

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: Inspection Solutions, LLC

Private Provider: Kevin Powell

Address: PO BOX 219 Starke, FL 32091

Phone: 904-304-9653 Fax: _____

Email: inspectionssolutionsfl@gmail.com

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: Kevin Powell Plan Sheets: 4

Florida License/Registration/Certification #(s) and description:

BU1814, PX2841, RPX329, BN4866

Signature of Reviewer: *K Powell*

SWORN AND SUBSCRIBED before me by KEVIN POWELL
being personally known to me or having produced as identification _____
_____ and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.

[Signature]
Signature of Notary

LANCE R. CAMPBELL
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:

