

No Charge — Fire Report Included
PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 18 June 2013 Building Official TM 6/13/13
 AP# 1306-49 Date Received 6-11-13 By LH Permit # 31160
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
 Comments Replacing existing Bumed MH

FEMA Map# N/A Elevation N/A Finished Floor 1 above rd River N/A In Floodway N/A
 Site Plan with Setbacks Shown EH # 13-0319-E EH Release Well letter Existing well
 Recorded Deed or Affidavit from land owner Installer Authorization State Rd Access 911 Sheet
 Parent Parcel # _____ STUP-MH _____ F W Comp. letter App Fee Pd VF Form 55
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Out County In County 55
 Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 Ellisville Water Sys 55
Faultline w/c 6/13

Property ID # 11-65-16-03816-137 Subdivision North Cross Roads Unrec. Parcel 37

- New Mobile Home Used Mobile Home MH Size 14x60 Year 98
- Applicant Tony G. Parnell Phone # 386-832-7071
- Address 6893 SW old wire rd Ft. white fl 32038
- Name of Property Owner Tony G. Parnell Phone# 386-832-7071
- 911 Address 6893 SW Old Wire Rd Fort White "386-697-3127 Sissy"
- Circle the correct power company - FL Power & Light Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Tony Parnell Phone # 386-832-7071
 Address 6893 SW old wire rd Ft. white fl. 32038
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size 4.980 Total Acreage 5
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (Pd)
- Driving Directions to the Property Hwy 47 S towards Ft. White. Turn (D) on
 Elim Church Rd. approx 2 miles turn (D) Old wire Rd
 approx 2.5 on (B) Black mail box (Parnell, 6893)
- Name of Licensed Dealer/Installer Steven Cox Phone # 352-472-6562
- Installers Address 1600 SE 43RD Ave Trenton Fla 32693
 - License Number IH 1025399-1 Installation Decal # 16237

spoke to Tony 6/18/13

Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

- [Tax Collector](#)
- [Tax Estimator](#)
- [Property Card](#)
- [Parcel List Generator](#)
- [Interactive GIS Map](#)
- [Print](#)

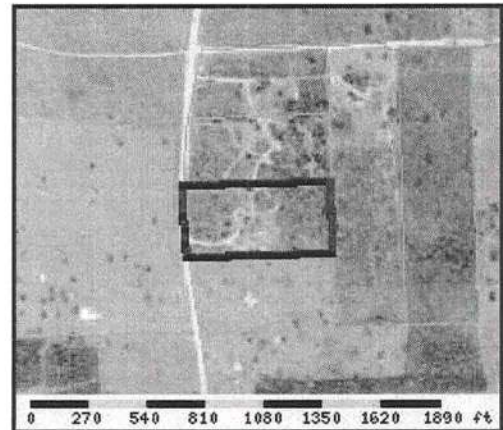
Parcel: 11-6S-16-03816-137

[<< Next Lower Parcel](#) [Next Higher Parcel >>](#)

Search Result: 1 of 1

Owner & Property Info

Owner's Name	PARNELL TONY G		
Mailing Address	6893 SW OLD WIRE RD FT WHITE, FL 32038		
Site Address	6893 SW OLD WIRE RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	11616
Land Area	4.980 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
<small>COMM SE COR OF SW1/4 OF SE1/4 W 212.63 FT, N 335.95 FT FOR POB, W 666.73 FT TO E R/W OF OLD WIRE RD, N'LY ALONG R/W 323 FT, E 678.35 FT, S 322.39 FT TO POB. (AKA PRCL 37 NORTH CROSS ROADS S/D UNREC). ORB 839-2297, WD 1045-342, & EX CO RD R/W TAKEN PRCL #86 AS DESC IN ORB ____-____, WD 1217-1615, WD 1227-2571, WD 1232-2142</small>			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$29,936.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$25,342.00
XFOB Value	cnt: (1)	\$1,440.00
Total Appraised Value		\$56,718.00
Just Value		\$56,718.00
Class Value		\$0.00
Assessed Value		\$56,718.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$56,718 Other: \$56,718 Schl: \$56,718

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
2/10/2012	1232/2142	WD	I	U	40	\$30,000.00
12/12/2011	1227/2571	WD	I	U	38	\$20,000.00
6/27/2011	1217/1615	WD	I	U	30	\$32,700.00
4/27/2005	1045/342	WD	V	U	04	\$15,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	SFR MANUF (000200)	1998	(31)	1216	1216	\$24,739.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)

WARRANTY DEED
INDIVID. TO INDIVID.

