

388/082150

BUILDING AND ZONING

PAGE 02/11

☒ FIRE REPORT Due

NO CHARGE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official 32K 2/4/2012 Building Official 7.6.4.27-12

AP# 1204-43 Date Received 4/17 By JK Permit # 30118

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Section 2.3.1

FEMA Map# N/A Elevation N/A Finished Floor Labrett River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 12-0221-F ☒ EH Release ☒ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☐ State Road Access ☐ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☐ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Impact Fees (Suspended March 2009)

Property ID # 06-55-16-03471-001 Subdivision - 7505 2386 - Fxk #

- ☐ New Mobile Home ☒ Used Mobile Home ☒ MH Size 14x66 Year 1993
- Applicant Tara E. Howell Phone # 386 984 7976
- Address 8383 150th St Line Oak FL 32060
- Name of Property Owner Michael Proffitt Phone # 386 965 1083
- 911 Address 329 SW Barrs Glen Lake City FL 32024
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Michael Proffitt Phone # 386 965 1083
Address 329 SW Barrs Glen Lake City FL 32024
- Relationship to Property Owner Same Person
- Current Number of Dwellings on Property 1
- Lot Size 1.010 Acres Total Acreage _____
- 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 (FD)
- Driving Directions to the Property 90 W to Hwy 247 (L) - go
approx 8 miles - turn (R) on SW Norris - turn (L) on Barrs - 329
- Name of Licensed Dealer/Installer Terry L. Thirft Phone # 386 623 0115
- Installers Address 448 NW Dye Hunter DR Lake City FL 32055
- License Number TH-1055139 Installation Decal # 10614

John Spoke - w/ Tara 4.27.12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with this packet.

Installer KERRY L. HOFF License # TH-255139

911 Address where home is being installed. 329 NW Bays Blvd

Manufacturer Horton Length x width 66 x 14'

NOTE: If home is a single wide fill out one half of the blocking plan
If home is a triple or quad wide sketch in remainder of home

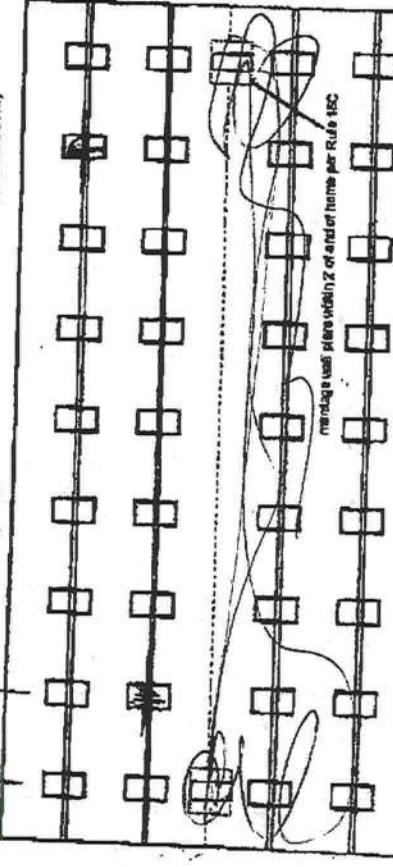
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 R 4 in.

Installer's initials TH

Typical pier spacing 6'



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



mantra wall pier within 2' of end of home per Rule 15C

page 1 of 2

New Home ☐ Used Home ☒
Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C
Single wide ☒ Wind Zone II ☒ Wind Zone III ☐
Double wide ☐ Installation Decal # 106114
Triple/Quad ☐ Serial # H102718 67

PIER SPACING TABLE FOR USED HOMES

Used bearing capacity (eq. in)	16' x 16" (2200)	18 1/2" x 18 1/2" (342)	20' x 20" (409)	22' x 22" (494)	24' x 24" (578)	26' x 26" (676)
1000 lbs	3"	4"	5"	6"	7"	8"
1500 lbs	4"	5"	6"	7"	8"	9"
2000 lbs	5"	6"	7"	8"	9"	10"
2500 lbs	6"	7"	8"	9"	10"	11"
3000 lbs	7"	8"	9"	10"	11"	12"
3500 lbs	8"	9"	10"	11"	12"	13"

* Interpolated from Rule 15C-3 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17 1/2" x 25 1/2"
Perimeter pier pad size _____
Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of mantrage wall openings 4 foot or greater. Use this symbol to show the plans.

List all mantrage wall openings greater than 4 foot and their pier pad sizes below.

