

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

☒ Fire Report

For Office Use Only

(Revised 7-1-15)

Zoning Official MA

Building Official MA 5-25-18

AP# 1805-75

Date Received 5/23

By JE

Permit # 36799

Flood Zone X Development Permit _____ Zoning A-3 Land Use Plan Map Category AF

Comments Replacing burnt SFD - NO charge for permit
other work on property salvage from 2010

FEMA Map# _____ Elevation _____ Finished Floor 1st floor River _____ In Floodway _____

☐ Recorded Deed or ☒ Property Appraiser PO ☒ Site Plan ☒ EH # 18-0422 ☐ Well letter OR

☒ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid NA

☐ DOT Approval ☐ Parent Parcel # _____ ☐ STUP-MH _____ ☒ 911 App

☐ Ellisville Water Sys ☐ Assessment Paid on Property ☐ Out County ☐ In-County ☒ Sub VF Form

Property ID # 08-7S-17-09943-003 Subdivision na Lot# na

▪ New Mobile Home X Used Mobile Home _____ MH Size 16 x 80 Year 2018

▪ Applicant Dale Burd or Rocky Ford Phone # 386-497-2311

▪ Address 546 SW Dortch Street, Fort White, FL, 32038

▪ Name of Property Owner Lawrence Johnson Phone# 352-235-2968

▪ 911 Address 1421 SW Scrubtown Rd. Fort White Fl 32038

▪ Circle the correct power company - FL Power & Light - (Clay Electric)
(Circle One) - Suwannee Valley Electric - Duke Energy

▪ Name of Owner of Mobile Home Same Phone # Same

Address 1433 SW Scrubtown Road, Fort White, FL, 32038

▪ Relationship to Property Owner Same

▪ Current Number of Dwellings on Property 0 Previous home burned down

▪ Lot Size 155 X 655 Irregular Total Acreage 5.56

▪ 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

▪ Driving Directions to the Property 441 South, TR CR 778, TR Scrubtown Road, 1 Mile to
address on right

▪ Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203

▪ Installers Address 6355 SE CR 245, Lake City, FL, 32025

▪ License Number IH-1025386 Installation Decal # 48924

He sent email 5.23.18

He spoke to Dale 5-30-18 & Emailed 5-30-18

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer

Robert Sheppard

License #

EH1025 386

911 Address where home is being installed.

1421 SW SLEIGHTOWN ROAD
EWING 32032 80516

Manufacturer

Champion

Length x width

80x16

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.

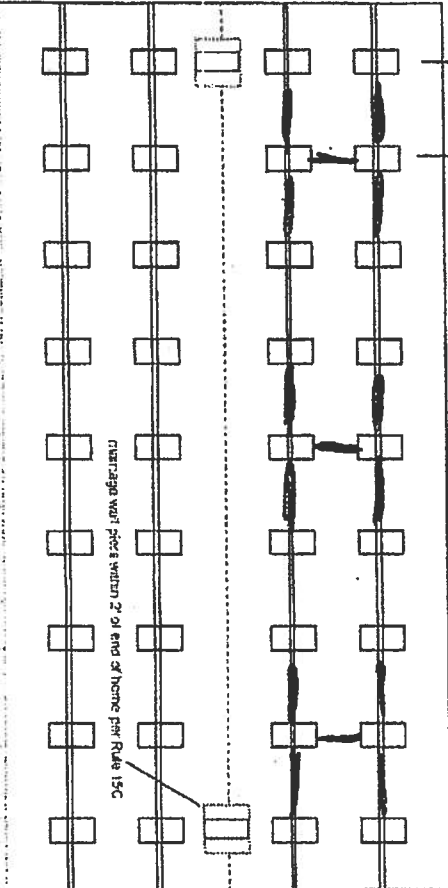
Installer's initials

RS

Typical pier spacing



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



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 # 2430A

Triple/Quad ☐ Serial # 2430A

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footers size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)	24" x 24" (576)	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4.5"	6"	7"	8"	9"	10"
2000 dsf	6"	8"	9"	10"	11"	12"
2500 dsf	7.5"	9"	10"	11"	12"	13"
3000 dsf	8"	10"	11"	12"	13"	14"
3500 dsf	8"	10"	11"	12"	13"	14"

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

17x25

Perimeter pier pad size

16x16

Other pier pad sizes (required by the mfg.)

