

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only** (Revised 1-11)      Zoning Official BK 17 April 2012      Building Official J.C. 4-16-12

AP# 1204-17      Date Received 4-9-12      By CH      Permit # 30089

Flood Zone X      Development Permit N/A      Zoning A-1      Land Use Plan Map Category A-1

Comments Replacing MH from fire  
NO Charge per Fire Report

FEMA Map# N/A      Elevation N/A      Finished Floor 1st floor      River N/A      In Floodway N/A

☒ Site Plan with Setbacks Shown      ☒ EH # 12-0210-E      ☐ 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 \_\_\_\_\_      N/A Out County      ☒ In County

Road/Code \_\_\_\_\_ School \_\_\_\_\_ = TOTAL \_\_\_\_\_ Impact Fees Suspended March 2009 \_\_\_\_\_

Property ID # 18-45-27-10496-000 Subdivision \_\_\_\_\_

- New Mobile Home \_\_\_\_\_ Used Mobile Home ☒ MH Size 14x64 Year 1994
  - Applicant Roland Gillen Phone # 386-752-1046
  - Address 8313 SE SR 100 Lulu FL 32061
  - Name of Property Owner Roland Gillen Phone# 386-752-1046
  - 911 Address 8313 SE SR 100 Lulu FL 32061
  - Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy
  - Name of Owner of Mobile Home Roland Gillen Phone # 386-752-1046  
Address 8313 SE SR 100 Lulu FL 32061
  - Relationship to Property Owner Self
  - Current Number of Dwellings on Property no
  - Lot Size \_\_\_\_\_ Total Acreage 14.35
  - 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 - Burnt MH
  - Driving Directions to the Property US 90 to SR 100 go about 9 miles property on left.
  - Name of Licensed Dealer/Installer Corbett's Mobile Home Center Phone # 386 364 1340
  - Installers Address 1126 Howard St E Lulu Oak FL 32064
    - License Number DIH101538611 Installation Decal # 2339
- Spoke to Roland Gillen 4-17-12*
- Corbett's Liability & License*



# PERMIT NUMBER

# PERMIT WORKSHEET

Installer Corbett's Mobile Home Center License # DIH/1015386/1

Address of home being installed \_\_\_\_\_

Manufacturer Freewood

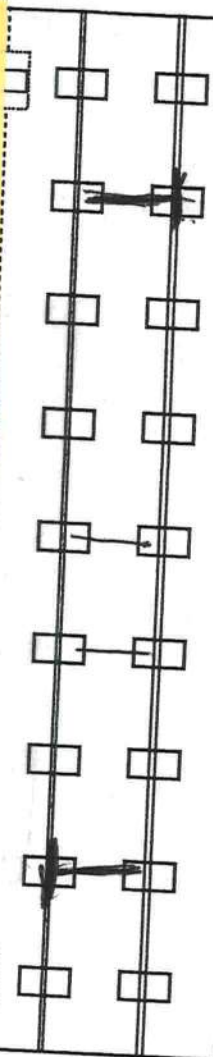
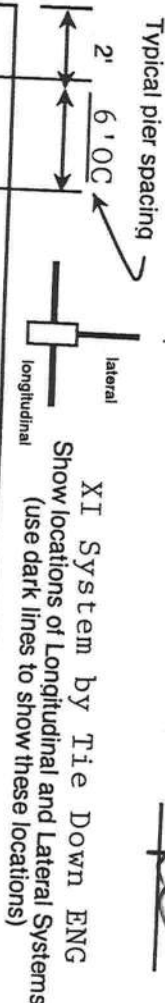
Length x width 64 x 14

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 ft 4 in.

Installer's initials RC



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 # 2339

Triple/Quad ☐

Serial # GAFLR39A01559VH

Roof System: ☒ Typical ☐ Hinged

## PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

\* Interpolated from Rule 15C-1 pier spacing table.

### PIER PAD SIZES

1 / x 2.5 x 1

I-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)



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

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

Opening

Pier pad size

NA

NA

### ANCHORS

4 ft 5 ft

### FRAME TIES

### TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer Tie Down Eng  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer Tie Down Eng

### OTHER TIES

Number  
Sidewall 22  
Longitudinal 4  
Marriage wall 4  
Shearwall 4

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



POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2000 X 2000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 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.

X 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 289 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 sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

PC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Corbett's Mobile Home Center

Date Tested

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 16

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 16

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: NA Length: NA Spacing: NA  
Walls: Type Fastener: Length: Spacing:  
Roof: Type Fastener: Length: Spacing:  
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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 NA

Type gasket

Installed:  
Between Floors Yes NA  
Between Walls Yes  
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 22  
Siding on units is installed to manufacturer's specifications. Yes X NA  
Fireplace chimney installed so as not to allow intrusion of rain water. Yes NA

Miscellaneous

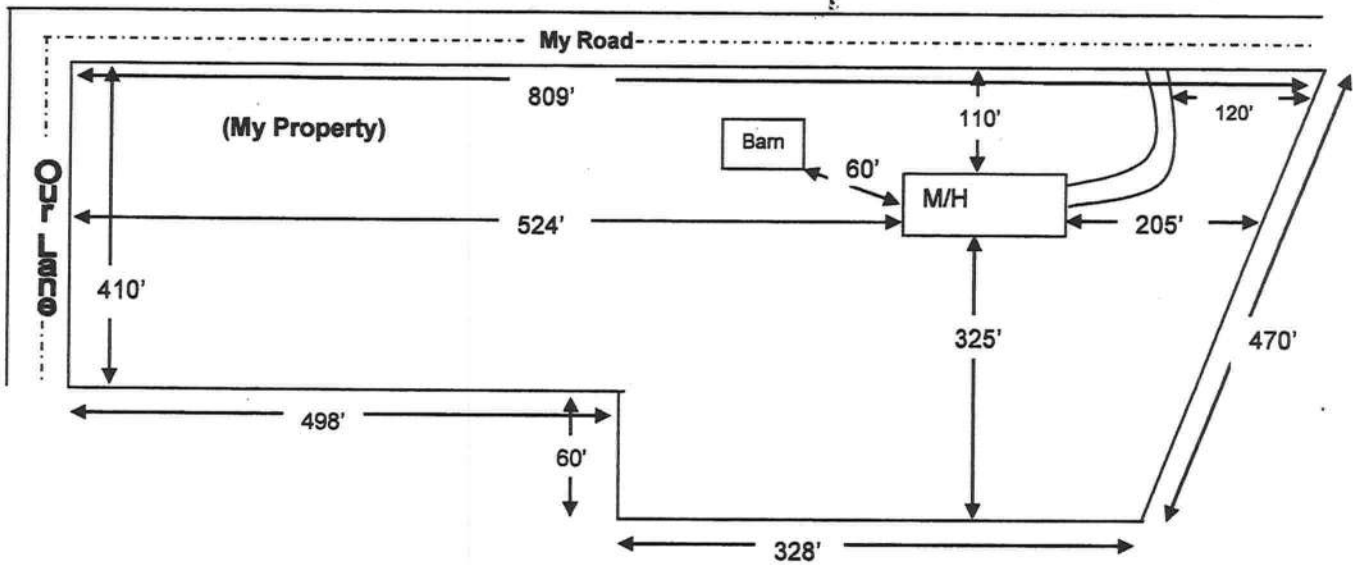
Skirting to be installed. Yes X No  
Dryer vent installed outside of skirting. Yes X N/A  
Range downflow vent installed outside of skirting. Yes X N/A X  
Drain lines supported at 4 foot intervals. Yes X NA  
Electrical crossovers protected. Yes NA Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