Opening _____ Pier pad size _____

ANCHORS 4 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Shiver

OTHER TIES

Sidewall _____
Longitudinal _____
Mantrage wall _____
Shearwall _____

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

1500 x 1500 = 2250000
1500 x 1500 = 2250000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

1500 x 1500 = 2250000
1500 x 1500 = 2250000

TORQUE PROBE TEST

The results of the torque probe test is 2500 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the slowwall locations. I understand 5 ft. anchors are required at all centerline locations where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Plumbing

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used homes a mini 30 gauge, 4" wide, galvanized metal strip will be fastened over the peak of the roof and fastened with galy. roofing nails at 2" on center on both sides of the centerline.

Gasket installation on the roofline

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket
Pg. _____

Installed:

Between Floors Yes
Between Walls Yes
Bottom of Ridgebeam Yes

Weatherproofing

The bottom board will be repaired and/or taped. Yes
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Roofing installation

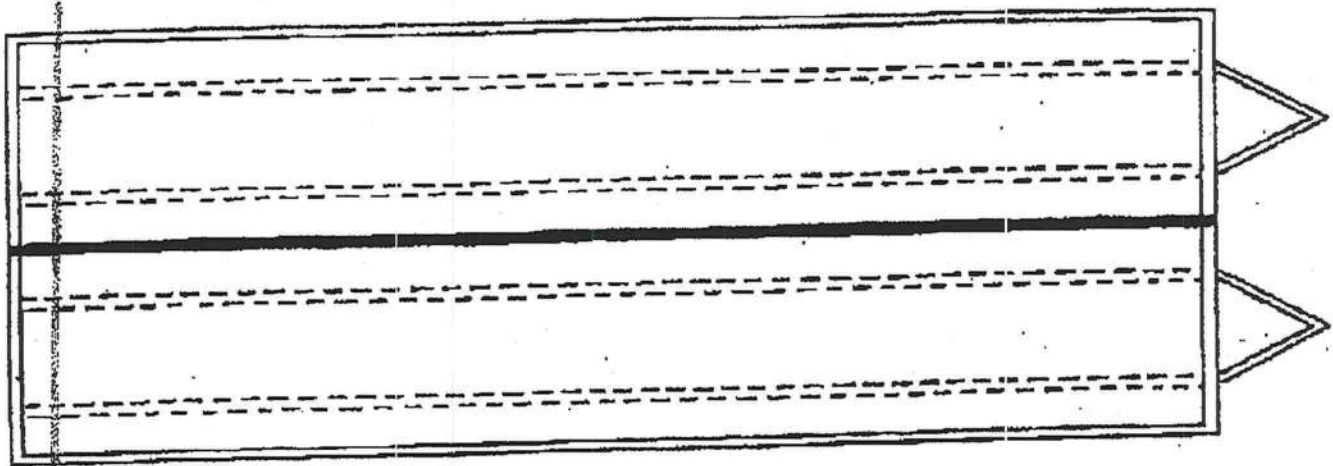
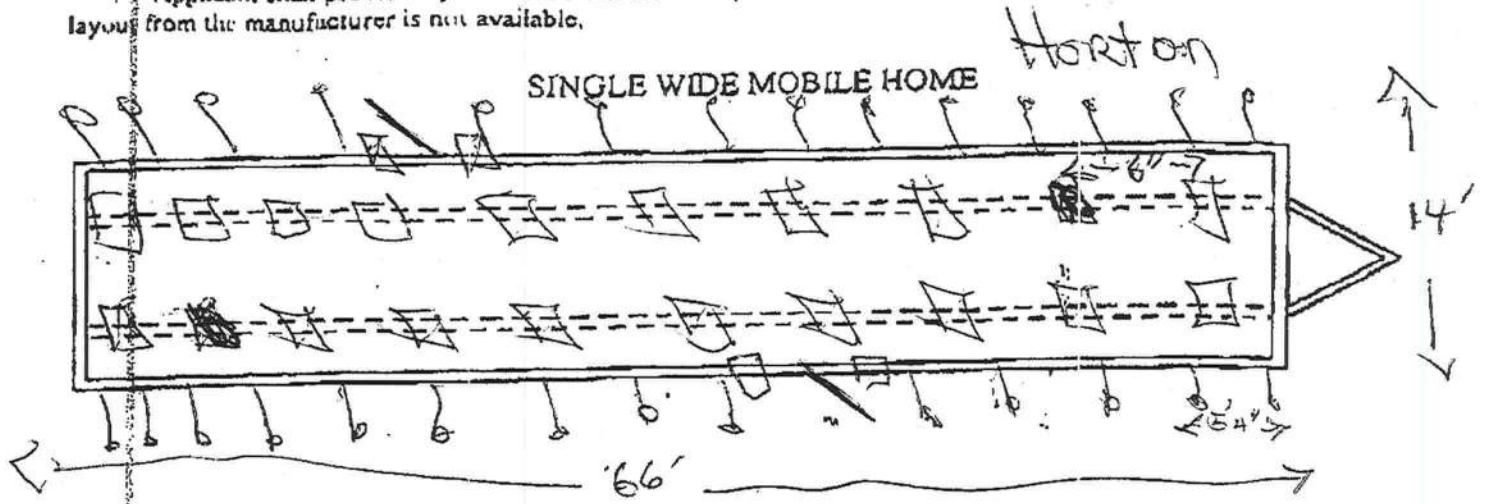
Siding to be installed. Yes
Dryer vent installed outside of skirting. Yes
Range downflow vent installed outside of skirting. Yes
Drain lines supported at 4 foot intervals. Yes
Electrical enclosures protected. Yes
Other: N/A