17x25

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

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer Oliver 1101V

Number

23

Sidewall Longitudinal Marriage wall Shearwall

4

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psi or check here to declare 1000 lb. soil ☒ without testing.

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 290 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. 1 understand 5 ft anchors are required at all centerline the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. locking capacity.

PS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

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. 28

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ☒ Swele ☒ 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 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 _____

Type gasket Pg. _____

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

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes ☒ NO ☒ N/A ☒
Dryer vent installed outside of skirting. Yes ☒ N/A ☒
Range downflow vent installed outside of skirting. Yes ☒ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other _____

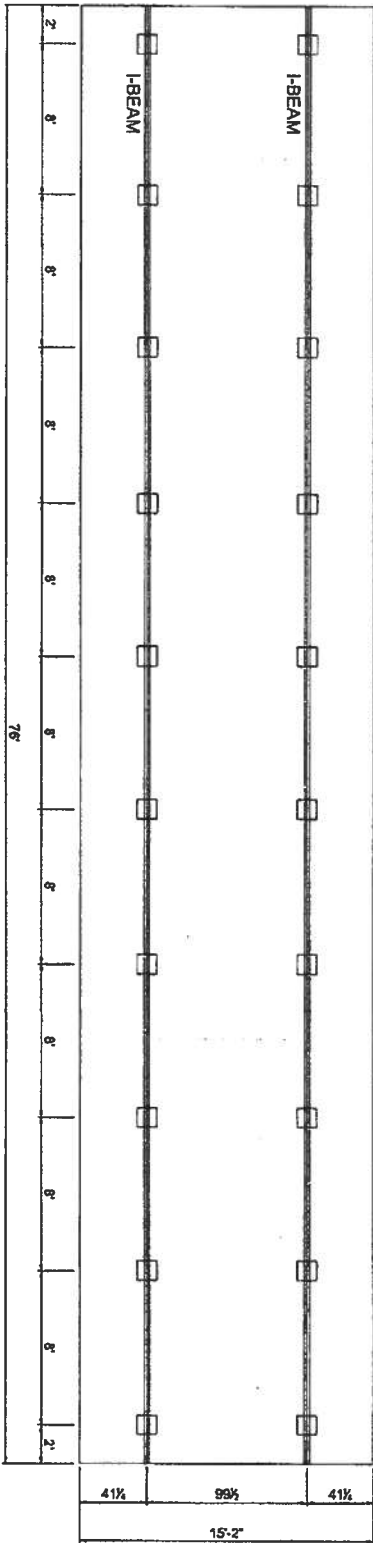
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Robert Sheppard

Date 5/22/18

Single wide



☐ BLOCKING

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 4" OR GREATER WILL REQUIRE BLOCKING ON EACH SIDE.

		DAPA SEAL		MODIFICATIONS		MODEL: 261-RH2763B		SHEET:	
P.O. BOX 2097 HWY 100 EAST LAKE CITY, FL 32056								S-20	
				PROPRIETARY AND CONFIDENTIAL THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL PROPERTY OF CHAMPION. NO PARTS MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT PERMISSION IN WRITING BY CHAMPION.		TITLE: PIER FOUNDATION			
						DRAWN BY: ROD		DATE: 12-15-16	

OLIVER TECHNOLOGIES, INC.
FLORIDA INSTALLATION INSTRUCTIONS FOR THE
MODEL 1101 "V" SERIES ALL STEEL FOUNDATION SYSTEM
MODEL 1101"V" (STEPS 1-15)
LONGITUDINAL ONLY: FOLLOW STEPS 1-9
FOR ADDING LATERAL ARM : Follow Steps 10-15
FOR CONCRETE APPLICATIONS: Follow Steps 16-19

ENGINEERS STAMP

ENGINEERS STAMP

1. SPECIAL CIRCUMSTANCES: If the following conditions occur - **STOP! Contact Oliver Technologies at 1-800-284-7437** :
- a) Pier height exceeds 48" b) Length of home exceeds 76' c) Roof eaves exceed 16" d) Sidewall height exceed 96"
 - e) Location is within 1500 feet of coast

