

DATE 04/23/2010

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT 000028504

APPLICANT MARY ANN CRAWFORD PHONE 752-5152
ADDRESS 1482 SW COMMERCIAL GLEN LAKE CITY FL 32025
OWNER DALE MOWRY PHONE
ADDRESS 6165 SW CR 18 FT. WHITE FL 32038
CONTRACTOR STANLEY CRAWFORD PHONE 752-5152
LOCATION OF PROPERTY 47S, TL 27, TL CR 18, , 1/2 MILE ON LEFT

TYPE DEVELOPMENT RENOVATION OF SFD ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING FW MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. FLOOD ZONE FW DEVELOPMENT PERMIT NO.

PARCEL ID 34-6S-16-14330-114 SUBDIVISION FT. WHITE MANOR
LOT 14 BLOCK PHASE UNIT TOTAL ACRES 0.50

RG0042896
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 10-200 BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE, FIRE REPORT INCLUDED, NO CHARGE ON PERMIT

Check # or Cash N/A

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
Under slab rough-in plumbing Slab Sheathing/Nailing
Framing Insulation
Rough-in plumbing above slab and below wood floor Electrical rough-in
Heat & Air Duct Peri. beam (Lintel) Pool
Permanent power C.O. Final Culvert
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
Reconnection RV Re-roof

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEES \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Need Fire Report

Columbia County Building Permit Application

**For Office Use Only** Application # 1004-24 Date Received 4/16/10 By GT Permit # 28504  
 Zoning Official BLK Date 19.04.10 Flood Zone X Land Use \_\_\_\_\_ Zoning \_\_\_\_\_  
 FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE \_\_\_\_\_ River \_\_\_\_\_ Plans Examiner PL Date 4/16/10  
 Comments Located in Limits of Ft. White Compliance Letter  no charge  
 NOC  EH  Deed or PA  Site Plan  State Road Info  Parent Parcel # \_\_\_\_\_ fire damage  
 Dev Permit # \_\_\_\_\_  In Floodway  Letter of Auth. from Contractor  F W Comp. letter  
 IMPACT FEES: EMS \_\_\_\_\_ Fire \_\_\_\_\_ Corr \_\_\_\_\_ Road/Code \_\_\_\_\_  
 School \_\_\_\_\_ = TOTAL N/A rebuilding existing structure  UF

Septic Permit No. \_\_\_\_\_ Fax 755-2165

Name Authorized Person Signing Permit Mary Ann Crawford Phone 752-5152

Address 1482 SW Commercial Glen, Lake City, FL 32025

Owners Name Dale & Whitney Mowry Phone \_\_\_\_\_

911 Address 6165 SW CR 18, Ft White, FL 32038

Contractors Name Stanley Crawford Construction, Inc Phone \_\_\_\_\_

Address 1482 SW Commercial Glen, FL

Fee Simple Owner Name & Address \_\_\_\_\_

Bonding Co. Name & Address \_\_\_\_\_

Architect/Engineer Name & Address NONE

Mortgage Lenders Name & Address NONE

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 00-00-00-14330-114 Estimated Cost of Construction 35,000

Subdivision Name Lot 14 Ft White Manor S/D Lot 14 Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions 47 to Fort White L on 27 L on 18  
1/2 mile on left.

Number of Existing Dwellings on Property 0

Construction of Repair Damage from Fire - Home Total Acreage 1/2 Lot Size \_\_\_\_\_

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 14'

Actual Distance of Structure from Property Lines - Front APP Side No additional Sq. Footage Side \_\_\_\_\_ Rear \_\_\_\_\_

Number of Stories 1 Heated Floor Area 1500 Total Floor Area 2100 Roof Pitch 5/12

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. **CODE: Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code.** Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

**Columbia County Building Permit Application**

**TIME LIMITATIONS OF APPLICATION :** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**TIME LIMITATIONS OF PERMITS:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

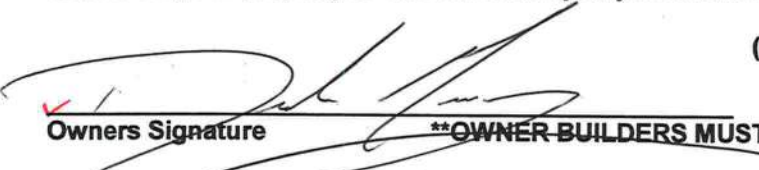
**NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:** YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**OWNERS CERTIFICATION:** I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

  
Owners Signature

**\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

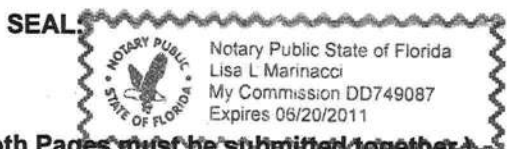
**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

  
Contractor's Signature (Permitee)

Contractor's License Number RC0042896  
Columbia County  
Competency Card Number 64