RAMCO FORM 01

Returns to: (enclose self-addressed stamped envelope)

Name: WALLACE CAIN
Address: P.O. Box 100
AIACHUA, FL 32616

This Instrument Prepared by:
Name: WALLACE CAIN
Address: P.O. Box 100
AIACHUA, FL 32616

Property Appraisers Parcel Identification

Folio Number(s):

Grantee[s] S.S. # (s)

Inst: 201212005436 Date: 4/9/2012 Time: 12:31 PM
Doc Stamp Deed: 210.00
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B-1232 P-2142

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Warranty Deed, Made the 10th day of February, 2012, by
WALLACE R. CAIN, a married person
hereinafter called the Grantor, to TIMMY G. PARRELL
whose post office address is 6893 SW Old Wire Rd Ft. White, FL
hereinafter called the Grantee.

(Wherever used herein the terms "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, wherever the context so admits or requires.)

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 100 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, State of FL, viz:

See Exhibit "A" attached

This is not nor has ever been homestead of Grantor
not located adjacent to

Together with a 1998 Horton mobile Home
LOT #2074566.

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, and hereby 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, 2011.

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

Signed, sealed and delivered in the presence of:

Danna Murray
Witness Signature (as to First Grantor)
Printed Name: DANNA MURRAY

Chuck Davis
Witness Signature (as to First Grantor)
Printed Name: CHUCK DAVIS

Witness Signature (as to Co-Grantor, if any)
Printed Name

Witness Signature (as to Co-Grantor, if any)
Printed Name

STATE OF Florida
COUNTY OF Alachua

Wallace R. Cain
Grantor Signature

Printed Name

Post Office Address

Co-Grantor Signature, (if any)

Printed Name

Post Office Address

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. (Check one:) Said person(s) is/are personally known to me. Said person(s) provided the following type of identification:



Witness my hand and official seal in the County and State last aforesaid this 20 day of March, 2012
Danna Murray
Notary Signature
Printed Name: DANNA MURRAY

Exhibit "A"

5. The land referred to in this policy is situated in the County of COLUMBIA, State of Florida, and is described as follows:

Section 11: Parcel # 37 North of a survey by Donald F. Lee and Associates, Inc., dated April 3, 1997, lying in the Southwest 1/4 of Southeast 1/4 of Section 11, Township 6 South, Range 16 East, and more particularly described as follows:

Commence at the Southeast corner of said Southwest 1/4 of Southeast 1/4 and run South 89° 15' 49" West along the South line of said Southwest 1/4 of Southeast 1/4 a distance of 212.63 feet; thence run North 0° 38' 14" West, and parallel to the East line of said Southwest 1/4 of Southeast 1/4, a distance of 335.95 feet to the Point of Beginning; thence run South 89° 15' 49" West, and parallel to the South line of said Southwest 1/4 of Southeast 1/4, a distance of 666.73 feet to the Easterly maintained right-of-way line of Old Wire Road; thence Northerly along said East right-of-way line 323 feet, more or less; thence North 89° 15' 49" East 678.35 feet; thence South 0° 38' 14" East and parallel to the East line of said Southwest 1/4 of Southeast 1/4 a distance of 322.39 feet to the Point of Beginning.

Subject to Power Line Easement and subject to Restrictions recorded in Official Records Book 0837, Pages 1033 through 1035, inclusive, Columbia County, Florida.

A/K/A: Parcel 37-N Cross Roads Township 6 South, Range 16 East

Issued through:

03815-109

9

9.89 Ac

SW OLD WIRE RD

03816-136

36-N

4.67 Ac

03816-236

36-S

4.94 Ac

19.72 Ac

10

03815-110

03816-138

10.01 Ac



8 Ac

816-137

370'

295'

72'

190'

9.51 Ac

11

03815-111

03816-237

5.01 Ac

03818-101

A

3.8 Ac

SW OLD WIRE RD

03818-210

9.98 Ac

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Steven Cox PHONE 352-472-6562

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.

ok ok Not Crab. ok	ELECTRICAL 543	Print Name <u>Chris White</u> License #: <u>EC 13002222</u>	Signature <u>[Signature]</u> Phone #: <u>352-538-5544</u>
	MECHANICAL/ A/C <u>B 428</u>	Print Name <u>A.C.E. HEAT & AIR INC</u> License #: <u>CAC058170</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 497-2211</u>
	PLUMBING/ GAS <u>553</u>	Print Name <u>Faulkner Plumbing LLC</u> License #: <u>CFC 1426421</u>	Signature <u>[Signature]</u> Phone #: <u>386-755-1568</u>

Spoke to David on 6/18/13

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

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.

