

**Form # 61G20-2.005-2002-01**  
**Notice to Building Official of**  
**Use of Private Provider**  
Effective January 1, 2025  
61G20-2.005, F.A.C.

Project Name: Michael Bishop

Parcel Tax ID: 10-5S-16-03522-104

Services to be provided:

☒ Plans Review

☒ Inspections

Note: If the fee owner elects to use or authorizes the use of a private provider to provide plans review, the local building official may, at his or her discretion and subject to duly adopted local policy, require that a private provider be used to perform inspections as well, pursuant to section 553.791(2)(a), Florida Statutes.

I Michael Bishop, the

☒ fee owner / ☐ fee owner's contractor, have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: Thomas Construction Services, Inc.

Private Provider: Mark A. Thomas

Address: 10803 JD Smith Trl., Glen Saint Mary, FL 32040

Telephone: 904-669-3126

Email Address: mark.tcsinc@gmail.com

Florida License, Registration or Certificate #: BU2180, BN7960, PX4599

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building or structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall,

within 1 business day after any change, or within 2 business days before the next scheduled inspection, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire prevention, firesafety, land use, environmental or other codes.

The following attachments are provided, as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. A certificate of insurance as required by section 553.791(18), Florida Statutes.

Individual

Michael Bishop

Print name

876 SW Wingate Street

Address (line 1)

Lake City, FL 32024

Address (line 2)

386-365-3986

Telephone Number

bishopm7025@gmail.com

Email Address



Signature

10/22/25

Date

Corporation

Print name

Representative name

Address (line 1)

Address (line 2)

Telephone Number

Email Address

Signature

Date

Form # 9B-3.053-2002-02  
**Private Provider**  
**Plan Compliance Affidavit**  
Effective January 20, 2003

Private Provider Firm: Thomas Construction Services, Inc.

Private Provider: Mark A. Thomas

Address: 10803 JD Smith Trl., Glen Saint Mary, FL 32040

Phone: 904-669-3126 Fax: 904-259-8142

Email: mark.tcsinc@gmail.com

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

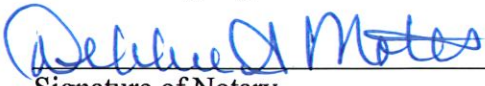
Name: Mark A. Thomas Plan Sheets: C1, G1, B1-B10, P1, M1, E1

Florida License/Registration/Certification #(s) and description:

BU2180 BN7960 PX4599

Signature of Reviewer: 

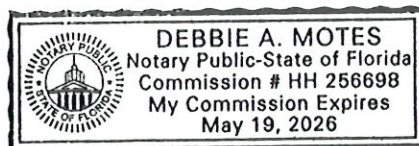
SWORN AND SUBSCRIBED before me by Mark A. Thomas  
being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_  
and who being fully sworn and cautioned, state  
that the foregoing is true and correct to the best of his/her knowledge or belief.

  
Signature of Notary

Debbie A. Motes  
Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: 5/19/2026



## PRIVATE PROVIDER STATEMENT

## PRIVATE PROVIDER PERSONNEL IDENTIFICATION & QUALIFICATION STATEMENT

Florida Statutes § 553.791(4)

*Please use a separate page for each Private Provider Duly Authorized Representative (DAR).*

Project Name: Michael Bishop

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

Permit Number: \_\_\_\_\_

Duly Authorized Representative (DAR) Name:

**Mark A. Thomas**

Type of Service/(s) to be performed by this DAR (plan review, inspections or both and what TRADE):

Plan review and inspections (building, mechanical, electrical, plumbing)

DAR Email address: mark.tcsinc@gmail.com

Telephone: 904-669-3126

Fax: 904-259-8152

State of Florida professional licenses: BU2180, BN7960, PX4599

Private Provider Company Name: Thomas Construction Services, Inc.

Address: 10803 JD Smith Trl., Glen Saint Mary, FL 32040

Qualifications Statement (or attach resume to this form):

[illegible]

**Mark A. Thomas**

904-669-3126

[mark.tcsinc@gmail.com](mailto:mark.tcsinc@gmail.com)

Glen Saint Mary, FL 32040

## **Summary**

Licensed and highly-qualified Florida Private Provider with over 41 years of experience in construction and code compliance. Proven expertise in conducting comprehensive plan reviews and on-site inspections for commercial and residential projects under Florida Statute 553.791. Recognized for expediting the permitting process, ensuring strict adherence to the Florida Building Code, and delivering detailed and accurate inspection reports.

## **Core Competencies**

- Florida Building Code (FBC) compliance
- Commercial & Residential inspections
- Plans review & approval
- Project management
- Code enforcement
- Quality assurance
- Expert technical reporting
- Construction document reading
- Conflict resolution
- Construction administration

## **Professional Experience**

**Private Provider / Independent Contractor** | Thomas Construction Services, Inc. Glen Saint Mary, FL 08/2004 to Current

- Provided third-party plans review and inspection services for multiple projects, ensuring compliance with the Florida Building Code and all local amendments.

- Successfully reduced project timelines through efficient and flexible scheduling of inspections.
- Drafted and submitted all required documentation, including Plan Compliance Affidavits and Certificates of Compliance, to various Florida building departments.
- Collaborated effectively with contractors, owners, and local building officials to address code issues and facilitate a smooth permitting and closing process.
- Maintained an impeccable record of compliance and professional integrity, with no disciplinary actions from the Florida Department of Business and Professional Regulation (DBPR).

**Chief Building Code Administrator / Fire Official | Clay County District Schools, Green Cove Springs, FL 05/2024 to 10/2025**

- Managed a building code enforcement team, overseeing all plan review and inspection activities.
- Conducted advanced-level inspections for complex school projects, including new construction, and renovations.
- Resolved complex code-related challenges and provided technical interpretations of code requirements to project teams.
- Trained and mentored junior staff on best practices for site inspections and reporting.