INSTALLATION OF GROUND PAN

2. Remove weeds and debris in an approximate two foot square to expose firm soil for each ground pan (C) .
3. Place ground pan (C) directly below chassis I-beam . Press or drive pan firmly into soil until flush with or below soil.
- SPECIAL NOTE:** The longitudinal "V" brace system serves as a pier under the home and should be loaded as any other pier. It is recommended that after leveling piers, and one-third inch (1/3") before home is lowered completely on to piers, complete steps 4 through 9 below then remove jacks.

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION. IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 5 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4" . VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.) .

4. Select the correct square tube brace (E) length for set - up (pier) height at support location. (The 18" tube is always used as the bottom part of the longitudinal arm). Note: Either tube can be used by itself, cut and drilled to length as long as a 40 to 45 degree angle is maintained.

PIER HEIGHT
(Approx. 45 degrees Max.)

1.25" ADJUSTABLE
Tube Length

1.50" ADJUSTABLE
Tube Length

7 3/4" to 25"	22"	18"
24 3/4" to 32 1/4"	32"	18"
33" to 41"	44"	18"
40" to 48"	54"	18"

5. Install (2) of the 1.50" square tubes (E {18" tube}) into the "U" bracket (J), insert carriage bolt and leave nut loose for final adjustment.
6. Place I-beam connector (F) loosely on the bottom flange of the I-beam.
7. Slide the selected 1.25" tube (E) into a 1.50" tube (E) and attach to I-beam connectors (F) and fasten loosely with bolt and nut.
8. Repeat steps 6 through 7 to create the "V" pattern of the square tubes loosely in place. The angle is not to exceed 45 degree and not below 40 degrees.
9. After all bolts are tightened, secure 1.25" and 1.50" tubes using four(4) 1/4"-14 x 3/4" self-tapping screws in pre-drilled holes.

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

THE MODEL 1101 "V" (LONGITUDINAL & LATERAL PROTECTION) ELIMINATES THE NEED FOR MOST STABILIZER PLATES & FRAME TIES.

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 5'4" .

FOUR FOOT (4') GROUND ANCHOR MAY BE USED EXCEPT WHERE THE HOME MANUFACTURER SPECIFIES DIFFERENT.

10. Install remaining vertical tie-down straps and 4' ground anchors per home manufacturer's instructions. **NOTE:** Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs. require a 5' anchor per Florida Code.
11. **NOTE:** Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. This frame tie & stabilizer plate needs to be located within 18" from of center ground pan.
12. Select the correct square tube brace (H) length for set-up lateral transverse at support location. The lengths come in either 60" or 72" lengths. (With the 1.50" tube as the bottom tube, and the 1.25" tube as the inserted tube.)
13. Install the 1.50 transverse brace (H) to the ground pan connector (D) with bolt and nut.
14. Slide 1.25" transverse brace into the 1.50" brace and attach to adjacent I-beam connector (I) with bolt and nut.
15. Secure 1.50" transverse arm to 1.25" transverse arm using four (4) 1/4" - 14 x 3/4" self-tapping screws in pre-drilled holes.



OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone 931-796-4555
Fax 931-796-8811
www.olivertechnologies.com

INSTALLATION USING CONCRETE RUNNER / FOOTER

16. A concrete runner, footer or slab may be used in place of the steel ground pan.

- The concrete shall be minimum 2500 psi mix
- A concrete runner may be either longitudinal or transverse, and must be a minimum of 8" deep with a minimum width of 16 inches longitudinally or 18 inches transverse to allow proper distance between the concrete bolt and the edge of the concrete (see below).
- Footers must have minimum surface area of 441 sq. in. (i.e. 21" square), and must be a minimum of 8" deep.
- If a full slab is used, the depth must be a 4" minimum at system bracket location, all other specifications must be per local jurisdiction. Special inspection of the system bracket installation is not required.. Footers must allow for at least 4" from the concrete bolt to the edge of the concrete.

NOTE: The bottom of all footings, pads, slabs and runners must be per local jurisdiction.