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15 day of April 2010.  
Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

  
State of Florida Notary Signature (For the Contractor)



**STANLEY CRAWFORD CONSTRUCTION, INC.**  
**1482 S.W. COMMERCIAL GLEN**  
**LAKE CITY, FL 32025**

**Phone: 386-752-5152**

**License #RG-0042896**

**Fax: 386-755-2165**

[www.stanleycrawfordconstruction.com](http://www.stanleycrawfordconstruction.com)

[scci@stanleycrawfordconstruction.com](mailto:scci@stanleycrawfordconstruction.com)

**Dale & Whitney Mowry**  
**Lot 14 Fort White Manor S/D**

Remove everything down to the frame walls except hall tub.  
Replace HVAC duct work using existing unit.  
Install new windows, wall, ceiling insulation, blue board, finish and paint,  
Interior door paint, cabinet, light fixture, ceramic wall tile, plumbing and floor  
Covering, mirrors and shower door.



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[Product Approval Menu](#) > 
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 **Application Detail**

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY

FL #	FL1214-R1
Application Type	Revision
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Alenco
Address/Phone/Email	615 Carson Bryan, TX 77802 (979) 779-7770 ext 343 mkoppers@alenco.com
Authorized Signature	Martin Koppers mkoppers@alenco.com
Technical Representative	Martin Koppers
Address/Phone/Email	615 Carson St. Bryan, TX 77802  mkoppers@alenco.com
Quality Assurance Representative	
Address/Phone/Email	
Category	Windows
Subcategory	Single Hung
Compliance Method	Certification Mark or Listing
Certification Agency	National Accreditation & Management Institute,
Referenced Standard and Year (of	<b><u>Standard</u></b>

Standard) AAMA/NWWDA 101/I.S.2

Equivalence of Product Standards Certified By

Sections from the Code 1707.4.2.1

Product Approval Method Method 1 Option A

Date Submitted 06/08/2005  
 Date Validated 08/04/2005  
 Date Pending FBC Approval 06/18/2005  
 Date Approved 08/05/2005

**Summary of Products**

FL #	Model, Number or Name	Description
1214.1	1111	Vinyl Tilt Single Hung
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> 1111: 48X72 R(35) Tested with DS annealed, 44X72 R(40) Tested with SS annealed. For smaller window sizes, glass to comply with ASTM E1300-02.		<b>Certification Agency Certificate Installation Instructions</b> <u>PTID 1214 R1 I FL INSTALLATION INSTRUCTIONS - Aluminum_B.pdf</u> <u>PTID 1214 R1 I INSTALLATION INSTRUCTIONS - Vinyl_B.pdf</u> Verified By:
1214.2	3753	Aluminum Tilt Single Hung
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> 3753: 44X72 R(40) Tested with Tested with DS annealed. For smaller window sizes, glass to comply with ASTM E1300-02.		<b>Certification Agency Certificate Installation Instructions</b> Verified By:
1214.3	4710F	Aluminum Single Hung
<b>Limits of Use (See Other)</b> <b>Approved for use in HVHZ:</b> <b>Approved for use outside HVHZ:</b> <b>Impact Resistant:</b> <b>Design Pressure: +/-</b> <b>Other:</b> 4710F: 48X72 R(40)/DP(50), Tested with DS annealed glass. For smaller window sizes, glass to comply with ASTM E1300-02.		<b>Certification Agency Certificate Installation Instructions</b> Verified By:

Vinyl →

Back Next



DCA Administration

**Department of Community Affairs  
Florida Building Code Online  
Codes and Standards**

**2555 Shumard Oak Boulevard  
Tallahassee, Florida 32399-2100**

**(850) 487-1824, Suncom 277-1824, Fax (850) 414-8436**

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**Product Approval Accepts:**



Prepared by:  
Elaine R. Davis / Lyndi Skinner  
American Title Services of Lake City, Inc.  
330 SW Main Boulevard  
Lake City, Florida 32025

File Number: 05-919

Inst:2006004866 Date:03/01/2006 Time:08:46  
Doc Stamp-Deed : 1190.00  
DC, P. DeWitt Cason, Columbia County B:1075 P:1489

### Warranty Deed

Made this February 17, 2006 A.D.

By **Betty Kroemmelbein and Richard Kroemmelbein, wife and husband**, whose address is: Post Office Box 727, Ft. White, Florida 32038, hereinafter called the grantor,

to **Dale Mowry and Whitney Wainwright, Joint Tenants With Right of Survivorship**, whose post office address is: 136 SW Robinson Court, Lake City, Florida 32024, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 14, Fort White Manor, according to the Plat thereof, as recorded in Plat Book 6, Page 30, of the Public Records of Columbia County, Florida.

Parcel ID Number: **R14330-114**

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2005.

