Inspection Solutions, LLC

PO BOX 219 Starke, FL 32091

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

Permit No.: 000050760

Project Address: 373 SW Choctaw Ave, 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	BU1814	Kevin Powell Digitally signed by Kevin Powell Date: 2025.04.16 14:33:21 -04'00'
Printed Name of Private Provider Qualifier	License No.	Signature of Private Provider Qualifier

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

Columbia County
Building Inspection Division Private
Provider Inspection Result

Project: Residential Re-Roof

Inspection Type; In Progress/Dry-In

Inspection Date: 10/19/24
Contractor's Name: Brian O/B
Permit Number: 000050760
Building Address: 373 SW Choctaw Ave, 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: Roof Inprogress/Dry-In
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: Residential Re-Roof

Inspection Type; Roof Final

Inspection Date: 10/19/24
Contractor's Name: Brian O/B Florida Permit Number: 000050760
Building Address: 373 SW Choctaw Ave, 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: Roof 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 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.