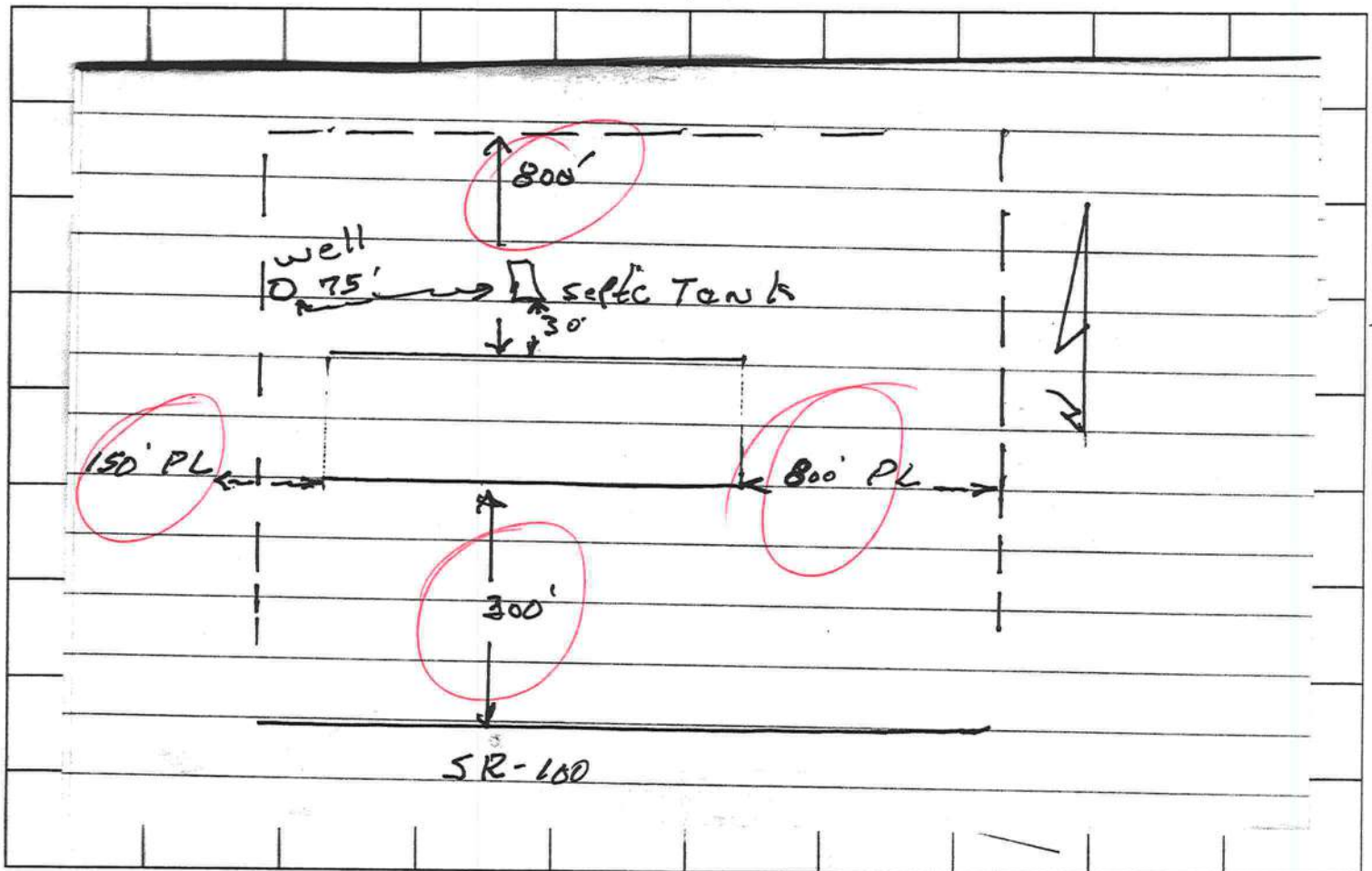
Installer Signature

Date

# SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.





# 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:

8313      SE      STATE ROAD 100

LULU      FL      32061

### PROPERTY APPRAISER PARCEL NUMBER:

27-4S-18-10496-000

### Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR PROPOSED NEW STRUCTURE.

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.**



## Columbia County 9-1-1 Addressing / GIS Department

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

Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* E-mail: ron\_croft@columbiacountyfla.com



### 9-1-1 Address Request Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: 4-9-12

Requester Last Name: Gillen

First Name: Rolando

Contact Telephone Number: 386-752-1046

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self: ☒ or Requested for Company: \_\_\_\_\_  
(check one)

If Address is Requested by a Company Provide Name of Requesting Company: \_\_\_\_\_

Parcel Identification Number: 18-48-27-10496-0000

If in Subdivision, Provide Name Of Subdivision: \_\_\_\_\_

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: \_\_\_\_\_

**Attach Site Plan or you may use back of Request Form for Site Plan:**

**Requirements for Site Plan Are Listed on Back of Request From:**

**(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)**

**Addressing / GIS Department Use Only:**

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

ID Number: \_\_\_\_\_

Existing Address:

8313 SE SR 100

Lulu 1 fl 32061  
(Replacing in same spot)



Fixed  
10-12

Fax: 758-2160  
PH: 758-1007

To: DOT Access  
FR: Laurie @ Building Dept.