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Alachua
OWNERS NAME Tony Parnell PHONE _____ CELL 386-832-7071
INSTALLER Steven Cox PHONE 352-472-6562 CELL 352-222-1259
INSTALLERS ADDRESS 600 SE 43RD AVE Trenton FLA 32693

MOBILE HOME INFORMATION

MAKE General YEAR 98 SIZE 14 X 60
COLOR green & tan SERIAL No. GMHGA2109820212
WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS
DOORS
WALLS
CABINETS
ELECTRICAL (FIXTURES/OUTLETS)
EXTERIOR:
WALLS / SIDING
WINDOWS
DOORS
INSTALLER: APPROVED NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME Steven Cox
Installer/Inspector Signature [Signature] License No. FH1025399-1 Date 6/13/13

NOTES: _____
ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 6/13/13

called 6/13/13
9:50 A.M.

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 6/4/2013 DATE ISSUED: 6/4/2013

ENHANCED 9-1-1 ADDRESS:

6893 SW OLD WIRE RD

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

11-6S-16-03816-137

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE
ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

A <input type="text" value="29091"/> <input type="text" value="FL"/> <input type="text" value="03"/> <input type="text" value="16"/> <input type="text" value="2013"/> <input type="text" value="46"/> <input type="text" value="CCFR13CAD000824"/> <input type="text" value="0"/>							NFIRS-1 Basic			
B Location Type <input checked="" type="checkbox"/> Street address Intersection <input type="text" value="6893"/> <input type="text" value="SW"/> <input type="text" value="OLD WIRE"/> <input type="text" value="RD"/> <input type="text"/> In front of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rear of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Adjacent to <input type="text"/> Directions <input type="text"/> US National Grid <input type="text"/>							Census Tract <input type="text"/> - <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> State <input type="text" value="FL"/> Zip Code <input type="text" value="32055"/>			
C Incident Type <input type="text" value="111"/> Building fire		E1 Dates and Times Month <input type="text" value="03"/> Day <input type="text" value="16"/> Year <input type="text" value="2013"/> Hour <input type="text" value="01"/> Min <input type="text" value="14"/> Sec <input type="text" value="05"/> Midnight is 0000			E2 Shifts and Alarms Local Option <input type="text" value="B"/> Shift or Platoon <input type="text" value="1"/> Alarms <input type="text" value="46"/> District <input type="text"/>					
D Aid Given or Received 1 Mutual aid received <input type="text"/> <input type="text"/> 2 Automatic aid received <input type="text"/> <input type="text"/> 3 Mutual aid given <input type="text"/> <input type="text"/> 4 Automatic aid given <input type="text"/> <input type="text"/> 5 Other aid given <input type="text"/> <input checked="" type="checkbox"/> None		Check boxes if dates are the same as Alarm Date. Alarm <input type="text" value="03"/> <input type="text" value="16"/> <input type="text" value="2013"/> <input type="text" value="01:14:05"/> Arrival ARRIVAL required, unless canceled or did not arrive <input type="text" value="03"/> <input type="text" value="16"/> <input type="text" value="2013"/> <input type="text" value="01:26:31"/> Controlled CONTROLLED optional, except for wildland fires <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires <input type="text" value="03"/> <input type="text" value="16"/> <input type="text" value="2013"/> <input type="text" value="03:52:39"/>			E3 Special Studies Local Option <input type="text"/> Special Study ID# <input type="text"/> Special Study Value <input type="text"/>					
F Actions Taken <input type="text" value="11"/> Extinguishment by fire service personnel Primary Action Taken (1)		G1 Resources <input checked="" type="checkbox"/> Check this box and text this block if an Apparatus or Personnel Module is used. Suppression Apparatus <input type="text" value="5"/> Personnel <input type="text" value="7"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> Check box if resources counts include aid received resources.			G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="40,000"/> Contents \$ <input type="text" value="20,000"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> Contents \$ <input type="text"/>					
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> H2 Detector 1 Required for confined fires. Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert occupants U Unknown			H3 Hazardous Materials Release <input checked="" type="checkbox"/> None 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None			I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use		

Claim # 532469

J Property Use Structures		341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
131	Church, mosque, synagogue, temple, chapel	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
161	Restaurant or cafeteria	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	419	1 or 2 family dwelling	599	Business office
213	Elementary school, including kindergarten	429	Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
241	Adult education center, college classroom	449	Hotel/motel, commercial	700	Manufacturing, processing
311	24-hour care Nursing homes, 4 or more persons	459	Residential board and care	819	Livestock, poultry storage
331	Hospital - medical or psychiatric	464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse

Outside		936	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	946	Lake, river, stream		
669	Forest, timberland, woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump, sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use Code: **419**
 Property Use Description: **1 or 2 family dwelling**

K1 Person/Entity Involved

Local Option: Business Name (if Applicable): _____ Area Code: **386** Phone Number: **697-3127**

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr. **Tony** Parnell
 Mr., Ms., Mrs. First Name MI Last Name Suffix

6893 **SW** **OLD WIRE** **RD**
 Number Prefix Street or Highway Street Type Suffix

Post Office Box: _____ Apt./Suite/Room: _____ City: **Columbia**

FL **32055** - _____
 State Zip Code

K2 Owner Same as person involved? Then check this box and skip the rest of this Local Option block.