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Date

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.



DOUBLE WIDE MOBILE HOME



Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

WARRANTY DEED

THIS INDENTURE, made this 28th day of December

, 1995. 0815 PG1486

Boyd M. Rhea and Susan A. Rhea, his wife

OFFICIAL RECORDS

of the County of Columbia

, State of

Social Security #

Social Security #

Florida

, grantor and

Michael L. Proffitt, a single person

Social Security #

Social Security #

Whose mailing address is Rt. 13, Box 1487, Lake City, Florida 32024

of the County of Columbia

, State of

Florida

, grantee

WITNESSETH: This said grantor, for and in consideration of the sum of TEN AND NO/100'S--Dollars, to them in hand paid by the grantee(s), the receipt whereof is hereby acknowledged, has/have granted, bargained, and sold to said grantee(s), their heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to wit:

SLE SCHEDULE "A" ATTACHED
AND MADE A PART HEREOF

DOCUMENTARY STAMP
INTANGIBLE TAX \$21.50
P. DWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY MCK

Tax Parcel Number: 06-55-16-03471-001

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor(s) has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Marian M. Blanchard
witness

Marian M. Blanchard
PRINTED NAME OF WITNESS

Bonita Hadwin
witness

Bonita Hadwin
PRINTED NAME OF WITNESS

STATE OF FLORIDA
COUNTY OF COLUMBIA

Boyd M. Rhea

Susan A. Rhea
Susan A. Rhea

1995 DEC 29

CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY MCK

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Boyd M. Rhea and Susan A. Rhea, his wife, known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, that I relied upon the following form(s) of identification of the above-named person(s)

drivers license
Witness my hand and official seal in the County and State last aforesaid this
28th day of December, 1995.

Bonita Hadwin
Notary Signature

Printed name of Notary

BONITA HADWIN
COMMISSION # CC 476215
EXPIRES AUG 10, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

My Commission Expires:

Prepared by and return to: Regional Title Company
2015 South First Street
Lake City, Florida 32055
Marla Bryan By: KW

1995/12/29

Schedule "A" attached to that certain Warranty Deed from Boyd M. Rhea and Susan A. Rhea, his wife, as grantor to Michael L. Proffitt, as grantee.