Application #: 1204-11



27-4S-18-10496-000  
GILLEN ROLAND C SR & BETTY ANN  
14 35AC | 4/15/2009 - \$35,000 - V/U

### Columbia County Property Appraiser

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

**PARCEL: 27-4S-18-10496-000 - IMPROVED A (005000)**  
W 450.33 FT OF NE1/4 OF SE1/4 AS LIES N OF SR-100. ORB 437-383, 842-1258, 854-1122, 923-1713, &  
COMM NW COR OF NW1/4 OF SE 1/4, RUN E 1158 FT FOR POB,

NOTES:

Name: GILLEN ROLAND C SR & BETTY ANN		2011 Certified Values	
Site:	8313 SE STATE ROAD 100	Land	\$7,671.00
		Bldg	\$6,115.00
Mail:	8479 SE SR 100	Assd	\$17,523.00
	LULU, FL 32061	Exmpt	\$0.00
Sales	5/29/2009		\$0.00 V / U
Info	4/15/2009		\$35,000.00 V / U
		Taxbl	Cnty: \$17,523
			Other: \$17,523   Schl: \$17,523

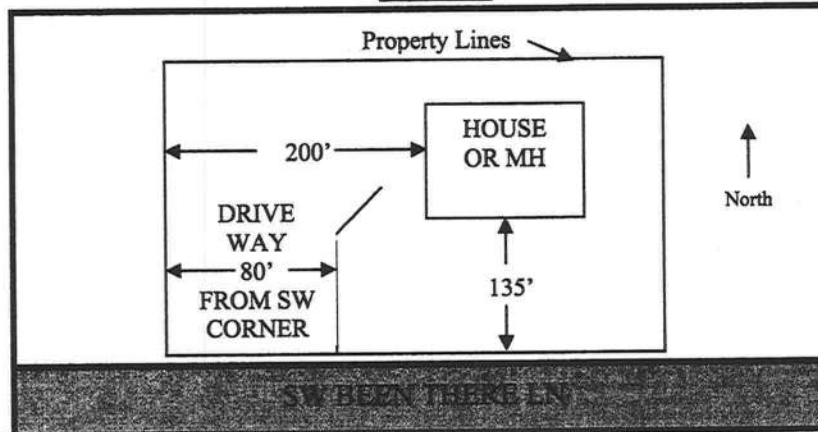


Existing MH burnt in 2011 - They are replacing this  
Home in the same spot - using the same driveway.  
Can you please review this for me and send a reply by fax.  
Thank You. Laurie Jackson



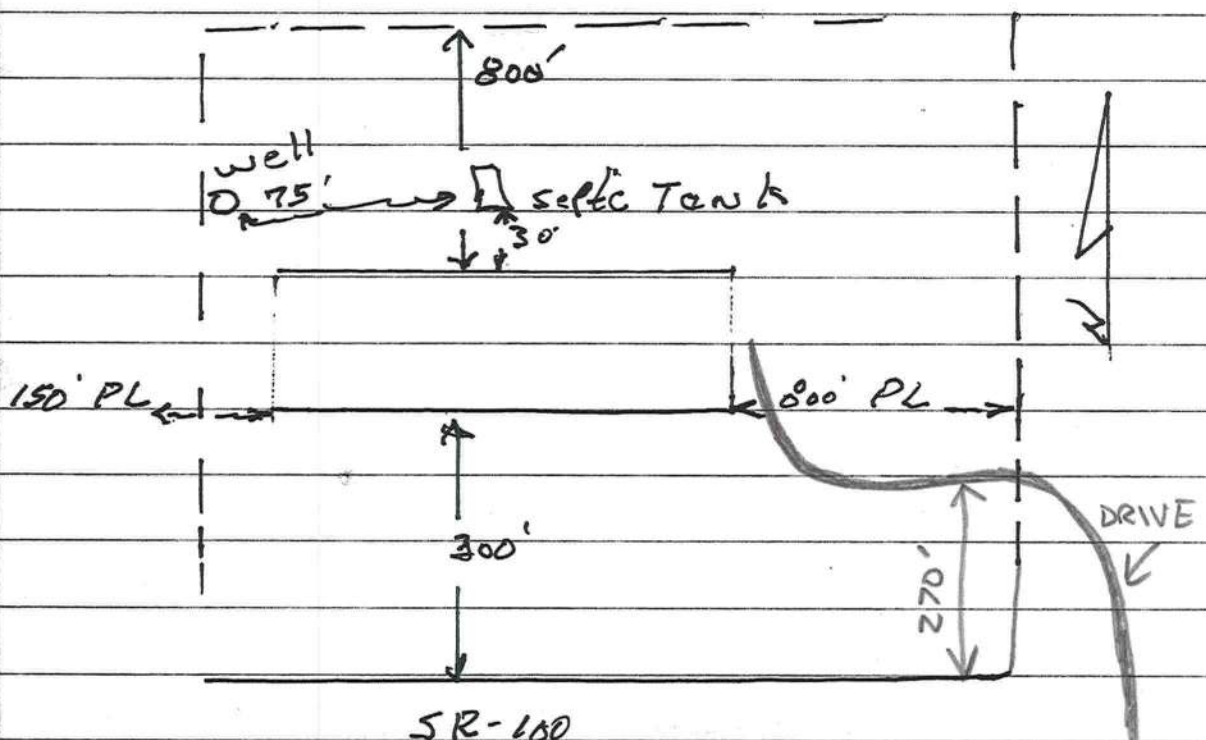
1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

**SAMPLE:**



*Site plan*

*8318 S.E. SR-100*





# Columbia County Property Appraiser

DB Last Updated: 3/12/2012

**2011 Tax Year**

Parcel: 27-4S-18-10496-000

&lt;&lt; Next Lower Parcel

Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

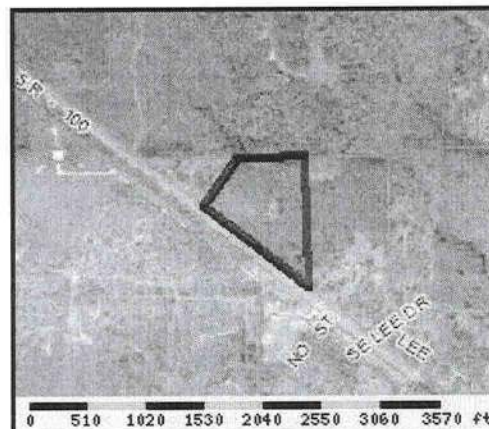
Interactive GIS Map

Print

**Owner & Property Info**

Search Result: 1 of 1

<b>Owner's Name</b>	GILLEN ROLAND C SR & BETTY ANN		
<b>Mailing Address</b>	8479 SE SR 100 LULU, FL 32061		
<b>Site Address</b>	8313 SE STATE ROAD 100		
<b>Use Desc. (code)</b>	IMPROVED A (005000)		
<b>Tax District</b>	3 (County)	<b>Neighborhood</b>	1418
<b>Land Area</b>	14.350 ACRES	<b>Market Area</b>	04
<b>Description</b>	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.  W 450.33 FT OF NE1/4 OF SE1/4 AS LIES N OF SR-100. ORB 437-383, 842-1258, 854-1122, 923-1713, & COMM NW COR OF NW1/4 OF SE 1/4, RUN E 1158 FT FOR POB, CONT E 162 FT, RUN S ALONG E LINE OF NW1/4 OF SE1/4 TO N R/W SR 100, RUN NWLY ALONG R/W 620 FT, NE 545 FT TO POB ORB 645-375, 842-1256, PROB 1170-2052, PROB 1171-1216, QC 1171-1219 THRU 1228, WD 1171- 1231, CORR WD 1174-714		

