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

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: New SFR

Inspection Type; Framing

Inspection Date: 8-25-25
Contractor's Name: John Crawford Homes
Permit Number: #000053403
Building Address: 466 SW JEANLEA PL 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 KPowell
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 SFR

Inspection Type; Plumbing 2nd Rough

Inspection Date: 8-25-25
Contractor's Name: John Crawford Homes
Permit Number: #000053403
Building Address: 466 SW JEANLEA PL 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: Plumbing 2nd Rough
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 KPowell
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 SFR

Inspection Type; Electrical 2nd Rough

Inspection Date: 8-25-25
Contractor's Name: John Crawford Homes
Permit Number: #000053403
Building Address: 466 SW JEANLEA PL 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: Electrical 2nd Rough
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 KPowell
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 SFR

Inspection Type; Footer Steel Grounding

Inspection Date: 8-25-25
Contractor's Name: John Crawford Homes
Permit Number: #000053403
Building Address: 466 SW JEANLEA PL 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 Steel Grounding
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 KPowell
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.