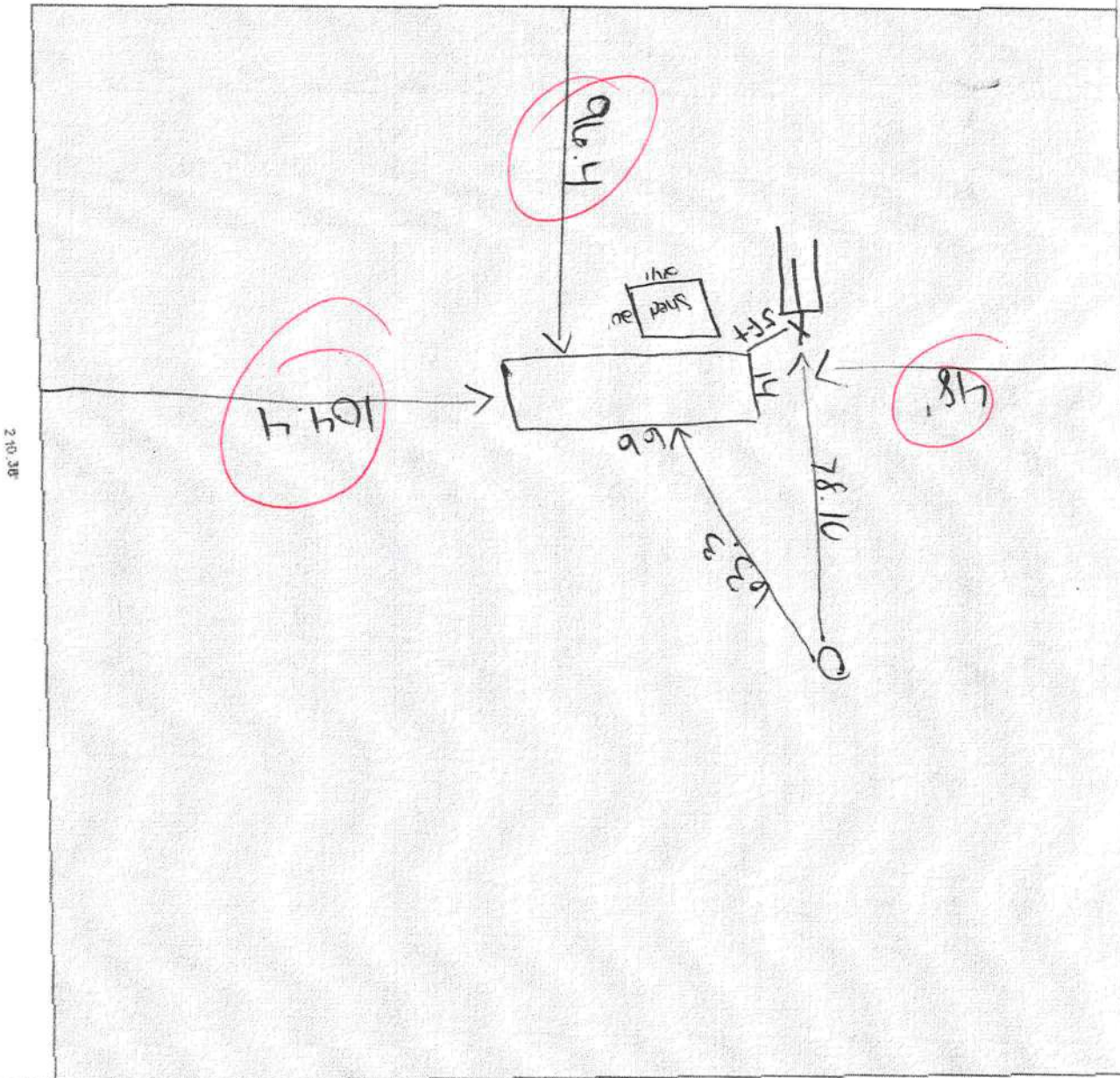
TOWNSHIP 5 SOUTH, RANGE 16 EAST

SECTION 6: Begin at the SE corner of the NE 1/4 of NW 1/4, Columbia County, Florida, and run thence N 88 deg. 30'57" W, along the North maintained right of way line of a 22 foot county road 210.00 feet; thence N 0 deg. 10'22" E, 210.00 feet; thence S 88 deg. 30'57" E, 210.00 feet to the East line of the NE 1/4 of NW 1/4 of said Section 6; thence S 0 deg. 10'22" W, along said East line 210.00 feet to point of beginning.

Subject to: Easements as described in O.R. Book 444, page 645, public records of Columbia County, Florida.

EX 0815 Pg 1487
OFFICIAL RECORDS

2 10 84



SW BARRS GLN

0 21 42 63 84 105 126 147 168 189 210 ft

Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 06-5S-16-03471-001 - MOBILE HOM (000200)

BEG SE COR OF NE1/4 OF NW1/4, RUN W 210 FT, N 210 FT, E 210 FT, S 210 FT TO POB. ORB 555-124, 764-1653, 770-1743, 815-1486

NOTES:

Name: PROFFITT MICHAEL L

Site: 329 SW BARRS GLN

Mail: 329 SW BARRS GLN
LAKE CITY, FL 32024

Sales 12/28/1995

Info 2/2/1993

\$3,000.00 V / U

\$18,500.00 I / U

2011 Certified Values

Land	\$12,969.00
Bldg	\$11,668.00
Assd	\$26,077.00
Exmpt	\$25,000.00
Taxbl	Cnty: \$1,077