**Property & Assessment Values**

2011 Certified Values		
<b>Mkt Land Value</b>	cnt: (1)	\$7,671.00
<b>Ag Land Value</b>	cnt: (2)	\$3,337.00
<b>Building Value</b>	cnt: (1)	\$6,115.00
<b>XFOB Value</b>	cnt: (1)	\$400.00
<b>Total Appraised Value</b>		\$17,523.00
<b>Just Value</b>		\$50,964.00
<b>Class Value</b>		\$17,523.00
<b>Assessed Value</b>		\$17,523.00
<b>Exempt Value</b>		\$0.00
<b>Total Taxable Value</b>	Cnty: \$17,523 Other: \$17,523   Schl: \$17,523	

**2012 Working Values**

**NOTE:**  
2012 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
5/29/2009	1174/714	WD	V	U	11	\$0.00
4/15/2009	1171/1231	WD	V	U	30	\$35,000.00
1/30/2009	1171/1219	QC	V	U	11	\$100.00
1/23/2009	1171/1225	QC	V	U	11	\$100.00
1/31/2001	923/1713	WD	I	U	01	\$100.00
3/4/1998	854/1122	WD	I	U	01	\$40,000.00
7/14/1997	842/1258	WD	I	U	02	\$0.00
2/26/1988	645/375	WD	V	Q	01	\$12,500.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value

1	MOBILE HME (000800)	1971	AL SIDING (26)	1344	1344	\$6,115.00
<b>Note:</b> All S.F. calculations are based on <u>exterior</u> building dimensions.						

**Extra Features & Out Buildings**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0297	SHED CONCR	0	\$400.00	0000001.000	20 x 16 x 0	(000.00)

**Land Breakdown**

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	1 AC	1.00/1.00/1.00/1.00	\$5,104.79	\$5,104.00
005500	TIMBER 2 (AG)	13.35 AC	1.00/1.00/1.00/1.00	\$250.00	\$3,337.00
009910	MKT.VAL.AG (MKT)	13.35 AC	1.00/1.00/1.00/1.00	\$0.00	\$33,100.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

1 of 1

**DISCLAIMER**


This information 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, it's use, or it's 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.



# **RONNIE BRANNON, CFC** TAX COLLECTOR COLUMBIA COUNTY

FOURTH INSTALLMENT (MAR) 2011 27486.0000 RONNIE BRANNON TAX COLLECTOR

## NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R10496-000	999	See Below	See Below	Oper 14.35 Acres Till 030 Amount 784.19CK W 450.33 FT OF NE 1/4 OF SE 1/4 SH (0.50) AS LIES N OF SR 100 BY: GILLEN ROLAND C SR & B ORB 437-383, 842-1258, 854-1122, 923-1713, & COMM NW COR OF NW 1/4 OF SE See Tax Roll For Extra Legal	003
0001955 **AUTO** SCH 5-DIGIT 32038  GILLEN ROLAND C SR & BETTY ANN 8479 SE SR 100 LULU FL 32061					

AD VALOREM TAXES					
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	8.01500	17,523	0	17,523	140.45
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.74800	17,523	0	17,523	13.11
LOCAL	5.36700	17,523	0	17,523	94.05
CAPITAL OUTLAY	1.50000	17,523	0	17,523	26.28
SUWANNEE RIVER WATER MGT DIST	0.41430	17,523	0	17,523	7.26
LAKE SHORE HOSPITAL AUTHORITY	0.96200	17,523	0	17,523	16.86
EXEMPTIONS APPLIED:					
TOTAL MILLAGE		17.00630	AD VALOREM TAXES		298.01

NON-AD VALOREM ASSESSMENTS		
LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	146.58
GGAR SOLID WASTE - ANNUAL	Per Parcel	201.00
FOR INFORMATION OR TO PAY WITH CREDIT/DEBIT CARD or E-CREDIT VISIT <a href="http://www.columbiataxcollector.com">www.columbiataxcollector.com</a> (CONVENIENCE FEE APPLIES)		
NON-AD VALOOREM ASSESSMENTS		347.58

COMBINED TAXES AND ASSESSMENTS	645.59	SEE REVERSE SIDE FOR IMPORTANT INFORMATION
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2011 GROSS 645.59	GROSS 157.76	DISCOUNT	FEES 0.00	If Paid By Please Pay	Mar 31 2012 157.76
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RETAIN THIS PORTION AS YOUR RECEIPT OR MAIL A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF VALIDATED RECEIPT.

**MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM**

APPLICATION NUMBER \_\_\_\_\_ CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**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.***

<b>ELECTRICAL</b>	Print Name <u>+ Roland Gillen</u> License #: <u>Owner</u>	Signature <u>+ Roland Gillen</u> Phone #:
<b>MECHANICAL/ A/C</b>	Print Name _____ License #: <u>Window Unit only</u>	Signature _____ Phone #:
<b>PLUMBING/ GAS</b>	Print Name <u>+ Roland Gillen</u> License #: <u>Owner</u>	Signature <u>+ Roland Gillen</u> Phone #:

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.



# LIMITED POWER OF ATTORNEY

I, Robert Corbett, license # DIH10153861 hereby  
authorize Roland Gillen to be my representative and act on my behalf  
in all aspects of applying for a mobile home permit to be placed on the following  
described property located in <sup>Columbia</sup> ~~Suwannee~~ County, Florida.

Property owner: Roland Gillen

Sec 18 Twp. 4S S Rge 27 E

Tax Parcel No. 10496-0000

Robert Corbett

Mobile Home Installer

4-9-12

(Date)

Sworn to and subscribed before me this 9<sup>th</sup> day of April, 2012.