**Chief Building Code Administrator / Fire Official | Duval County Public Schools, Jacksonville, FL 04/2023 to 05/2024**

- Managed a building code enforcement team, overseeing all plan review and inspection activities.
- Conducted advanced-level inspections for complex school projects, including new construction, and renovations.
- Resolved complex code-related challenges and provided technical interpretations of code requirements to project teams.
- Trained and mentored junior staff on best practices for site inspections and reporting.

**Chief Building Code Administrator | City of Green Cove Springs, Green Cove Springs, FL**  
10/2022 to 04/2023

- Managed a building code enforcement team, overseeing all plan review and inspection activities.
- Conducted advanced-level inspections for commercial and residential projects, including new construction, and renovations.
- Resolved complex code-related challenges and provided technical interpretations of code requirements to project teams.
- Trained and mentored junior staff on best practices for site inspections and reporting.
- Coordinated with local public utilities, police, fire department
- City council meetings and public forums attendance.
- Review and management of budget items.

**Licenses & Certifications**

- **Florida Building Code Administrator | BU2180**
- **Florida Standard Inspector | BN7960**
- **Florida Plans Examiner | PX4599**
- **Florida Firesafety Inspector | 267162**

**Professional Affiliations**

- Building Officials Association of Florida (BOAF)
- Florida Fire Marshal and Inspector Association (FFMIA)
- International Code Council (ICC)





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## BUILDING CODE ADMINISTRATORS & INSPECTOR

THE BUILDING CODE ADMINISTRATOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**THOMAS, MARK ALLEN**

10803 JD SMITH TRAIL  
GLEN ST MARY FL 32040

LICENSE NUMBER: BU2180

EXPIRATION DATE: NOVEMBER 30, 2027

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 09/08/2025

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## BUILDING CODE ADMINISTRATORS & INSPECTOR

THE STANDARD PLANS EXAMINER HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

BLDG

**THOMAS, MARK ALLEN**

10803 JD SMITH TRAIL  
GLEN ST MARY FL 32040

LICENSE NUMBER: PX4599

EXPIRATION DATE: NOVEMBER 30, 2027

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ISSUED: 09/08/2025

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## BUILDING CODE ADMINISTRATORS & INSPECTOR

THE STANDARD INSPECTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

RESI, BLDG, PLUM

**THOMAS, MARK ALLEN**

10803 JD SMITH TRAIL  
GLEN ST MARY FL 32040

LICENSE NUMBER: BN7960

EXPIRATION DATE: NOVEMBER 30, 2027

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 10/22/2025

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> BizInsure LLC 2950 Buskirk Ave Suite 300 Walnut Creek, CA. 94597,USA	<b>CONTACT NAME:</b> Pavel Yurkov	
	<b>PHONE (A/C, No, Ext):</b> 1-877-900-9998	<b>FAX (A/C, No):</b>
<b>INSURED</b> Thomas Construction Services, Inc. 10803 J D Smith Trl GLEN SAINT MARY, FL 32040	<b>E-MAIL ADDRESS:</b> support@bizinsure.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hiscox	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 10200		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (E&O)			HSX103308-01	09/09/2025	09/09/2026	Coverage: \$1,000,000 Aggregate: \$2,000,000 Deductible: \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This certificate is issued for evidence purposes only.

**CERTIFICATE HOLDER****CANCELLATION**

Columbia County  
135 NE Hernando Ave., Suite B-21  
LAKE CITY, FL 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Pavel Yurkov*

LOAN #:

ID #:

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ACORD 25 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2025

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**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JXX Insurance Agency 440 N Barranca Ave #9499 Covina, CA 91723	<b>CONTACT NAME:</b> Customer Service		
	<b>PHONE (A/C No, Ext):</b> 619-259-5589 <b>FAX (A/C, No):</b>		
	<b>E-MAIL ADDRESS:</b> service@jxxinsurance.com		
<b>INSURED</b> Thomas Construction Services Inc 10803 Jd Smith Trail Glen St Mary, FL 32040	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Sutton Specialty Insurance Company   16848		16848
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>OCCUR</b>	Y	Y	ISPCP04000064650	09/06/2025	09/06/2026	<b>EACH OCCURRENCE</b> \$ 1,000,000
	<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 50,000						
	<b>MED EXP (Any one person)</b> \$ 5,000						
	<b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000						
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>						<b>GENERAL AGGREGATE</b> \$ 1,000,000
							<b>PRODUCTS - COMP/OP AGG</b> \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
							<b>BODILY INJURY (Per person)</b> \$
							<b>BODILY INJURY (Per accident)</b> \$
							<b>PROPERTY DAMAGE (Per accident)</b> \$
							\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <b>DED</b> <b>RETENTION \$</b>						<b>EACH OCCURRENCE</b> \$
							<b>AGGREGATE</b> \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<b>WC STATU-TORY LIMITS</b> <b>OTH-ER</b>
							<b>E.L. EACH ACCIDENT</b> \$
							<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**Columbia County  
135 NE Hernando Ave., Suite B-21  
Lake City, FL 32055

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AUTHORIZED REPRESENTATIVE

*Jon Grijalva*



STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 6/19/2025

**EXPIRATION DATE:** 6/19/2027

**PERSON:** MARK A THOMAS

**EMAIL:** MARK@NEFCOM.NET

**FEIN:** 201538113

**BUSINESS NAME AND ADDRESS:**

THOMAS CONSTRUCTION SERVICES, INC.

PO BOX 65

GLEN SAINT MARY, FL 32040

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

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IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.