Other: \$1,077 | Schl: \$1,077



This information GIS Map Updated: 3/12/2012, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by
GizzlyLogic.com

07/10/2011 11:00

386/582160

BUILDING AND ZONING

PAGE 11/11



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Terry L. Thrift
Installer's Name

.give this authority and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Tara E. Howell	Tara E. Howell	

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Terry L. Thrift
License Holder's Signature (Notarized)

TH-1025139
License Number

4/17/12
Date

NOTARY INFORMATION:

STATE OF: FloridaCOUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift personally appeared before me and is known by me or has produced identification (type of I.D.) personally known on this 17 day of April, 2012.

J. Howell
NOTARY'S SIGNATURE

(Seal/Stamp)



J. HOWELL
MY COMMISSION # EE 162166
EXPIRES: January 22, 2016
Bonded Thru Budget Notary Services

300/003100

DAVID HALL

PAGE 02/02

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____

CONTRACTOR

Terry L. Thrift

PHONE (386) 623-0115

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	Print Name: <u>MICHAEL L. PROFFITT</u>	Signature: <u>Michael L. Proffitt</u>
	License #: _____	Phone #: _____
<input type="checkbox"/> MECHANICAL/ A/C _____	Print Name: <u>David Hall</u>	Signature: <u>D. Hall</u>
	License #: <u>CACO 57424</u>	Phone #: <u>386 755 9792</u>
<input type="checkbox"/> PLUMBING/ GAS _____	Print Name: <u>Terry L. Thrift</u>	Signature: <u>Terry L. Thrift</u>
	License #: <u>I-H-1025139</u>	Phone #: <u>(386) 623-0115</u>

Subcontractor Name	License Number	Signature	Date
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 verify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.98, and shall be presented each time the employer applies for a building permit.

Contractor Permit: Subcontractor Permit: 1/11

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

120443

DATE RECEIVED 4/17 BY J IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No.

OWNERS NAME Michael Proffitt PHONE 3869651083 CELL _____

ADDRESS 329 SW Barris Cir Lake City FL 32024

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME U.S. 90 EAST to 252 B take left
to Deputy J. Davis LN take Right Go Approx 1/4 mile to
Cig Homes on left. Home on left side of Property

MOBILE HOME INSTALLER Terry L. Thift PHONE _____ CELL 386 623 0115

MOBILE HOME INFORMATION

MAKE Gerton YEAR 1993 SIZE 14 x 66 COLOR White, Burgandy
SERIAL No. H102718G shutters
WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED Roof

INSPECTION STANDARDS

INTERIOR:

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

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
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

\$50.00

Date of Payment: _____

Paid By: _____

Notes: File Damage
Burnt 120443

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 Jay C ID NUMBER 304 DATE 4-18-12

A	FDID 29091	State FL	Incident Date MM 03 DD 07 YYYY 2012	Station 43	Incident Number CCFR12CAD000722	Exposure 0	NFIRS-1 Basic
----------	-------------------	-----------------	---	-------------------	--	-------------------	----------------------

B	Location Type <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid	Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification," Use only for wildland fires. Number/Milepost 330 Prefix NW Street or Highway BARRS City LAKE CITY State FL Zip Code 32024 Cross Street, Directions or National Grid, as applicable	Census Tract - Street Type GLN Suffix
----------	---	--	--

C Incident Type 121 Fire in mobile home used as fixed residence D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given <input checked="" type="checkbox"/> None	E1 Dates and Times Check boxes if dates are the same as Alarm Date. Month Day Year Hour Min Sec ALARM always required Alarm 03 07 2012 13:41:52 Arrival 03 07 2012 13:50:55 Controlled Last Unit Cleared 03 07 2012 14:58:39	E2 Shifts and Alarms Local Option A Shift or Platoon 2 Alarms 43 District E3 Special Studies Local Option Special Study ID# Special Study Value
---	---	--

F Actions Taken 11 Extinguishment by fire service personnel Primary Action Taken (1)	G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression 4 7 EMS 0 0 Other 1 1 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 \$ 21,000 Contents \$ X PRE-INCIDENT VALUE: Optional Property \$ Contents \$
--	--	--

Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	H1 Casualties Fire Service 0 0 Civilian 0 0 H2 Detector 1 Required for confined fires. Detector alerted occupants 2 Detector did not alert occupants U <input checked="" type="checkbox"/> Unknown	H3 Hazardous Materials Release 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
--	--	--	--

