Inspection Solutions, LLC

PO BOX 219 Starke, FL 32091

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF COMPLIANCE

Permit No.: 000048658

Project Address: 1911 SW CR 252B, Lake City, FL 32024

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 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: 2024.01.11 13:07:10 -05'00'
Printed Name of Private Provider Qualifier	License No.	Signature of Private Provider Qualifier

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

Inspection Summary Report

Address: 1911 SW CR 252B, Lake City FL 32024

Building
Permit Number: 000048658

Inspection Type	Results	Date	Inspector
Pool Footer	Pass	1-8-23	Kevin Powell
Pool Deck/Piping Pressure	Pass	1-8-23	Kevin Powell
Pool Steel Ground	Pass	1-8-23	Kevin Powell
Pool Safety & Final	Pass	1-12-24	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	1-8-23	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; Pipe Pressure

Inspection Date: 1-8-23
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048658
Building Address: 1911 SW CR 252B, Lake City, FL 32024
Parcel Number: 10-4S-16-02862-118
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Pipe 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; Coping Footing

Inspection Date: 1-8-23
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048658
Building Address: 1911 SW CR 252B, Lake City, FL 32024
Parcel Number: 10-4S-16-02862-118
Private Provider Firm: Inspection Solutions, LLC.
Private Provider Name: Kevin Powell – BU 1814
Duly Authorized Rep's Name: Kevin Powell – BN 4866

Inspection Performed: Coping Footing
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/Deck Bonding

Inspection Date: 1-8-23
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048658
Building Address: 1911 SW CR 252B, Lake City, FL 32024
Parcel Number: 10-4S-16-02862-118
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 Steel Bond

Inspection Date: 1-8-23
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048658
Building Address: 1911 SW CR 252B, Lake City, FL 32024
Parcel Number: 10-4S-16-02862-118
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 Bond
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: 1-12-24
Contractor's Name: Florida Leisure Pool & Spa, Inc.
Permit Number: 000048658
Building Address: 1911 SW CR 252B, Lake City, FL 32024
Parcel Number: 10-4S-16-02862-118
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 (float alarm in place at time of inspection and door locks at entry gates)
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.