055280

Inspection Type	Results	Date	Inspector
Mono Slab	Pass	4/6/26	Kevin Powell
Wall/Roof Sheathing	Pass	7/7/26	Kevin Powell
Windows/Door	Pass	7/10/26	Kevin Powell
Framing	Pass	7/16/26	Kevin Powell
Final	Pass	7/17/26	Kevin Powell
	Pass		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

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

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Accessory Garage

Inspection Type; Mono Slab

Inspection Date: 4-6-26

Contractor's Name: Master Garage Builders

Permit Number: 000055280

Building Address: 322 SW MOONLIT DR FORT WHITE, FL 32038

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: Mono Slab

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.

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

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Accessory Garage

Inspection Type; Wall/Roof Sheathing

Inspection Date: 7/7/26
Contractor's Name: Master Garage Builders
Permit Number: 000055280
Building Address: 322 SW MOONLIT DR FORT WHITE, FL 32038
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: Wall/Roof Sheathing
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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Starke, Florida, 32091

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Accessory Garage

Inspection Type; Window/Door

Inspection Date: 7/10/26
Contractor's Name: Master Garage Builders
Permit Number: 000055280
Building Address: 322 SW MOONLIT DR FORT WHITE, FL 32038
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: Window/Door
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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Starke, Florida, 32091

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Accessory Garage

Inspection Type; Framing

Inspection Date: 7/16/26
Contractor's Name: Master Garage Builders
Permit Number: 000055280
Building Address: 322 SW MOONLIT DR FORT WHITE, FL 32038
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.

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

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Accessory Garage

Inspection Type; Final

Inspection Date: 7/17/26
Contractor's Name: Master Garage Builders
Permit Number: 000055280
Building Address: 322 SW MOONLIT DR FORT WHITE, FL 32038
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: 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.