J Property Use Structures

31 Church, mosque, synagogue, temple, chapel
161 Restaurant or cafeteria
162 Bar or nightclub
213 Elementary school, including kindergarten
215 High school/junior high school/middle school
241 Adult education center, college classroom
311 24-hour care Nursing homes, 4 or more persons
331 Hospital - medical or psychiatric

Outside

124 Playground
655 Crops or orchard
669 Forest, timberland, woodland
807 Outside material storage area
919 Dump, sanitary landfill
931 Open land or field

341 Clinic, clinic-type infirmary
342 Doctor, dentist or oral surgeon office
361 Jail, prison (not juvenile)
419 X 1 or 2 family dwelling
429 Multifamily dwelling
439 Boarding/rooming house, residential hotels
449 Hotel/motel, commercial
459 Residential board and care
464 Barracks, dormitory
519 Food and beverage sales, grocery store

936 Vacant lot
938 Graded and cared-for plots of land
946 Lake, river, stream
951 Railroad right-of-way
960 Street, other
961 Highway or divided highway
962 Residential street, road or residential driveway

539 Household goods, sales, repairs
571 Service station, gas station
579 Motor vehicle or boat sales, services, repair
599 Business office
615 Electric-generating plant
629 Laboratory or science laboratory
700 Manufacturing, processing
819 Livestock, poultry storage
882 Parking garage, general vehicle
891 Warehouse

981 Construction site
984 Industrial plant yard - area

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

Property Use**419**

Code

1 or 2 family dwelling

Property Use Description

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
Mr., Ms., Mrs. First Name MI Last Name Suffix
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State Zip Code

K2 Owner

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

Local Option block.

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

Business Name (if Applicable) 386 - 965 - 1083
Area Code Phone Number
Mr., Ms., Mrs. First Name MI Last Name Suffix
329 SW barrs GLN
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
Not Applicable
State Zip Code

L Remarks

Local Option

E-48, E-43, CF-2 and 1203 all responded to said location for a reported structure fire. First arriving unit arrived on scene and advised of a working structure fire described to be a small double wide mobile home. Crews from 43 and 48 pulled 2 pre-connected attack lines to begin an offensive attack. Entry was made through the front door by (2) personnel and knockdown was immediate. Second attack line was used to extinguish fire from the underside of the structure. Power was secured to the mobile home and fire crews overhauled hot spots to ensure proper extinguishment. After investigating the cause of the fire it was determined that fire appeared to start from a mobile home packaged ac/heating unit located on the "C" side of structure with the duct work being first item ignited. Scene was deemed to be under control and safe by CF-2 and information was obtained to complete this report. All units returned available to designated stations.

M Authorization

CRAW01	JEFFERY CRAWFORD	DIV CHIEF	40-Fairgrounds	03	07	2012
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CASS01	GREGORY CASSADY	Lieutenant	48-Racetra	03	07	2012
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

A 29091 FL 03 07 2012 43 CCFR12CAD000722 0

NFIRS-2
Fire

B Property Details

B1 1 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 1 1 None
Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products

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

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

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 71 Substructure area or space, crawl space
Area of fire origin

D2 10 Heat from powered equipment, other
Heat Source

D3 66 Pipe, duct, conduit, hose
Item first ignited

D4 41 Plastic
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 X 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

20 Mechanical failure, malfunction, other
Factor contributing to ignition (1)
Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes

1 X 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

Equipment Involved Brand
Serial
Model
Year

F2 Equipment Power Source

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

X None

Enter up to three codes.

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

H2 Mobile Property Type and Make

Mobile property type
Mobile property make
Year

Mobile property model

License Plate Number FL State VIN

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

A	29091	FL	03	07	2012	43	CCFR12CAD000722	0	NFIRS-3 Structure Fire
	FDID	State	Incident Date		Station	Incident Number	Exposure		

I1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. 0 Structure type, other 1 Enclosed building 2 <input checked="" type="checkbox"/> Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	I2 Building Status 0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	I3 Building Height Count the roof as part of the highest story. 1 Total number of stories at or above grade 0 Total number of stories below grade	I4 Main Floor Size Total square feet Length in feet 24 BY Width in feet 48
--	--	---	---