**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Candace S Webster  
Witness Printed Name Candace WEBSTER

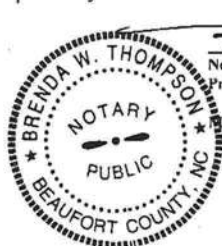
Linda W. Warren  
Witness Printed Name Linda W. WARREN

Betty Kroemmelbein (Seal)  
Betty Kroemmelbein  
Address: Post Office Box 727, Ft. White, Florida 32038

Richard Kroemmelbein (Seal)  
Richard Kroemmelbein

State of Florida  
County of Columbia

The foregoing instrument was acknowledged before me this 17 day of February, 2006, by Betty Kroemmelbein and Richard Kroemmelbein, wife and husband, who is/are personally known to me or who has produced FLDL # K654-081-60-802-0  
FLDC # K 654-1740-52-218-0  
identification.



Brenda W. Thompson  
Notary Public  
Print Name: Brenda W. Thompson  
My Commission Expires: Oct. 7, 2008

# Columbia County Property Appraiser

DB Last Updated: 3/29/2010

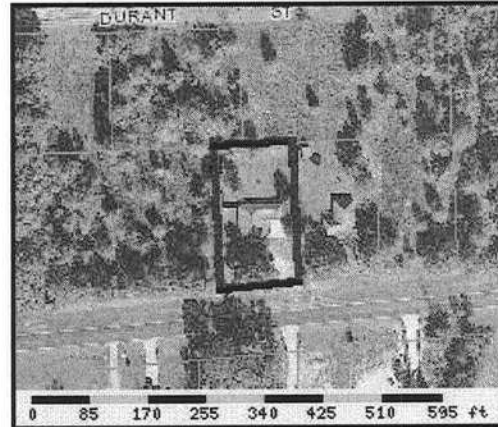
## 2009 Tax Roll Year

Parcel: 00-00-00-14330-114

Search Result: 1 of 1

### Owner & Property Info

<b>Owner's Name</b>	MOWRY DALE &		
<b>Mailing Address</b>	WHITNEY WAINWRIGHT JTWRS 6165 SW CR 18 FT WHITE, FL 32038		
<b>Site Address</b>	6165 SW COUNTY ROAD 18		
<b>Use Desc. (code)</b>	SINGLE FAM (000100)		
<b>Tax District</b>	4 (County)	<b>Neighborhood</b>	16
<b>Land Area</b>	0.000 ACRES	<b>Market Area</b>	02
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 14 FORT WHITE MANOR S/D. ORB 841-869, 935-1130, 936-1095, WD 1021-625, WD 1034-1390. WD 1075-1489.			



### Property & Assessment Values

2009 Certified Values		
<b>Mkt Land Value</b>	cnt: (0)	\$16,065.00
<b>Ag Land Value</b>	cnt: (1)	\$0.00
<b>Building Value</b>	cnt: (1)	\$97,248.00
<b>XFOB Value</b>	cnt: (2)	\$3,390.00
<b>Total Appraised Value</b>		\$116,703.00
<b>Just Value</b>		\$116,703.00
<b>Class Value</b>		\$0.00
<b>Assessed Value</b>		\$116,703.00
<b>Exempt Value</b>	(code: HX)	\$50,000.00
<b>Total Taxable Value</b>	Cnty: \$66,703 Other: \$66,703   Schl:	\$91,703

### 2010 Working Values

**NOTE:**  
2010 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

### Sales History

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/17/2006	1075/1489	WD	I	Q		\$170,000.00
12/30/2004	1034/1390	WD	I	Q		\$124,000.00
1/30/2004	1021/625	WD	I	U	06	\$100.00
10/1/2001	936/1095	WD	I	Q		\$86,000.00
9/14/2001	935/1130	WD	I	Q		\$79,900.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1999	(31)	1413	1982	\$93,881.00
<b>Note:</b> All S.F. calculations are based on exterior building dimensions.						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	2004	\$960.00	0000480.000	20 x 24 x 0	(000.00)

# Town of Fort White

Post Office Box 129 Fort White, Florida 32038-0129  
Town Hall - (386) 497-2321 • Public Works - (386) 497-3345 • Fax (386) 497-4946  
Email: [townofftwhite@alltel.net](mailto:townofftwhite@alltel.net) • Web site: [Townoffortwhitefl.com](http://Townoffortwhitefl.com)

## CERTIFICATE OF COMPLIANCE & REQUEST FOR ISSUANCE OF BUILDING PERMIT

The undersigned hereby certify the following property is in compliance with the Town of Fort White's Comprehensive Plan and Land Development Regulations for the stated development purposes:

FILE No. 09-007

OWNER'S NAME: Mary Ann Crawford / Crawford Construction

ADDRESS: 1482 SW Commercial Glen Lake City, FL 32025

PROPERTY DESCRIPTION: RSF -1 parcel no. 14330-114 6165 SW CR 18 Fort White, FL 32038

DEVELOPMENT: Rebuild Interior of home (fire damage)