Wendi Tullis

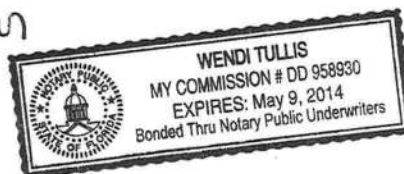
Notary Public

My Commission expires: 5/9/2014 ~~0095893~~ error w/

Commission No. 00958930

Personally known: \_\_\_\_\_

Produced ID (Type) \_\_\_\_\_



<b>A</b>		MM DD YYYY		48		11-0008714		000		NFIRS -1 Basic	
29091		FL		10 02		2011		Station		Incident Number	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *	
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland site. Census Tract <input type="text"/> - <input type="text"/>											
<b>B Location*</b>											
<input checked="" type="checkbox"/> Street address <input type="text"/> 8313 <input type="text"/> SE <input type="text"/> State Road 100 <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Intersection <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> In front of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Rear of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Adjacent to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Directions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Cross street or directions, as applicable											
<b>C Incident Type *</b>											
121 Fire in mobile home used as <input type="text"/>											
Incident Type											
<b>D Aid Given or Received*</b>											
1 <input type="checkbox"/> Mutual aid received <input type="text"/> <input type="text"/>											
2 <input type="checkbox"/> Automatic aid recv. <input type="text"/> <input type="text"/>											
3 <input type="checkbox"/> Mutual aid given <input type="text"/> <input type="text"/>											
4 <input type="checkbox"/> Automatic aid given <input type="text"/> <input type="text"/>											
5 <input type="checkbox"/> Other aid given <input type="text"/> <input type="text"/>											
N <input checked="" type="checkbox"/> None											
<b>E1 Date &amp; Times</b> Midnight is 0000											
Month Day Year Hr Min Sec											
Alarm * 10 02 2011 23:39:00											
<input checked="" type="checkbox"/> Arrival * 10 02 2011 23:55:00											
<input type="checkbox"/> Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Last Unit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<input type="checkbox"/> Cleared 10 03 2011 02:41:00											
<b>E2 Shift &amp; Alarms</b>											
Shift or Alarm <input type="text"/> <input type="text"/> <input type="text"/>											
<b>E3 Special Studies</b>											
Special Study 10s <input type="text"/> <input type="text"/>											
Special Study Value <input type="text"/> <input type="text"/>											
<b>F Actions Taken *</b>											
11 Extinguishment by fire <input type="text"/>											
Primary Action Taken (1)											
12 Salvage & overhaul <input type="text"/>											
Additional Action Taken (2)											
51 Ventilate <input type="text"/>											
Additional Action Taken (3)											
<b>G1 Resources *</b>											
<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.											
Apparatus Personnel											
Suppression 0005 0011											
EMS <input type="text"/> <input type="text"/>											
Other 0003 0001											
<input type="checkbox"/> Check box if resource counts include aid received resources.											
<b>G2 Estimated Dollar Losses &amp; Values</b>											
LOSSES: Required for all fires if known. Optional for non fires. None											
Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
PRE-INCIDENT VALUE: optional											
Property \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Contents \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
<b>Completed Modules</b>											
<input checked="" type="checkbox"/> Fire-2											
<input checked="" type="checkbox"/> Structure-3											
<input type="checkbox"/> Civil Fire Cas.-4											
<input type="checkbox"/> Fire Serv. 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											
<b>H1* Casualties</b> <input checked="" type="checkbox"/> None											
Deaths Injuries											
Fire Service <input type="text"/> <input type="text"/>											
Civilian <input type="text"/> <input type="text"/>											
<b>H2 Detector</b>											
Required for Confined Fires.											
1 <input type="checkbox"/> Detector alerted occupants											
2 <input checked="" type="checkbox"/> Detector did not alert them											
U <input type="checkbox"/> Unknown											
<b>H3 Hazardous Materials Release</b>											
N <input type="checkbox"/> None											
1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions											
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)											
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container											
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage											
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable											
6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only											
7 <input type="checkbox"/> Motor oil: from engine or portable container											
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons											
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form											
<b>I Mixed Use Property</b>											
NN <input type="checkbox"/> Not Mixed											
10 <input type="checkbox"/> Assembly use											
20 <input type="checkbox"/> Education use											
33 <input type="checkbox"/> Medical use											
40 <input type="checkbox"/> Residential use											
51 <input type="checkbox"/> Row of stores											
53 <input type="checkbox"/> Enclosed mall											
58 <input type="checkbox"/> Bus. & Residential											
59 <input type="checkbox"/> Office use											
60 <input type="checkbox"/> Industrial use											
63 <input type="checkbox"/> Military use											
65 <input type="checkbox"/> Farm use											
00 <input type="checkbox"/> Other mixed use											
<b>J Property Use* Structures</b>											
131 <input type="checkbox"/> Church, place of worship											
161 <input type="checkbox"/> Restaurant or cafeteria											
162 <input type="checkbox"/> Bar/Tavern or nightclub											
213 <input type="checkbox"/> Elementary school or kindergarten											
215 <input type="checkbox"/> High school or junior high											
241 <input type="checkbox"/> College, adult education											
311 <input type="checkbox"/> Care facility for the aged											
331 <input type="checkbox"/> Hospital											
<b>Outside</b>											
124 <input type="checkbox"/> Playground or park											
655 <input type="checkbox"/> Crops or orchard											
669 <input type="checkbox"/> Forest (timberland)											
807 <input type="checkbox"/> Outdoor storage area											
919 <input type="checkbox"/> Dump or sanitary landfill											
931 <input type="checkbox"/> Open land or field											
341 <input type="checkbox"/> Clinic, clinic type infirmary											
342 <input type="checkbox"/> Doctor/dentist office											
361 <input type="checkbox"/> Prison or jail, not juvenile											
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling											
429 <input type="checkbox"/> Multi-family dwelling											
439 <input type="checkbox"/> Rooming/boarded house											
449 <input type="checkbox"/> Commercial hotel or motel											
459 <input type="checkbox"/> Residential, board and care											
464 <input type="checkbox"/> Dormitory/barracks											
519 <input type="checkbox"/> Food and beverage sales											
936 <input type="checkbox"/> Vacant lot											
938 <input type="checkbox"/> Graded/care for plot of land											
946 <input type="checkbox"/> Lake, river, stream											
951 <input type="checkbox"/> Railroad right of way											
960 <input type="checkbox"/> Other street											
961 <input type="checkbox"/> Highway/divided highway											
962 <input type="checkbox"/> Residential street/driveway											
539 <input type="checkbox"/> Household goods, sales, repairs											
579 <input type="checkbox"/> Motor vehicle/boat sales/repair											
571 <input type="checkbox"/> Gas or service station											
599 <input type="checkbox"/> Business office											
615 <input type="checkbox"/> Electric generating plant											
629 <input type="checkbox"/> Laboratory/science lab											
700 <input type="checkbox"/> Manufacturing plant											
819 <input type="checkbox"/> Livestock/poultry storage (barn)											
882 <input type="checkbox"/> Non-residential parking garage											
891 <input type="checkbox"/> Warehouse											
981 <input type="checkbox"/> Construction site											
984 <input type="checkbox"/> 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											