Business Name (if Applicable): _____ Area Code: **386** Phone Number: **697-3127**

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr. **Tony** Parnell
 Mr., Ms., Mrs. First Name MI Last Name Suffix

6893 **SW** **OLD WIRE** **RD**
 Number Prefix Street or Highway Street Type Suffix

Post Office Box: _____ Apt./Suite/Room: _____ City: **Columbia**

FL **32055** - _____
 State Zip Code

L Remarks

Local Option:

Station 45 along with Stations 46 & 44 were paged to a single wide mobile home with its front porch on fire. Engine 46 was first to arrive on scene and reported the porch had completely burned and was gone. Flames were showing through the roof and they asked that the next arriving unit take command. Engine 45 went on scene shortly after and 1606 established command. At that time we had heavy smoke coming from both ends of the house and heavy flame coming from the center of the structure's roof. Engine 46's crew then made entry just inside the front door and pulled the ceiling to expose the fire that was burning in the attic space. After pulling the ceiling and not being able to locate all the fire we then pulled Engine 46's crew back outside and laddered the roof and made a trench cut the length of the structure to access the attic space a second time from above and were able to put out the bulk of the fire. Once we had fire knocked down we sent a three man team inside to continue pulling the ceiling looking for hot spots and performing overhaul. Cause of the fire was determined to be a gas grill that had been converted to a charcoal grill used to cook dinner that night located on the front porch. Once overhaul was completed we let the structure sit for a few minutes and watched for smoke and steam. Once we determined all the smoke had dissipated and only steam remained, we broke down all our equipment and got trucks back in service. Fire Marshals office was called and because of the cause and our certainty that the grill was the cause he didn't respond. Red Cross was called to assist the family with a place to stay. Once the Red Cross representative got on scene, command was terminated and all units became available. Engine 45 cleared and returned to station without incident.

M Authorization

BERT01 Officer in charge ID	JASON BERTRAM Signature	Firefighte Position or rank	45-Ellisville Assignment	03 Month	16 Day	2013 Year
BERT01 Member Making report ID	JASON BERTRAM Signature	Firefighter Position or rank	45-Ellisvi Assignment	03 Month	16 Day	2013 Year

Claim # 532 469

B Property Details

B1 2 Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 1 Buildings not involved
Number of buildings involved

B3 0 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

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

On-Site Materials Storage Use

- 1 Bulk storage or warehousing
- 2 Processing or manufacturing
- 3 Packaged goods for sale
- 4 Repair or service
- N None
- U Undetermined

D Ignition

D1 72 Exterior balcony, unenclosed porch
Area of fire origin

D2 43 Hot ember or ash
Heat Source

D3 12 Exterior sidewall covering, surface, finish
Item first ignited

D4 50 Natural product, other
Type of material first ignited Required only if item first ignited code is 00 or -70

E1 Cause of Ignition

- Check this box if this is an exposure report
- 0 Cause, other (System generated code only, not used for data entry)
 - 1 Intentional
 - 2 Unintentional
 - 3 Failure of equipment or heat source
 - 4 Act of nature
 - 5 Cause under investigation
 - U Cause undetermined after investigation

E2 Factors Contributing to Ignition

57 Equipment not used for purpose intended
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

- Check all applicable boxes
- 1 Asleep
 - 2 Possibly impaired by alcohol or drugs
 - 3 Unattended or unsupervised person
 - 4 Possibly mentally disabled
 - 5 Physically disabled
 - 6 Multiple persons involved
 - 7 Age was a factor
 - N None
- Estimated age of person involved
- 1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G
643 Grill, hibachi, barbecue
Equipment Involved
 Brand
 Serial
 Model
 Year

F2 Equipment Power Source

42 Coal, charcoal
Equipment Power Source

F3 Equipment Portability

- 1 Portable
 - 2 Stationary
- Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes.