You are hereby authorized to issue the appropriate permits

**Please fax a copy of the Applicants permit to 386-497-4946**

4-20-10  
DATE

  
LDR Administrator

District #1  
Donald Cook  
497-1086

District #2  
Henry Maini  
497-2992

District #3  
Warren Barnes  
497-3112

District #4  
Demetric Jackson  
497-2078

Mayor  
Truett George  
497-4741

This instrument was Prepared By:  
STANLEY CRAWFORD CONSTRUCTION, INC.  
1482 SW Commercial Glen  
Lake City, Florida 32025

Doc: 201012006301 Date: 4/21/2010 Time: 9:15 AM  
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1193 P: 100

TAX ID NO.: 00-00-00-14330-114

NOTICE OF COMMENCEMENT

STATE OF FLORIDA  
COUNTY OF

The undersigned hereby gives notice that improvement will be made to certain real Property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

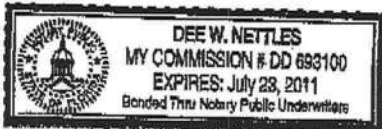
1. Description of property: Lot 14 Ft. White S/D
2. General description of improvement: Repair home from fire damage
3. Owner information: Name and address: Dale & Whitney Mowry  
6165 SW CR 18  
Ft. White, FL 32038
4. a Interest in property: Fee Simple  
b. Name and address of fee simple title holder (if other than owner): None
5. Contractor: Stanley Crawford Construction  
1482 SW Commercial Glen  
Lake City, FL 32025
6. Lender: N/A
7. Persons within the State of Florida designated by Owner upon whom notices Or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes : NONE
8. In addition to himself, Owner designates \_\_\_\_\_

\_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in section 713.13 (1) (b), Florida Statutes.

9. Expiration date of notice of commencement (the expiration date is 1 year from The date of recording unless a different date is specified).

The foregoing instrument was acknowledged before me this 16 day of April, 2010 by Dale & Whitney Mowry, who are personally known to me and who did not take an oath.

Notary Public  
My Commission Expires: \_\_\_\_\_



SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1004-24 CONTRACTOR Stanley Crawford PHONE 752-5152

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County 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 permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL 380	Print Name: <u>Donald R Davis</u> License #: <u>EC 006 2306</u>	Signature: <u>Donald R Davis</u> Phone #: <u>386 623 9499</u>
<input checked="" type="checkbox"/> MECHANICAL A/C 802	Print Name: <u>Clint Wilson</u> License #: <u>CACO 57886</u>	Signature: <u>Clint Wilson</u> Phone #: <u>386-754-9408</u>
<input checked="" type="checkbox"/> PLUMBING/GAS 411	Print Name: <u>Joseph W. Davis II</u> License #: <u>CFCO 57304</u>	Signature: <u>Joseph W. Davis II</u> Phone #: <u>386-454-1407</u>
<input type="checkbox"/> ROOFING →	Print Name: <u>Brian Crawford</u> License #: <u>KCC 1326779</u>	Signature: <u>Brian Crawford</u> Phone #: <u>386-755-8889</u>
<input type="checkbox"/> SHEET METAL	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER	Print Name: _____ License #: _____	Signature: _____ Phone #: _____
<input type="checkbox"/> SOLAR	Print Name: _____ License #: _____	Signature: _____ Phone #: _____

Specialty License	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
<input checked="" type="checkbox"/> MASON	<u>000712</u>	<u>Calvin Crawford</u>	<u>Calvin Crawford</u>
<input checked="" type="checkbox"/> CONCRETE FINISHER	<u>212</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> FRAMING	<u>0007369</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> INSULATION 741 OK	<u>000741</u>	<u>SunCoast Insulators</u>	<u>Patricia Bowen</u>
<input type="checkbox"/> STUCCO	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> DRYWALL	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input checked="" type="checkbox"/> PLASTER OK 64	<u>C60042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> CABINET INSTALLER	<u>000064</u>	<u>Stanley Crawford Const</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> PAINTING	<u>000064</u>	<u>Stanley Crawford Const</u>	<u>Stanley Crawford</u>
<input type="checkbox"/> ACOUSTICAL CEILING	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input checked="" type="checkbox"/> GLASS OK	<u>619</u>	<u>Lake City Glass</u>	<u>Call Bill</u>
<input checked="" type="checkbox"/> CERAMIC TILE	<u>C60042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> FLOOR COVERING	<u>C60042896</u>	<u>Stanley Crawford</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> ALUM/VINYL SIDING	<u>000064</u>	<u>Stanley Crawford Const</u>	<u>Stanley Crawford</u>
<input checked="" type="checkbox"/> GARAGE DOOR	<u>000064</u>	<u>Stanley Crawford Const</u>	<u>Stanley Crawford</u>
<input type="checkbox"/> METAL BLDG ERECTOR	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.



DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

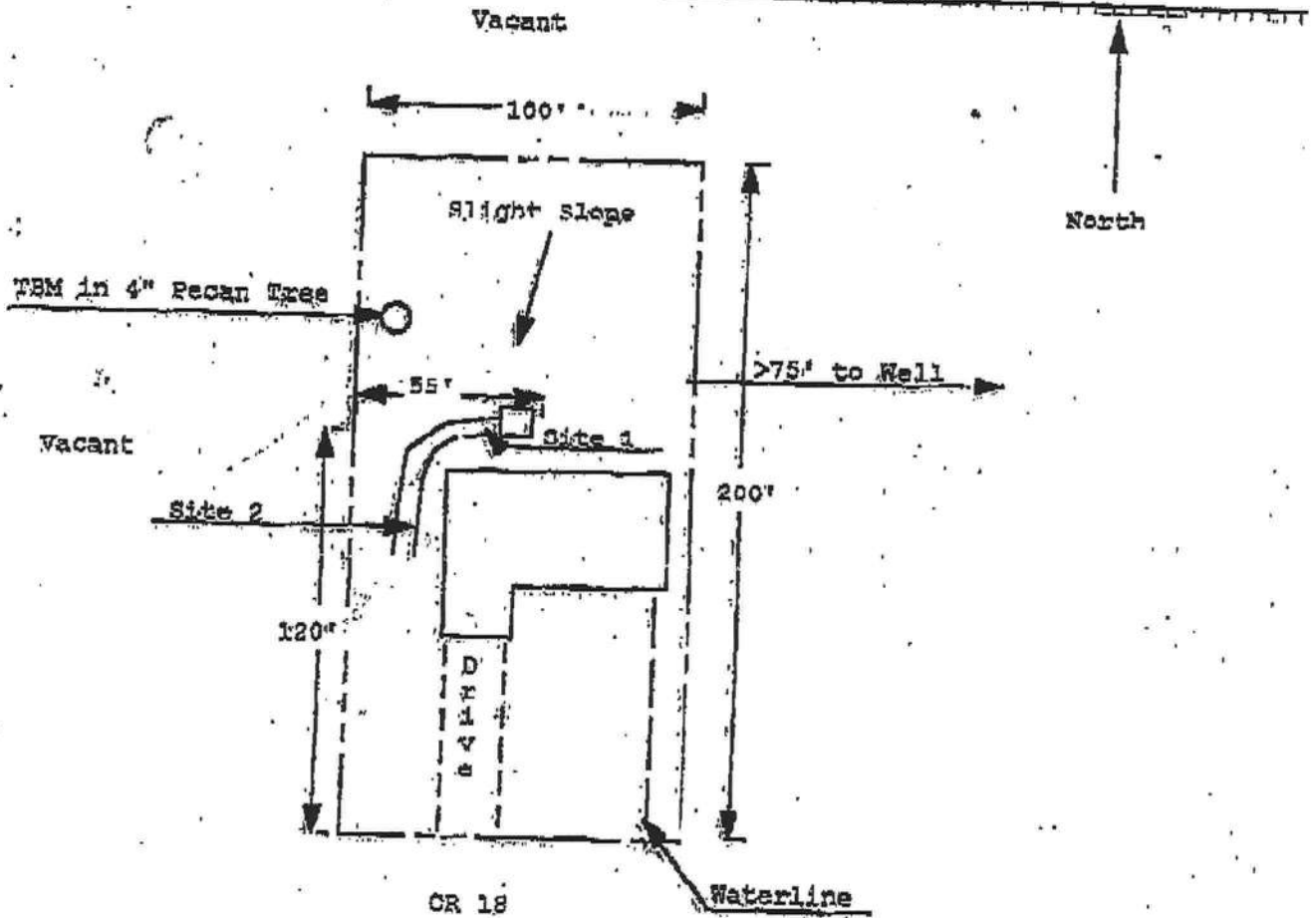
;386 758-2187

# 1 / 1

Permit Application Number 200  
10-02005E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by: Ma. L. Cloyd

Signature

Agent

Title

Plan Approved X

Not Approved

Date 4-23-10

By Salwa Ford, EH Director Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**A** MM DD YYYY  Delete **NFIRS -1**  
 29091 FL 03 25 2010 46 10-0001115 000  Change **Basic**  
 FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  No Activity

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address  Intersection  In front of  Rear of  Adjacent to  Directions

6165 SW County Road 18  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Lake City FL 32025  
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

**C Incident Type \***  
 111 Building fire  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm \* 03 25 2010 09:14:00  
 Arrival \* 03 25 2010 09:19:00  
 Controlled   
 Last Unit Cleared 03 25 2010 10:20:00

**E2 Shift & Alarms** Local Option  
 B 01 1  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recvd.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive  
 CONTROLLED Optional, Except for wildland fires  
 LAST UNIT CLEARED, required except for wildland fires