<b>K1 Person/Entity Involved</b>	Business name (if applicable)	352	- 240	- 5751
Local Option		Area Code Phone Number		
<input checked="" type="checkbox"/> Check this Box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name	MI	Last Name	Suffix
	8313	SE	State Road 100	
	Number	Prefix	Street or Highway	Street Type Suffix
	Post Office Box	Apt./Suite/Room	City	
	FL 32025	-		
State Zip Code				

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

<b>K2 Owner</b>	Business name (if applicable)	386	- 752	- 1046
Local Option		Area Code Phone Number		
<input type="checkbox"/> Check this Box if same address as incident location. Then skip the three duplicate address lines.	Mr., Ms., Mrs. First Name	MI	Last Name	Suffix
	8479	SE	State Road 100	
	Number	Prefix	Street or Highway	Street Type Suffix
	Post Office Box	Apt./Suite/Room	City	
	FL 32025	-		
State Zip Code				

### L Remarks

Local Option

We were dispatched to a double wide mobile home structure roof over fire. Upon our arrival we handed over Incident Command to the next incoming unit. We pulled two 200' 1 3/4" hand lines and began extinguishing the fire. Fire had already vented through the roof of the structure with 50 percent fully involved. As incoming crews arrived, we made entry to the residence to fully extinguish the fire. We ventilated the residence, overhauled and mopped up. Red Cross was called to assist the residents of the mobile home. We released crews and remained on scene to check for hot spots. We finally released the residence back to the homeowner. We completed assignment and returned to quarters.

Lauren Palmer 19 and Jayden Palmer 2 were not at home at the time of this fire.

### Authorization

0009	Boozar, David L.	FMD		10	03	2011
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
0018	Cervantes, Tad	SC		10	03	2011
Officer 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**        ☒ None  
Acres burned (outside fires) ☐ Less than one acre

**C On-Site Materials** ☐ None or Products

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)

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

- 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** 26 Laundry area, wash  
Area of fire origin \*

**D2** 11 Spark, ember or flame  
Heat source \*

**D3** 99 Multiple items first  
Item first ignited \* ☐ Check Box if fire spread was confined to object of origin

**D4**                
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

**E2 Factors Contributing To Ignition**

UU Undetermined ☒ None  
Factor Contributing To Ignition (1)

                      
Factor Contributing To Ignition (2)

**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

**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



<b>I1 Structure Type *</b> If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input type="checkbox"/> Enclosed Building 2 <input checked="" type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. pier) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-top: 10px;"></div> <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">680</div></div> <div><small>Total square feet</small></div> </div> <div style="text-align: center; margin: 10px 0;"><b>OR</b></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">070</div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;">024</div></div> <div><small>Length in feet      Width in feet</small></div> </div>
<b>J1 Fire Origin *</b> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Story of fire origin</small></div> <div><input type="checkbox"/> Below Grade</div> </div>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;"></div> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;"></div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;">001</div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;"></div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>		<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;"><b>Skip To Section L</b></span> <b>K1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></div> <small>Item contributing most to flame spread</small> <b>K2</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></div> <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or 01-09</small>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; margin-left: 10px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		<b>L2 Detector Type</b> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>L3 Detector Power Supply</b> 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input checked="" type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined	
<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present <span style="border: 1px solid black; padding: 2px; margin-left: 10px;">Complete rest of Section M</span>	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px; margin-bottom: 5px;"></div> <small>Number of sprinkler heads operating</small>	



B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
		Month	Day	Year	Hour	Min	<input type="checkbox"/>				
1	ID <u>CF1</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u></u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>					
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
2	ID <u>CF4</u> Type <u>60</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u></u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>					
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
3	ID <u>CF5</u> Type <u>10</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u></u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>					
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
4	ID <u>E43</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u>	<u>76</u>
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
5	ID <u>E45</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u>	<u></u>
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
6	ID <u>E48</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u>	<u>76</u>
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
7	ID <u>T45</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u>	<u>76</u>
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
8	ID <u>T48</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>
		Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u>	<u>76</u>
		Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>					
9	ID <u></u> Type <u></u>	Dispatch <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>	<input type="checkbox"/>	<u></u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u></u>	<u></u>
		Arrival <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>				<u></u>	<u></u>
		Clear <input type="checkbox"/>	<u></u>	<u></u>	<u></u>	<u></u>				<u></u>	<u></u>

Type of Apparatus or Resources

Ground Fire Suppression  
 11 Engine  
 12 Truck or aerial  
 13 Quint  
 14 Tanker & pumper combination  
 16 Brush truck  
 17 ARF (Aircraft Rescue and Firefighting)  
 10 Ground fire suppression, other  
 Heavy Ground Equipment  
 21 Dozer or plow  
 22 Tractor  
 24 Tanker or tender  
 20 Heavy equipment, other  
 Aircraft  
 41 Aircraft: fixed wing tanker  
 42 Helitanker  
 43 Helicopter  
 40 Aircraft, other

Marine Equipment  
 51 Fire boat with pump  
 52 Boat, no pump  
 50 Marine apparatus, other  
 Support Equipment  
 61 Breathing apparatus support  
 62 Light and air unit  
 60 Support apparatus, other  
 Medical & Rescue  
 71 Rescue unit  
 72 Urban Search & rescue unit  
 73 High angle rescue unit  
 75 BLS unit  
 76 ALS unit  
 70 Medical and rescue unit, other

More Apparatus?  
 Use Additional  
 Sheets

Other  
 91 Mobile command post  
 92 Chief officer car  
 93 HazMat unit  
 94 Type 1 hand crew  
 95 Type 2 hand crew  
 99 Privately owned vehicle  
 00 Other apparatus/resource  
 NN None  
 UU Undetermined



<b>A</b>	FDID <b>29091</b>	State <b>FL</b>	Incident Date <b>10/2/2011</b>	Station <b>48</b>	Incident Number <b>11-0008714</b>	Exposure <b>000</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 Personnel</b>