100 Building construction or design, other
Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

- 1 Not involved in ignition, but burned
 - 2 Involved in ignition, but did not itself burn
 - 3 Involved in ignition and burned
- Mobile property model

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

- Pre-Fire Plan Available
 - Arson report attached
 - Police report attached
 - Coroner report attached
 - Other reports attached
- Some of the information presented in this report may be based upon reports from other agencies

License Plate Number State FL VIN

Claim # 532469

J1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other	J2 Building Status Count the roof as part of the highest story.	J3 Building Height Count the roof as part of the highest story.	J4 Main Floor Size Total square feet
0 Structure type, other	0 Building status, other	1 Total number of stories at or above grade	1, 600
1 Enclosed building	1 Under construction	0 Total number of stories below grade	BY Length in feet Width in feet
2 <input checked="" type="checkbox"/> Fixed portable or mobile structure	2 <input checked="" type="checkbox"/> In normal use		
3 Open structure	3 Idle, not routinely used		
4 Air-supported structure	4 Under major renovation		
5 Tent	5 Vacant and secured		
6 Open platform	6 Vacant and unsecured		
7 Underground structure work area	7 Being demolished		
8 Connective structure	U Undetermined		

J1 Fire Origin 1 Below Grade Story of fire origin	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story.	K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.
J2 Fire Spread If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). Confined to object of origin	Number of stories w/minor damage (1 to 24% flame damage)	K1 17 Structural member or framing
1 Confined to object of origin	Number of stories w/significant damage (25 to 49% flame damage)	Item contributing most to flame spread
2 Confined to room of origin	1 Number of stories w/heavy damage (50 to 74% flame damage)	K2 50 Natural product, other
3 <input checked="" type="checkbox"/> Confined to floor of origin	Number of stories w/extreme damage (75 to 100% flame damage)	Type of material contributing most to flame spread
4 Confined to building of origin		Required only if item contributing code is 00 or -70
5 Beyond building of origin		

L1 Presence of Detectors (In area of the fire)	L3 Detector Power Supply	L5 Detector Effectiveness Required if detector operated
1 Present	0 Detector power supply, other	1 Detector alerted occupants, occupants responded
N <input checked="" type="checkbox"/> None present	1 Battery only	2 Detector alerted occupants, occupants failed to respond
U Undetermined	2 Hardwire only	3 There were no occupants
L2 Detector Type	3 Plug-in	4 Detector failed to alert occupants
0 Detector type, other	4 Hardwire with battery backup	U Undetermined
1 Smoke	5 Plug-in with battery backup	L6 Detector Failure Reason Required if detector failed to operate
2 Heat	6 Mechanical	0 Detector failure reason, other
3 Combination smoke and heat in a single unit	7 Multiple detectors and power supplies	1 Power failure, hardwired det. shut off, disconnect
4 Sprinkler, water flow detection	U Undetermined	2 Improper installation or placement of detector
5 More than one type present	L4 Detector Operation	3 Defective detector
U Undetermined	1 Fire too small to activate detector	4 Lack of maintenance, includes not cleaning
	2 Detector operated	5 Battery missing or disconnected
	3 Detector failed to operate	6 Battery discharged or dead
	U Undetermined	U Undetermined

M1 Presence of Automatic Extinguishing System	M3 Operation of Automatic Extinguishing System Required if fire was within designed range	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective
1 Present	0 Operation of AES, other	0 Reason system not effective, other
2 Partial System Present	1 System operated and was effective	1 System shut off
N <input checked="" type="checkbox"/> None Present	2 System operated and was not effective	2 Not enough agent discharged to control the fire
U Undetermined	3 Fire too small to activate system	3 Agent discharged, but did not reach the fire
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES	4 System did not operate	4 Inappropriate system for the type of fire
0 Special hazard system, other	U Undetermined	5 Fire not in area protected by the system
1 Wet-pipe sprinkler system	M3 Number of Sprinkler Heads Operating Required if system operated	6 System components damaged
2 Dry-pipe sprinkler system	Number of sprinkler heads operating	7 Lack of maintenance, including corrosion or heads painted
3 Other sprinkler system		8 Manual intervention defeated the system
4 Dry chemical system		U Undetermined
5 Foam system		
6 Halogen-type system		
7 Carbon dioxide system		
U Undetermined		

Claim # 532469

A FDID: 29091 State: FL Incident Date: 03/16/2013 Station: 46 Incident Number: CCFR13CAD000824 Exposure: 0

**NFIRS-9
Apparatus
or
Resources**

B	Apparatus or Resource	Dates and Times		Sent	Number of People	Apparatus Use	Actions Taken	
		Month/Day/Year	Hour/Min				List up to 4 actions for each apparatus and each personnel.	
Midnight is 0000 Check if the same date as Alarm date on the Basic Module (Block E1)								
1	ID: E45 Type: 11	Dispatch						
		Arrival	X	03/16/13	0129			73 74
		Clear	X	03/16/13	0306	X	Suppression EMS	75
2	ID: E46 Type: 11	Dispatch						
		Arrival	X	03/16/13	0126			73 74
		Clear	X	03/16/13	0352	X	Suppression EMS	75
3	ID: T44 Type: 24	Dispatch						
		Arrival	X	03/16/13	0132			73 74
		Clear	X	03/16/13	0315	X	Suppression EMS	75
4	ID: T46 Type: 24	Dispatch						
		Arrival	X	03/16/13	0132			73 74
		Clear	X	03/16/13	0352	X	Suppression EMS	75
5	ID: T45 Type: 24	Dispatch						
		Arrival	X	03/16/13	0143			73 74
		Clear	X	03/16/13	0348	X	Suppression EMS	75

