

**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:

Contractor's Name: Heritage Roofing of North Florida

Permit Number:

Building Address:

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* 

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.