B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date	<input checked="" type="checkbox"/>		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 Hours/mins				
1 ID <b>CF1</b> Type <b>92</b>	Dispatch <input checked="" type="checkbox"/> 10/2/2011 23:39 Arrival <input checked="" type="checkbox"/> 10/2/2011 23:55 Clear <input type="checkbox"/> 10/3/2011 02:41	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0009	Boozer, David	FMD	<input checked="" type="checkbox"/>	58	11		

2 ID <b>CF4</b> Type <b>60</b>	Dispatch <input checked="" type="checkbox"/> 10/2/2011 23:39 Arrival <input checked="" type="checkbox"/> 10/2/2011 23:55 Clear <input type="checkbox"/> 10/3/2011 02:41	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0019	Crawford, Jeffrey	SC	<input checked="" type="checkbox"/>	58	11	12	

3 ID <b>CF5</b> Type <b>10</b>	Dispatch <input checked="" type="checkbox"/> 10/2/2011 23:39 Arrival <input checked="" type="checkbox"/> 10/2/2011 23:55 Clear <input type="checkbox"/> 10/3/2011 02:41	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
001	Atkinson, Tres	FC	<input checked="" type="checkbox"/>	58	11	81	86

A

FDID	29091	State	FL	Incident Date	MM	DD	YYYY	Station	48	Incident Number	11-0008714	Exposure	000	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	NFIRS - 10 Personnel
------	-------	-------	----	---------------	----	----	------	---------	----	-----------------	------------	----------	-----	---------------------------------	---------------------------------	----------------------

B Apparatus or Resource <small>Use codes listed below</small>	Date and Times <small>Check if same as alarm date</small>				Sent	Number of People	Use	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>						
	Month	Day	Year	Hours/mins	<input checked="" type="checkbox"/>		<small>Check ONE box for each apparatus to indicate its main use at the incident.</small>							
1 ID E43 Type 11	Dispatch	<input checked="" type="checkbox"/>	10	2	2011	23:39	Sent	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74	75	76
	Arrival	<input checked="" type="checkbox"/>	10	2	2011	23:55	<input checked="" type="checkbox"/>							
	Clear	<input type="checkbox"/>	10	3	2011	02:41								

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0051	Herndon, Paul	FF	<input checked="" type="checkbox"/>	X	11	12	
JENK01	Jenkins, Jonathan	FF	<input checked="" type="checkbox"/>	X	73		
THOM01	Thomas, Austin	FF	<input checked="" type="checkbox"/>	X	58	11	12

2 ID E45 Type 11	Dispatch	<input checked="" type="checkbox"/>	10	2	2011	23:39	Sent	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74	75	
	Arrival	<input checked="" type="checkbox"/>	10	2	2011	23:55	<input checked="" type="checkbox"/>							
	Clear	<input type="checkbox"/>	10	3	2011	02:41								

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

3 ID E48 Type 11	Dispatch	<input checked="" type="checkbox"/>	10	2	2011	23:39	Sent	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74	75	76
	Arrival	<input checked="" type="checkbox"/>	10	2	2011	23:55	<input checked="" type="checkbox"/>							
	Clear	<input type="checkbox"/>	10	3	2011	02:41								

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0018	Cervantes, Tad	SC	<input checked="" type="checkbox"/>	X	11	12	51
0070	Overstreet, Shane	FF	<input checked="" type="checkbox"/>	X	58	11	12
							51



**A** FDID 29091 \* State FL \* Incident Date 10 2 2011 \* Station 48 Incident Number 11-0008714 \* Exposure 000 \* ☐ Delete ☐ Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* **Date and Times** Check if same as alarm date

Use codes listed below	Month Day Year Hours/mins				Sent <input checked="" type="checkbox"/>	Number of * People <u>2</u>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>	
<b>1</b> ID <u>T45</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:39</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u> <u>74</u>
	Arrival <input checked="" type="checkbox"/>	<u>10</u>	<u>2</u>	<u>2011</u>	<u>23:55</u>				<u>75</u> <u>76</u>
	Clear <input type="checkbox"/>	<u>10</u>	<u>3</u>	<u>2011</u>	<u>02:41</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0005	Ballance, Jeff	FF	X	58	11	12	51
0093	Wehinger, Joshua	LT	X	11	12	51	

**2** ID T48  
Type 24

Dispatch ☒ 10 2 2011 23:39 Sent ☒ 1 ☒ Suppression ☐ EMS ☐ Other

Arrival ☒ 10 2 2011 23:55

Clear ☐ 10 3 2011 02:41 73 74 75 76

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0086	Sullivan, Danny	FF	X	58	11		

**3** ID         
Type       

Dispatch ☐                             Sent ☐        ☐ Suppression ☐ EMS ☐ Other

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"/>				

**K1 Person/Entity Involved**

Business name if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_ **Zachary** \_\_\_\_\_ **Palmer** \_\_\_\_\_  
 Mr., Ms., Mrs. First Name MI Last Name Suffix  
 \_\_\_\_\_  
 Number Prefix Street or highway Street Type Suffix  
 \_\_\_\_\_  
 Post office box Apt./Suite/Room City  
**FL** **32025** - \_\_\_\_\_  
 State Zip Code

**K2 Person/Entity Involved**

Business name if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_ **Ashton** \_\_\_\_\_ **Palmer** \_\_\_\_\_  
 Mr., Ms., Mrs. First Name MI Last Name Suffix  
**8313** **SE** **State Road 100** \_\_\_\_\_  
 Number Prefix Street or highway Street Type Suffix  
 \_\_\_\_\_  
 Post office box Apt./Suite/Room City  
**FL** **32025** - \_\_\_\_\_  
 State Zip Code

**K3 Person/Entity Involved**

Business name if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_ **Summer** \_\_\_\_\_ **Palmer** \_\_\_\_\_  
 Mr., Ms., Mrs. First Name MI Last Name Suffix  
**8313** **SE** **State Road 100** \_\_\_\_\_  
 Number Prefix Street or highway Street Type Suffix  
 \_\_\_\_\_  
 Post office box Apt./Suite/Room City  
**FL** **32025** - \_\_\_\_\_  
 State Zip Code

**K4 Person/Entity Involved**

Business name if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_  
 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

**K5 Person/Entity Involved**

Business name if applicable \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_  
 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



**FAX  
MEMORANDUM****MEMORANDUM****FLORIDA DEPARTMENT OF TRANSPORTATION**

**To:** Mr. Randy Jones, Dept. Director  
Columbia Co. Building & Zoning Dept.  
**Fax No:** 386-758-2160

**From:** Dale L. Cray, FDOT Permits Insp.  
**Date:** 4-10-2012 **Fax No.** 386-961-7183  
**Attention:** Mrs. Laurie Building Zoning  
Dept.