J1 Fire Origin 1 Below Grade Story of fire origin J2 Fire Spread If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of 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) 1 Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/extreme damage (75 to 100% flame damage)	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. K1 18 Thermal, acoustical insulation within wall, partition or floor/ceiling space Item contributing most to flame spread K2 41 Plastic Type of material contributing most to flame spread Required only if item contributing code is 00 or <70
--	--	--

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

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

A FDID 29091 State FL Incident Date 03/07/2012 Station 43 Incident Number CCFR12CAD000722 Exposure 0

**NFIRS-9
Apparatus
or
Resources**

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)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min						
1	ID E48 Type 11	Dispatch			Sent	3	Other	73	74
		Arrival	X	03/07/12 1352			X Suppression	75	76
		Clear	X	03/07/12 1458			EMS		
2	ID E43 Type 10	Dispatch			Sent	2	Other	73	74
		Arrival	X	03/07/12 1350			X Suppression	75	76
		Clear	X	03/07/12 1458			EMS		
3	ID T48 Type 24	Dispatch			Sent	1	Other	73	74
		Arrival					X Suppression	75	76
		Clear	X	03/07/12 1400			EMS		
4	ID CF2 Type 92	Dispatch	X	03/07/12 1341	Sent	1	X Other	73	
		Arrival	X	03/07/12 1350	X		Suppression		
		Clear	X	03/07/12 1458			EMS		
5	ID Type 24	Dispatch	X	03/07/12 1341	Sent	1	Other	73	74
		Arrival	X	03/07/12 1350	X		X Suppression	75	76
		Clear	X	03/07/12 1458			EMS		

A	FDJD	FL	MM	DD	YYYY	43	CCFR12CAD000722	0	NFIRS-10 Personnel
	Incident Date	State	Incident Date	Station	Incident Number	Exposure			

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)						
1 ID <input type="text" value="E48"/> Type <input type="text" value="11"/>	Dispatch <input type="text"/> Arrival <input checked="" type="checkbox"/> 03/07/12 1352 Clear <input checked="" type="checkbox"/> 03/07/12 1458	Month/Day/Year Hour/Min	Sent <input type="text" value="3"/>		Other <input type="checkbox"/> <input checked="" type="checkbox"/> Suppression EMS	73 74 75 76
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CASS01	CASSADY, GREGORY	Lieutenant	11	12		
SHERR01	SHERROUSE, RANDY	Firefighter	11			
WALD01	WALDRON, JOHN	Reservist	58	11		

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)						
2 ID <input type="text" value="E43"/> Type <input type="text" value="10"/>	Dispatch <input type="text"/> Arrival <input checked="" type="checkbox"/> 03/07/12 1350 Clear <input checked="" type="checkbox"/> 03/07/12 1458	Month/Day/Year Hour/Min	Sent <input type="text" value="2"/>		Other <input type="checkbox"/> <input checked="" type="checkbox"/> Suppression EMS	73 74 75 76
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
HERN01	HERNDON, MATTHEW	FF/EMT	58	11		
MCCA03	MCCAULEY, SCOTT	Lieutenant	11			

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)						
3 ID <input type="text" value="T48"/> Type <input type="text" value="24"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input checked="" type="checkbox"/> 03/07/12 1400	Month/Day/Year Hour/Min	Sent <input type="text" value="1"/>		Other <input type="checkbox"/> <input checked="" type="checkbox"/> Suppression EMS	73 74 75 76
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SULL01	SULLIVAN, DANNY	Reservist	58	11		

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)						
4 ID <input type="text" value="CF2"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> 03/07/12 1341 Arrival <input checked="" type="checkbox"/> 03/07/12 1350 Clear <input checked="" type="checkbox"/> 03/07/12 1458	Month/Day/Year Hour/Min	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Other Suppression EMS	73 <input type="text"/> <input type="text"/> <input type="text"/>
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CRAW01	CRAWFORD, JEFFERY	Asst. Chief	58	81	86	

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)						
5 ID <input type="text"/> Type <input type="text" value="24"/>	Dispatch <input checked="" type="checkbox"/> 03/07/12 1341 Arrival <input checked="" type="checkbox"/> 03/07/12 1350 Clear <input checked="" type="checkbox"/> 03/07/12 1458	Month/Day/Year Hour/Min	Sent <input checked="" type="checkbox"/>	<input type="text" value="1"/>	Other <input type="checkbox"/> <input checked="" type="checkbox"/> Suppression EMS	73 74 75 76
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
NETT01	NETTLES, ANDY	Reservist	58	11		

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: 4/18/2012 DATE ISSUED: 4/20/2012