Claim # 532469

B Apparatus or Resource **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**
Check if the same date as Alarm date on the Basic Module (Block E1)
Month/Day/Year Hour/Min
 1 ID E45 Dispatch Sent 2 Other 73 74
 Type 11 Arrival X 03/16/13 0129 X Suppression 75
 Clear X 03/16/13 0306 EMS

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BEDE01	BEDENBAUGH, STEVE	Firefighter/EMT	73	74	75	
BERT01	BERTRAM, JASON	Firefighter	73	86	75	

B Apparatus or Resource **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**
Check if the same date as Alarm date on the Basic Module (Block E1)
Month/Day/Year Hour/Min
 2 ID E46 Dispatch Sent 2 Other 73 74
 Type 11 Arrival X 03/16/13 0126 X Suppression 75
 Clear X 03/16/13 0352 EMS

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MCCA02	MCCAULEY, CAMERON	Firefighter	73	74	75	
REDI01	REDISH, COLLIN	Lieutenant	73	86	75	

B Apparatus or Resource **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**
Check if the same date as Alarm date on the Basic Module (Block E1)
Month/Day/Year Hour/Min
 3 ID T44 Dispatch Sent 1 Other 73 74
 Type 24 Arrival X 03/16/13 0132 X Suppression 75
 Clear X 03/16/13 0315 EMS

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
PEEL01	PEELER, WALTER	Battalion Chief	73	74	75	

B Apparatus or Resource **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**
Check if the same date as Alarm date on the Basic Module (Block E1)
Month/Day/Year Hour/Min
 4 ID T46 Dispatch Sent 1 Other 73 74
 Type 24 Arrival X 03/16/13 0132 X Suppression 75
 Clear X 03/16/13 0352 EMS

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SWEA01	SWEARS, AARON	Reservist	73	74	75	

B Apparatus or Resource **Dates and Times** Midnight is 0000 **Sent** **Number of People** **Apparatus Use** **Actions Taken**
Check if the same date as Alarm date on the Basic Module (Block E1)
Month/Day/Year Hour/Min
 5 ID T45 Dispatch Sent 1 Other 73 74
 Type 24 Arrival X 03/16/13 0143 X Suppression 75
 Clear X 03/16/13 0348 EMS

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SULL01	SULLIVAN, DANNY	Reservist	73	74	75	

Claim # 532 469

K1 Person/Entity Involved

Local Option
 Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code _____ Phone Number _____
 Ms. Sonya Mr., Ms., Mrs. First Name MI Daurity Last Name Suffix
 6893 SW OLD WIRE Number Prefix Street or Highway RD Street Type Suffix
 Post Office Box Apt./Suite/Room City Columbia
 FL 32055 State Zip Code

K2 Owner

Same as person involved? Then check this box and skip the rest of this block.

Local Option
 Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code 386 Phone Number 697-3127
 Mr. Tommy Mr., Ms., Mrs. First Name MI Parnell Last Name Suffix
 6893 SW OLD WIRE Number Prefix Street or Highway RD Street Type Suffix
 Post Office Box Apt./Suite/Room City Columbia
 FL 32055 State Zip Code

Claim # 532469

License Number: IH / 1025399 / 1 Name: STEVEN E. COX

Order #: 1155	Label #: 16237	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in.-lbs:
Note:			Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

16237
LABEL # _____ DATE OF INSTALLATION
STEVEN E. COX
NAME
IH / 1025399 / 1 1155
ORDER #

LICENSE #
CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME
IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249,
320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR
VEHICLES.