( ) Sign and return. **(XX)** For your files. ( ) Please call me. **(XX)** FYI ( ) For Review

**REF:** Ex/Res. Driveway

**PROJECT:** Roland C. Gillen & Betty Ann

**PARCEL ID No:** 27-4s-18-10496-000 **Permit No :** N/A **Sec No :** 29060

**MILE POST:** +-

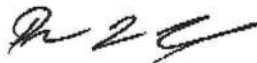
**Mr. Jones**

Please accept this as our legal notice of passing inspection for an existing residential driveway. Current land owners Roland C. Gillen & Betty Ann., site address is 8479 Se SR 100 Lulu, Fl.32061 See attached sheet.

The existing Residential Access has been inspected and (Approved) and, meets FDOT Standard Requirements.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 961-7193 or 961-7146.

Sincerely,



Dale L. Cray

Access Permits Inspector

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

Wed - Call  
owner

1204-17

DATE RECEIVED 4-9-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Rolland Gillen PHONE \_\_\_\_\_ CELL 386-965-0536

ADDRESS \_\_\_\_\_ 752-1046

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME 245 & 252 - Call Mr. Gillen  
before going so he can open the m/h.

MOBILE HOME INSTALLER \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOBILE HOME INFORMATION

MAKE fleetwood YEAR 94 SIZE 64 x 14 COLOR Tan

SERIAL No. GAPLR 39A 01559VH

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

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

Date of Payment: NO-fee

Paid By: Burnt m/h

Notes: \_\_\_\_\_

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

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 [Signature] ID NUMBER 304 DATE 4-12-12





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

PERMIT NO. 12-0210-E  
DATE PAID: 4-12-12  
FEE PAID: 125.00  
RECEIPT #: 12-PID-1838496

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Ronald Gillen

AGENT: SAME

TELEPHONE: 752-1046

MAILING ADDRESS: 8479 SE SR 100 32061 Lulu FL.

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: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 27-45-18-10496 000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 14.35 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 8313 SE SR 100, Lulu, FL

DIRECTIONS TO PROPERTY: Go down 100 to Lulu, on L

(8313)

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>SWMH</u>	<u>2</u>	<u>896</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Ronald Gillen

DATE: 4-12-12

RECEIVED  
KSP

4/12/12  
RECEIVED

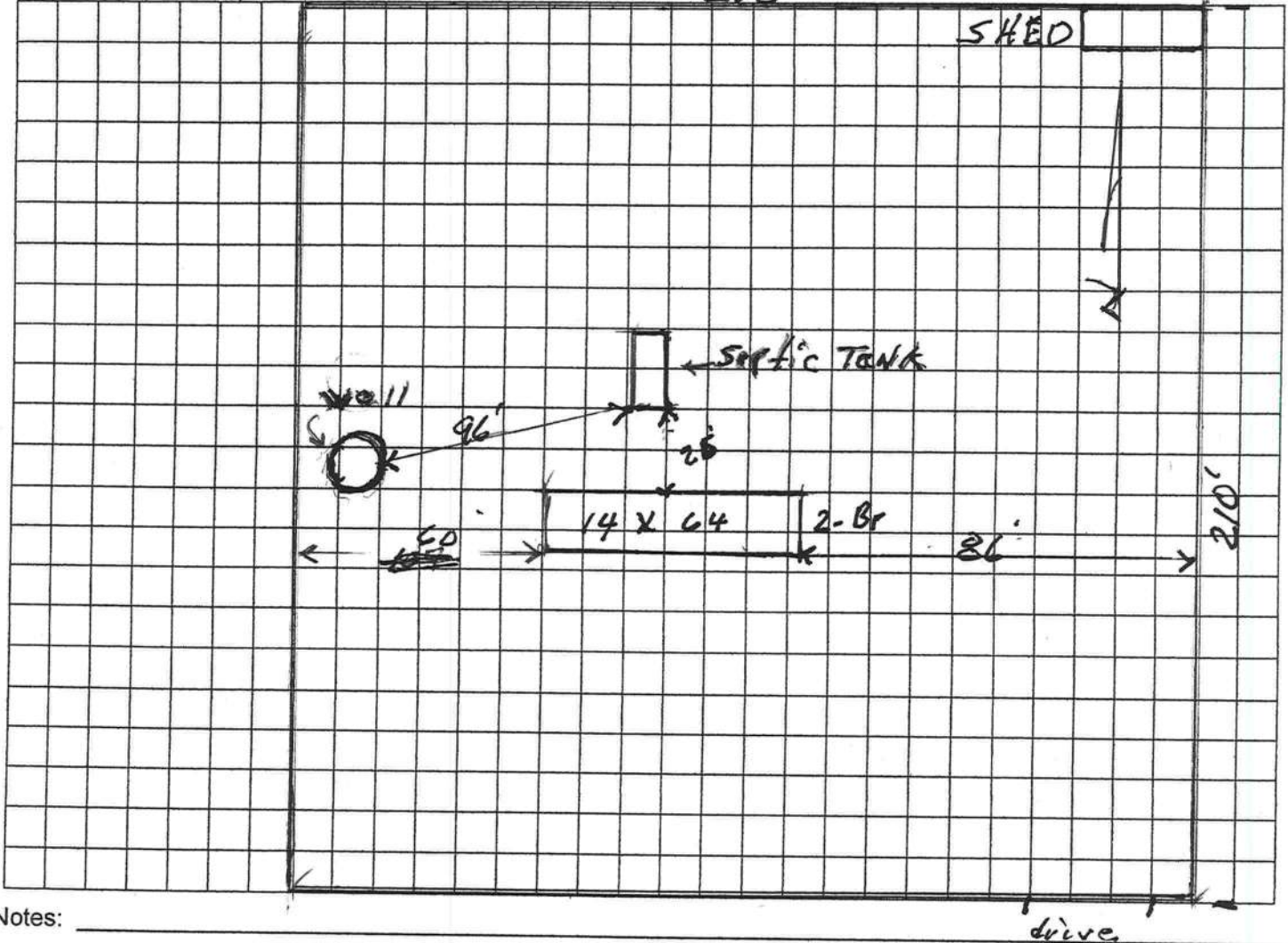
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0210-E

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

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

210'



Notes: \_\_\_\_\_

Site Plan submitted by: Ronald B. B...

Plan Approved X

Not Approved \_\_\_\_\_

Date 4/15/12

By [Signature]

Coleman

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**