ENHANCED 9-1-1 ADDRESS:

329 SW BARRS GLN

LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

06-5S-16-03471-001

Remarks:

RE-ISSUE OF ADDRESS FOR PROPOSED NEW 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.**



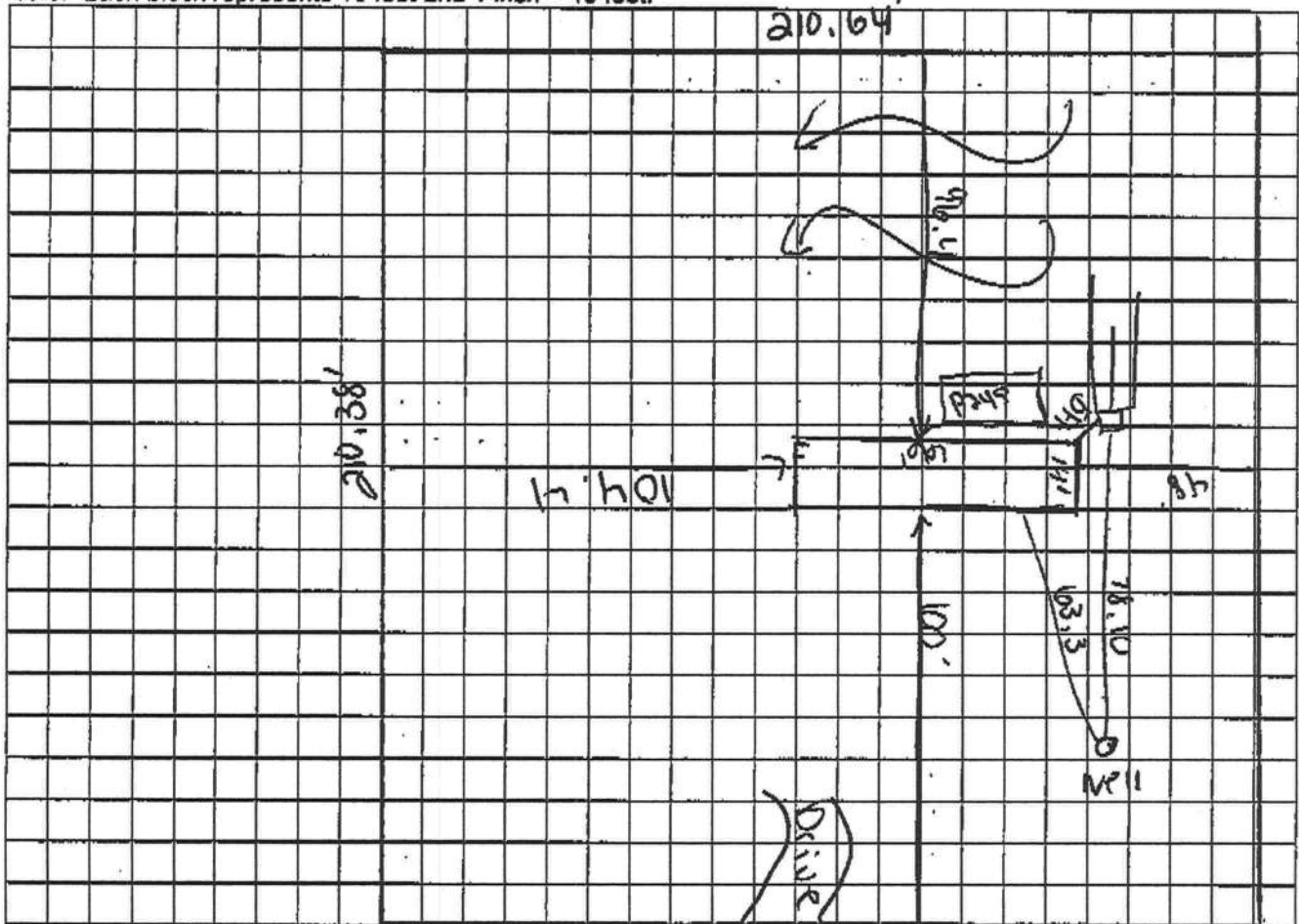
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number:

12-021E

- PART II - SITEPLAN

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



Notes:

SW Barts 4111

Michael Proffitt

Site Plan submitted by:

Plan Approved

By _____

Not Approved

Approved ✓ Not Approved
Sally A. Lord Environmental Health Director

Agent

Date

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia **CD**
DEPART