



ERICSSON

Steve Nichols

E-mail: national.licensing@ericsson.com

Tel: 469-266-1818

Renewal Request Permit: 43656

October 6, 2022

Columbia County
Site Address: 8381 NE Molino Rd

To Whom It May Concern,

Please accept this letter as our request to renew Permit 43656 for 180 days, and no changes have been made.

Your approval for renewal would be greatly appreciated. If you require anything further, I can happily send you whatever is necessary to get this permit renewed.

Thank you in advance.

Sincerely,

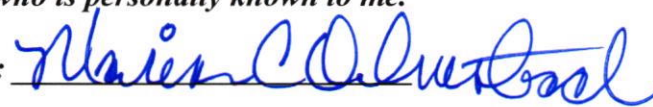
Steve Nichols

Qualifier's Signature:  _____

Print Name: Steve Nichols

Contractor #: CGC1518237

Sworn and subscribed to me before this 11 day of Oct 2022 by Steve Nichols by means of physical presence and who is personally known to me.

Notary Public: 

Notary Seal:



6



ERICSSON

Steve Nichols

E-mail: national.licensing@ericsson.com

Tel: 469-266-1818

Change of Electrical Subcontractor Permit: 43656

October 6, 2022

Columbia County
Site Address: 8381 NE Molino Rd

To Whom It May Concern,

We are writing to request the change of the electrical subcontractor for Permit 43656 located at 8381 NE Molino Rd.

- To Be Removed: Frank Kisel of Ericsson Inc., License: EC13009490
- To Be Added: Steven L James of TSC CONSTRUCTION LLC, License: EC0000948

Your approval for this change of electrical subcontractor would be greatly appreciated. If you require anything further, I can happily send you whatever is necessary.

Thank you in advance.

Sincerely,

Steve Nichols

Qualifier's Signature: _____

Print Name: Steve Nichols

Contractor #: CGC1518237

Sworn and subscribed to me before this 11 day of Oct 2022 by Steve Nichols by means of physical presence and who is personally known to me.

Notary Public:

Notary Seal:



6

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 43656 JOB NAME 9JK0371A

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>STEVEN L JAMES</u> Signature <u><i>Steven L James</i></u> Company Name: <u>TSC CONSTRUCTION LLC</u> CC# _____ License #: <u>EC0000948</u> Phone #: <u>607-217-7001</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

(6)