

Private Provider

CERTIFICATE OF COMPLIANCE

Florida Statutes §553.791(11)

(Request for Certificate of Occupancy)

Columbia County
Chief Building Official

Project Name / Address: Hardegee / 1026 SW Sunview St, Fort White, FL 32038
Permit number: 000050629
Private Provider Firm: Inspection Solutions, LLC.
Business Address: PO Box 219 Starke, FL 32091
Telephone: 903-304-9653 Fax: _____ Email: inspectionssolutionsll@gmail.com

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 accompanying log of completed inspections, and have been completed in substantial compliance with the approved plans and applicable codes; and,

I FURTHER ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety which would preclude the issuance of the following:

X Certificate of Occupancy Temporary Certificate of Occupancy
Certificate of Completion Temporary Certificate of Completion

Respectfully submitted,
Private Provider Name: Kevin Powell
Florida License No. BU1814

Kevin Powell

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

Signature of Notary _____
Print Name _____
Date _____

Alecia Patrick

11/04/2024

Notary Public: NOTARY PUBLIC STAMP HERE My Commission Expires: September 2, 2026



Inspection Solutions, LLC
PO Box 219
Starke, FL 32091
904-304-9653
inspectionssolutionsfl@gmail.com

Inspection Summary Report

Address: 1026 SW Sunview St, Fort White, FL 32038

Building

Permit Number: 000050629

Inspection Type	Results	Date	Inspector
Footer	Pass	8-23-24	Kevin Powell
Lintel/Tie Beam	Pass	9-5-24	Kevin Powell
Strapping	Pass	9-23-24	Kevin Powell
Permanent Power/Final	Pass	11-4-24	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: NEW Modular Home

Inspection Type; Footer

Inspection Date: 8-23-24
Contractor's Name: Florida Modular Home
Permit Number: 000050629
Building Address: 1026 SW Sunview St, 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: Footer
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: NEW Modular Home

Inspection Type; Lintel/Tie Beam

Inspection Date: 9-5-24
Contractor's Name: Florida Modular Home
Permit Number: 000050629
Building Address: 1026 SW Sunview St, 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: Lintel/Tie Beam
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: NEW Modular Home

Inspection Type; Strapping

Inspection Date: 9-23-24
Contractor's Name: Florida Modular Home
Permit Number: 000050629
Building Address: 1026 SW Sunview St, 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: Strapping
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: NEW Modular Home

Inspection Type; Permanent Power/Final

Inspection Date: 11-4-24
Contractor's Name: Florida Modular Home
Permit Number: 000050629
Building Address: 1026 SW Sunview St, 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: Permanent Power/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.