LONGITUDINAL: (Model 1101 LC "V")

17. When using Part # 1101-W-CPCA (wetset), simply install the bracket in runner/footer **OR** When installing in cured concrete use Part # 101-D-CPCA (dryset). The 1101 (dryset) CA bracket is attached to the concrete using (2) 5/8"x3" concrete wedge bolts (Simpson part # S162300H 5/8" X 3" or Powers equivalent). Place the CA bracket in desired location. Mark bolt hole locations, then using a 5/8" diameter masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the holes. Place wedge bolts into drilled holes, then place 1101 (dry set) CA bracket onto wedge bolts and start wedge bolt nuts. Take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt). The sleeve of concrete wedge bolt needs to be at or below the top of concrete. Complete by tightening nuts.

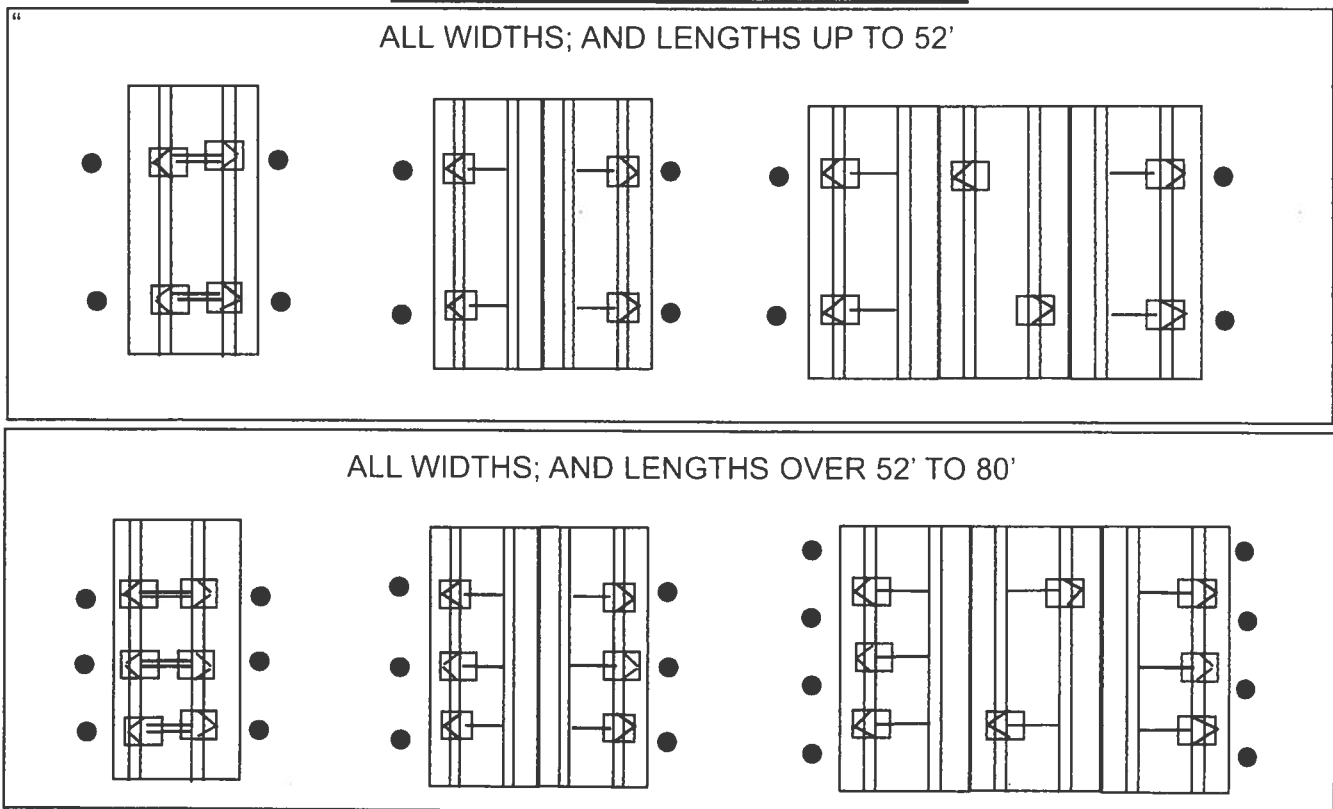
LATERAL: (Model 1101 TC "V")