INSTRUCTIONS

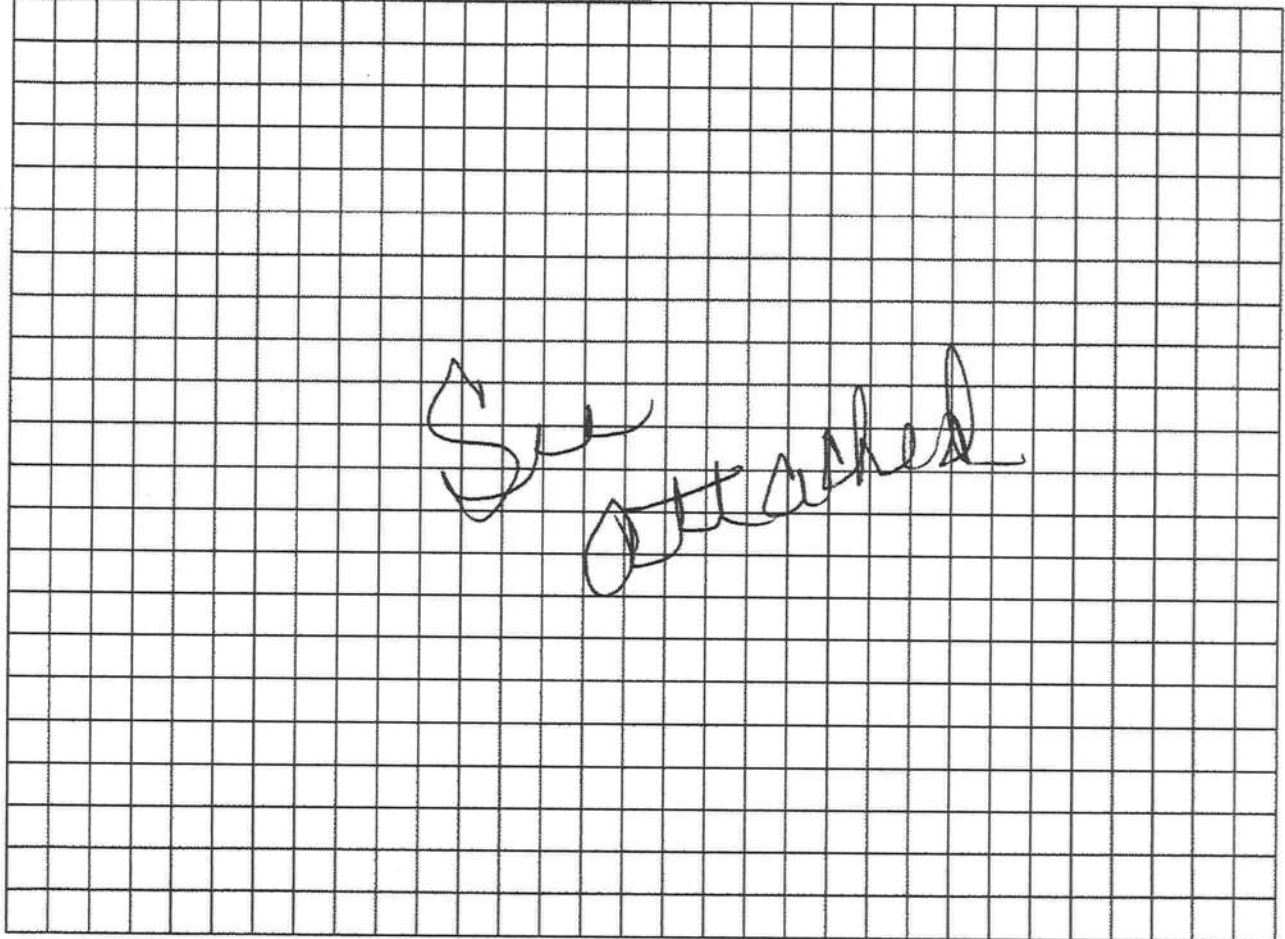
PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2
YEARS. YOU ARE REQUIRED
TO PROVIDE COPIES WHEN
REQUESTED.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0319E

