

Inspection Solutions, LLC
PO BOX 219 Starke, FL 32091

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

Permit No.: 000048660
Project Address: 358 SW Marynik Dr, High Springs, FL
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.

Kevin Powell Digitally signed by Kevin Powell
Date: 2024.06.07 10:52:24
-04'00'
Signature of Private Provider Qualifier

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

Inspection Summary Report

Address: 358 SW Marynik Dr, High Springs, FL

Building

Permit Number: 000048660

Inspection Type	Results	Date	Inspector
Pool Footer	Pass	2-26-24	Kevin Powell
Pool Deck/Piping Pressure	Pass	2-21-24	Kevin Powell
Pool Steel Ground	Pass	2-26-24	Kevin Powell
Pool Safety & Final	Pass	6-7-24	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
Pool/Deck Bonding	Pass	2-26-24	Kevin Powell

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

**Columbia County
Building Inspection Division
Private Provider Inspection Result**

Project: Residential Swimming Pool

Inspection Type; Pressure Test

Inspection Date: 2-21-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048660
Building Address: 358 SW Marynik Dr, High Springs, FL
Parcel Number: 16-7S-10006-211
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pressure Test
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: Residential Swimming Pool

Inspection Type; Pool Footer

Inspection Date: 2-26-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048660
Building Address: 358 SW Marynik Dr, High Springs, FL
Parcel Number: 16-7S-10006-211
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pool 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.

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Starke, Florida, 32091

Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Residential Swimming Pool

Inspection Type; Pool Steel Ground

Inspection Date: 2-26-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048660
Building Address: 358 SW Marynik Dr, High Springs, FL
Parcel Number: 16-7S-10006-211
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pool Steel Ground
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

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Inspection Solutions, LLC.
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Columbia County
Building Inspection Division
Private Provider Inspection Result

Project: Residential Swimming Pool


Inspection Type; Pool Deck Bonding

Inspection Date: 2-26-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048660
Building Address: 358 SW Marynik Dr, High Springs, FL
Parcel Number: 16-7S-10006-211
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pool Deck Bonding
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: Residential Swimming Pool

Inspection Type; Pool Safety & Final

Inspection Date: 6-7-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048660
Building Address: 358 SW Marynik Dr, High Springs, FL
Parcel Number: 16-7S-10006-211
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pool Safety & Final (window and doors alarms in place at time
Inspection work code(s): of inspection)
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

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