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken \***

11 Extinguishment by fire  
 Primary Action Taken (1)

12 Salvage & overhaul  
 Additional Action Taken (2)

51 Ventilate  
 Additional Action Taken (3)

**G1 Resources \***  Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel  
 Suppression 0005 0009  
 EMS  
 Other

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 040,000  
 Contents \$ 030,000  
 PRE-INCIDENT VALUE: Optional  
 Property \$ 170,000  
 Contents \$ 040,000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service  
 Civilian

**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\*** Structures

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

Outside  
 124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales  
 539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse  
 981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 419  
 1 or 2 family dwelling  
 NFIRS-1 Revision 03/11/99

**K1. Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="checkbox"/>	Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="checkbox"/>	Number	Prefix	Street or Highway	Street Type	Suffix
<input type="checkbox"/>	Post Office Box	Apt./Suite/Room	City		
<input type="checkbox"/>	State	Zip Code			

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
**K2 Owner**
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

<input type="checkbox"/>	Dale	MI	Mowry	Suffix
<input type="checkbox"/>	6165	SW	County Road 18 Ft. White, FL 328	Street Type
<input type="checkbox"/>	Post Office Box	Apt./Suite/Room	Lake City	
<input type="checkbox"/>	FL	32025		

**L Remarks**

Local Option

We were dispatched to a structure fire. Upon our arrival we found smoke coming from vents on the roof and windows were blackened from smoke. We pulled a 1 3/4" line off the truck and went in the back door. We had heavy smoke inside the home. We found the fire was contained to a chair in the living room. Once we extinguished the fire we opened the windows and put a PPV fan on the front door to clear the smoke. We called the State Fire Marshal's office to have them take a look to back up our findings. Investigator Mike Lofton arrived and found the same information. There was smoke and heat damage throughout the house. It appeared the fire started from an outlet in the living room wall. We completed assignment and returned to station.

**L Authorization**

0008	Bickel, Brian David	LT		03	25	2010
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer in charge. <input checked="" type="checkbox"/>	0008	Bickel, Brian David	LT		03	25	2010
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year	

**B Property Details**

**B1** 0001  Not Residential  
 Estimated Number of residential living units in building of origin whether or not all units became involved

**B2** 001  Buildings not involved  
 Number of buildings involved

**B3**  Acres burned (outside fires)  None  Less than one acre

**C On-Site Materials or Products**  None Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)                     

On-site material (2)                     

On-site material (3)                     

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

**D Ignition**

**D1** 14 Common room, den,  
 Area of fire origin \*

**D2** 13 Electrical arcing  
 Heat source \*

**D3** 21 Upholstered sofa,  
 Item first ignited \*  Check Box if fire spread was confined to object of origin

**D4** UU Undetermined  
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  None  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

7  Age was a factor  
 Estimated age of person involved           

1  Male 2  Female

**E2 Factors Contributing To Ignition**

UU Undetermined  None  
 Factor Contributing To Ignition (1)

                      
 Factor Contributing To Ignition (2)

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, Skip to Section G

                      
 Equipment Involved

Brand                     

Model                     

Serial #                     

Year                     

**F2 Equipment Power**

                      
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

**G Fire Suppression Factors**

Enter up to three codes.  None

                      
 Fire suppression factor (1)

                      
 Fire suppression factor (2)

                      
 Fire suppression factor (3)

**H1 Mobile Property Involved**

None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

                      
 Mobile property type

                      
 Mobile property make

                                           
 Mobile property model Year

                                                                
 License Plate Number State VIN Number

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

**I1 Structure Type \***  
If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1  Enclosed Building  
 2  Portable/mobile structure  
 3  Open structure  
 4  Air supported structure  
 5  Tent  
 6  Open platform (e.g. piers)  
 7  Underground structure (work areas)  
 8  Connective structure (e.g. fences)  
 0  Other type of structure

**I2 Building Status \***

1  Under construction  
 2  Occupied & operating  
 3  Idle, not routinely used  
 4  Under major renovation  
 5  Vacant and secured  
 6  Vacant and unsecured  
 7  Being demolished  
 0  Other  
 U  Undetermined

**I3 Building \* Height**  
Count the ROOF as part of the highest story

001  
Total number of stories at or above grade

      
Total number of stories below grade

**I4 Main Floor Size\***

     , 001 , 500  
Total square feet

OR

     ,      BY      ,       
Length in feet Width in feet

**J1 Fire Origin \***

001  Below Grade  
Story of fire origin

**J3 Number of Stories Damaged By Flame**  
Count the ROOF as part of the highest story

     Number of stories w/ minor damage (1 to 24% flame damage)  
     Number of stories w/ significant damage (25 to 49% flame damage)  
001 Number of stories w/ heavy damage (50 to 74% flame damage)  
     Number of stories w/ extreme damage (75 to 100% flame damage)