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet



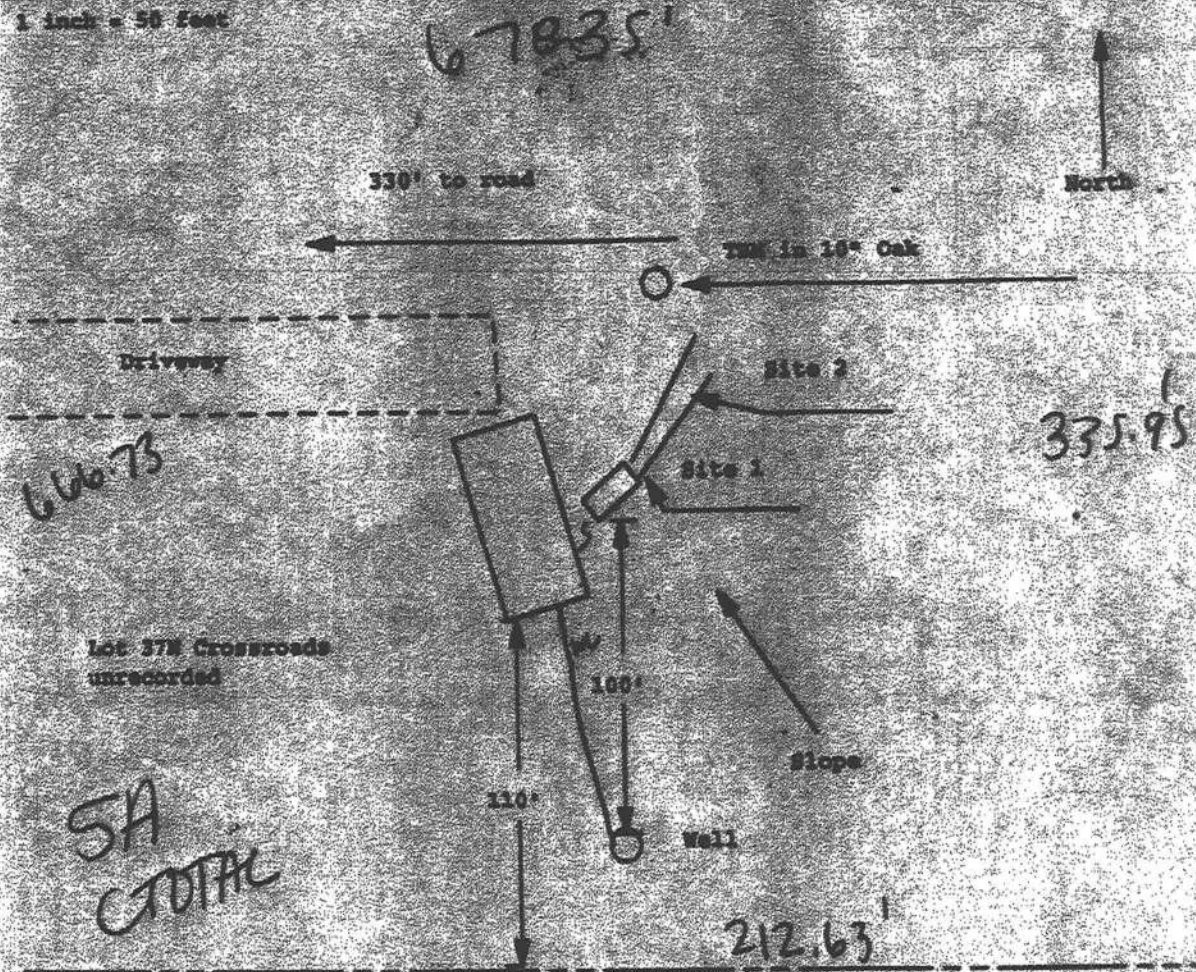
Notes: _____

Site Plan submitted by: Tony Parnell Owner
Plan Approved Not Approved _____ Date 6/18/13
By [Signature] Adams County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
 Permit Application Number: 13-0319E
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

1 inch = 50 feet



Site Plan Submitted By [Redacted] Date [Redacted]
 Plan Approved [Signature] Not Approved [Redacted] Date [Redacted]

By [Signature] 6/18/13 CPHU

Notes: Columbia



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 13-0319E
DATE PAID: 6/5/13
FEE PAID: 125.00
RECEIPT #: 110296

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: Tony G Parnell

AGENT: Same

TELEPHONE: 386-832-7071

MAILING ADDRESS: 6893 SW Old Wire Rd.

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: 37N SUBDIVISION: Crossroads PLATTED: _____

PROPERTY ID #: 11-65-16-03816-137 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [PRIVATE] PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] [N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 6893 SW Old Wire Rd Ft. White FL 32038

DIRECTIONS TO PROPERTY: St. Rd. 47 from Lake City. Turn left on Elim Church Rd. approx 2mi turn left on to Old Wire Rd. approx 2.5 miles on right. Black mailbox (Parnell, 6893)

BUILDING INFORMATION

RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>mobile Home</u>	<u>2</u>	840	ORIGINAL ATTACHED
2			<u>840</u>	
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Tony Parnell

DATE: 6/4/13

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/19 BY JL IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Tony Parnell PHONE 386-832-7071 CELL Same

ADDRESS 6893 Sw Old Wire Rd Ft. White Ft. 32038

MOBILE HOME PARK - SUBDIVISION

DRIVING DIRECTIONS TO MOBILE HOME 47-5 to ELIM C NURON, FL and so 2 miles to Old Wire, FL + SO 2.50 miles to Mailbox ON R.

MOBILE HOME INSTALLER Steven Cox PHONE 352-472-6562 CELL 352-222-1859

MOBILE HOME INFORMATION

MAKE General YEAR 98 SIZE 14 X 60 COLOR Green Beige

SERIAL No. GMAA92109820212

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

Just part scout

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

- P SMOKE DETECTOR () OPERATIONAL () MISSING
- P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION 1306-49
- P DOORS () OPERABLE () DAMAGED
- P WALLS () SOLID () STRUCTURALLY UNSOUND
- P WINDOWS () OPERABLE () INOPERABLE
- P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
- P CEILING () SOLID () HOLES () LEAKS APPARENT
- P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

- P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
- P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
- P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Tony Cox ID NUMBER 306 DATE 6-20-13