



THOMAS

Construction Services, Inc.

PRIVATE PROVIDER CERTIFICATE OF COMPLIANCE

REQUEST FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION

Permit Number: 54551

Project Address: 876 SW Wingate Street, Lake City, FL 32024

Private Provider Firm: Thomas Construction Services, Inc.

Qualifier Name: Mark A. Thomas

Phone: 904-669-3126 Email: mark.tcsinc@gmail.com

I HEREBY ATTEST that to the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes. F.S. 553.791

☐ Certificate of Occupancy (Commercial)

☒ Certificate of Occupancy (Residential)

☐ Certificate of Completion

Mark A. Thomas

BU2180

Mark A. Thomas

Digitally signed by Mark A. Thomas
DN: C=US, E=markthomas@nfps.net,
CN=Mark A. Thomas
Date: 2026.09.22 13:28:34-04'00'

Printed Name of Private Provider Qualifier License No Signature of Private Provider Qualifier