**K Material Contributing Most To Flame Spread**

Check if no flame spread OR same as material first ignited OR unable to determine **Skip To Section L**

**K1**       
Item contributing most to flame spread

**K2**       
Type of material contributing most of flame spread Required only if item contributing code is 00 or <70

**J2 Fire Spread \***

1  Confined to object of origin  
 2  Confined to room of origin  
 3  Confined to floor of origin  
 4  Confined to building of origin  
 5  Beyond building of origin

**L1 Presence of Detectors \***  
(In area of the fire)

N  None Present **Skip to section M**  
 1  Present  
 U  Undetermined

**L3 Detector Power Supply**

1  Battery only  
 2  Hardwire only  
 3  Plug in  
 4  Hardwire with battery  
 5  Plug in with battery  
 6  Mechanical  
 7  Multiple detectors & power supplies  
 0  Other \_\_\_\_\_  
 U  Undetermined

**L5 Detector Effectiveness**  
Required if detector operated

1  Alerted Occupants, occupants responded  
 2  Occupants failed to respond  
 3  There were no occupants  
 4  Failed to alert occupants  
 U  Undetermined

**L2 Detector Type**

1  Smoke  
 2  Heat  
 3  Combination smoke - heat  
 4  Sprinkler, water flow detection  
 5  More than 1 type present  
 0  Other \_\_\_\_\_  
 U  Undetermined

**L4 Detector Operation**

1  Fire too small to activate  
 2  Operated (Complete Section L5)  
 3  Failed to Operate (Complete Section L6)  
 U  Undetermined

**L6 Detector Failure Reason**  
Required if detector failed to operate

1  Power failure, shutoff or disconnect  
 2  Improper installation or placement  
 3  Defective  
 4  Lack of maintenance, includes cleaning  
 5  Battery missing or disconnected  
 6  Battery discharged or dead  
 0  Other \_\_\_\_\_  
 U  Undetermined

**M1 Presence of Automatic Extinguishment System \***

N  None Present **Complete rest of Section M**  
 1  Present

**M3 Automatic Extinguishment System Operation**  
Required if fire was within designed range

1  Operated & effective (Go to M4)  
 2  Operated & not effective (M4)  
 3  Fire too small to activate  
 4  Failed to operate (Go to M5)  
 0  Other  
 U  Undetermined

**M5 Automatic Extinguishment System Failure Reason**  
Required if system failed

1  System shut off  
 2  Not enough agent discharged  
 3  Agent discharged but did not reach fire  
 4  Wrong type of system  
 5  Fire not in area protected  
 6  System components damaged  
 7  Lack of maintenance  
 8  Manual Intervention  
 0  Other \_\_\_\_\_  
 U  Undetermined

**M2 Type of Automatic Extinguishment System \***  
Required if fire was within designed range of AES

1  Wet pipe sprinkler  
 2  Dry pipe sprinkler  
 3  Other sprinkler system  
 4  Dry chemical system  
 5  Foam system  
 6  Halogen type system  
 7  Carbon dioxide (CO<sub>2</sub>) system  
 0  Other special hazard system  
 U  Undetermined

**M4 Number of Sprinkler Heads Operating**  
Required if system operated

      
Number of sprinkler heads operating

B Apparatus or Resource	Date and Times					Sent	Number of People	Use	Actions Taken	
	Check if same as alarm date								Check ONE box for each apparatus to indicate its main use at the incident.	
	Month	Day	Year	Hour	Min					
1 ID <b>E44</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:14</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<b>73</b>	<b>74</b>
	Arrival <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:19</b>	<input checked="" type="checkbox"/>	<b>1</b>	<input type="checkbox"/> EMS	<b>75</b>	
	Clear <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>10:20</b>			<input type="checkbox"/> Other		
2 ID <b>E45</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:14</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<b>73</b>	<b>74</b>
	Arrival <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:19</b>	<input checked="" type="checkbox"/>	<b>2</b>	<input type="checkbox"/> EMS	<b>75</b>	<b>76</b>
	Clear <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>10:20</b>			<input type="checkbox"/> Other		
3 ID <b>E46</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:14</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<b>73</b>	<b>74</b>
	Arrival <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:19</b>	<input checked="" type="checkbox"/>	<b>2</b>	<input type="checkbox"/> EMS	<b>75</b>	<b>76</b>
	Clear <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>10:20</b>			<input type="checkbox"/> Other		
4 ID <b>T44</b> Type <b>24</b>	Dispatch <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:14</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<b>73</b>	<b>74</b>
	Arrival <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:19</b>	<input checked="" type="checkbox"/>	<b>2</b>	<input type="checkbox"/> EMS	<b>75</b>	
	Clear <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>10:20</b>			<input type="checkbox"/> Other		
5 ID <b>T45</b> Type <b>24</b>	Dispatch <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:14</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression	<b>73</b>	<b>74</b>
	Arrival <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>09:19</b>	<input checked="" type="checkbox"/>	<b>2</b>	<input type="checkbox"/> EMS	<b>75</b>	<b>76</b>
	Clear <input checked="" type="checkbox"/>	<b>3</b>	<b>25</b>	<b>2010</b>	<b>10:20</b>			<input type="checkbox"/> Other		
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
	Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

**Type of Apparatus or Resources**

- |   |   |  |
|---|---|--|
| <b>Ground Fire Suppression</b><br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker & pumper combination<br>16 Brush truck<br>17 ARF (Aircraft Rescue and Firefighting)<br>10 Ground fire suppression, other<br><b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy equipment, other<br><b>Aircraft</b><br>41 Aircraft: fixed wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other | <b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine apparatus, other<br><b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other<br><b>Medical &amp; Rescue</b><br>71 Rescue unit<br>72 Urban Search & rescue unit<br>73 High angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>More Apparatus?<br/>Use Additional<br/>Sheets</b> </div> <b>Other</b><br>91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type 1 hand crew<br>95 Type 2 hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resource<br><br>NN None<br>UU Undetermined |
|---|---|--|

**A** FDID 29091 \* State FL \* Incident Date 3 25 2010 \* Station 46 Incident Number 10-0001115 \* Exposure 000 \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* Use codes listed below

Date and Times Check if same as alarm date  
 Month Day Year Hours/mins

Sent  Number of People 1 Use  Suppression  EMS  Other Actions Taken 73 74 75   

1 ID E44 Dispatch  3 25 2010 09:14 Sent  Arrival  3 25 2010 09:19 Clear  3 25 2010 10:20 Type 11

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0085	Steiner, Curtis	FF	X	58	11		

2 ID E45 Dispatch  3 25 2010 09:14 Sent  Arrival  3 25 2010 09:19 Clear  3 25 2010 10:20 Type 11  Suppression  EMS  Other Actions Taken 73 74 75 76

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
AYLO01	Aylor, Wayne	FF	X	11	12		
MCCO01	McCook, Joshua	FF	X	58	11	12	51

3 ID E46 Dispatch  3 25 2010 09:14 Sent  Arrival  3 25 2010 09:19 Clear  3 25 2010 10:20 Type 11  Suppression  EMS  Other Actions Taken 73 74 75 76

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0007	Bertram, Jason	FF	X	58	11	12	51
0008	Bickel, Brian	LT	X	11	12	81	86

**A** FDID 29091 \* State FL \* Incident Date 3 25 2010 \* Station 46 Incident Number 10-0001115 \* Exposure 000 \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* Date and Times Check if same as alarm date Sent  Number of People 2 Use  Suppression  EMS  Other Actions Taken List up to 4 actions for each apparatus and each personnel.

**1** ID T44 Dispatch  3 25 2010 09:14 Sent  2  Suppression  EMS  Other Actions Taken 73 74  
 Type 24 Arrival  3 25 2010 09:19  Clear  3 25 2010 10:20  75

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0027 VANI01	Davis, John Vani, Stephen	FF FF	X X	58 11	73		

**2** ID T45 Dispatch  3 25 2010 09:14 Sent  2  Suppression  EMS  Other Actions Taken 73 74  
 Type 24 Arrival  3 25 2010 09:19  Clear  3 25 2010 10:20  75  76

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0003 0004	Bailey, Emory Bailey, Stephen	BC FF	X X	11 58	11		

**3** ID      Dispatch                      Sent        Suppression  EMS  Other Actions Taken            
 Type      Arrival                       Clear                           

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

**A** FDID \* 29091 State \* FL Incident Date \* 3 25 2010 Station 46 Incident Number \* 10-0001115 Exposure \* 000  Delete  Change **Insurance and \$Loss**

**B Estimated Dollar Loss & Value**

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$170,000.00	\$40,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$40,000.00	\$30,000.00	\$0.00	\$0.00

**C<sub>1</sub> Insurance Company**

Farm Bureau  Contact Name  
 Business name if applicable  
605 SW State Road 47  
 Street or highway  
 Post office box  City  
386 - 752 - 4003  
 State Zip Code Phone Number  
 Agent Name  
6165SBNCR18  
 Policy Number  Buildings  Vehicles  Contents  
 Policy Coverage

# CHERRYBROOK AVENUE OPEN

## OCCUPANCY

COLUMBIA COUNTY, FLORIDA

### Department of Building and Zoning Inspection

*This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.*

Parcel Number 34-6S-16-14330-114

Building permit No. 000028504

Use Classification RENOVATION OF SFD

Fire: 0.00

Permit Holder STANLEY CRAWFORD

Waste: \_\_\_\_\_

Owner of Building DALE MOWRY

Total: 0.00

Location: 6165 SW CR 18

Date: 06/23/2010

*Henry Dieker*

Building Inspector



POST IN A CONSPICUOUS PLACE  
(Business Places Only)