18. For wet set (part # 1101-W-TACA) installation simply install the anchor bolt into runner/footer. For dry set installation (part # 1101-D-TACA) mark bolt hole locations, then using a 5/8" diam. masonry bit, drill a hole to a minimum depth of 3". Make sure all dust and concrete is blown out of the hole. Place wedge bolts (Simpson part #S162300H 5/8" X 3" or Powers equivalent) into (D) concrete dry transverse connector and into drilled hole. If needed, take a hammer and lightly drive the wedge bolts down by hitting the nut (making sure not to hit the top of threads on bolt), then remove the nut. The sleeve of concrete wedge bolt needs to be at or below the top of concrete.
19. When using part # 1101 CVW (wetset) or 1101 CVD (dryset), install per steps 17 & 18.

Notes:

- LENGTH OF HOUSE IS THE ACTUAL BOX SIZE
- = STABILIZER PLATE AND FRAME TIE LOCATION (needs to be located within 18 inches of center of ground pan or concrete)
- ☐ = LOCATION OF LONGITUDINAL BRACING ONLY
- ☐ = TRANSVERSE & LONGITUDINAL LOCATIONS

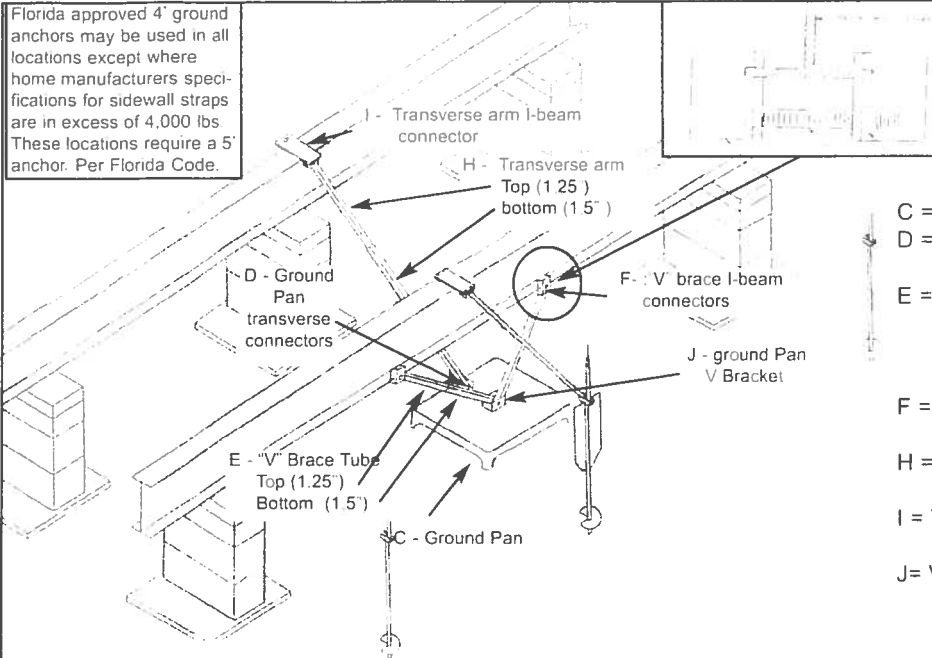
REQUIRED NUMBER AND LOCATION OF MODEL 1101 "V" OR 1101 C "V" BRACES FOR UP TO 4/12 ROOF PITCH



HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

6 systems for home lengths up to 52' and 8 systems for homes over 52' and up 80'. One stabilizer plate and frame tie required at each lateral bracing system.

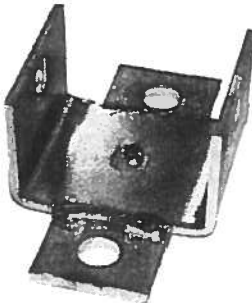
Florida approved 4" ground anchors may be used in all locations except where home manufacturers specifications for sidewall straps are in excess of 4,000 lbs. These locations require a 5" anchor. Per Florida Code.



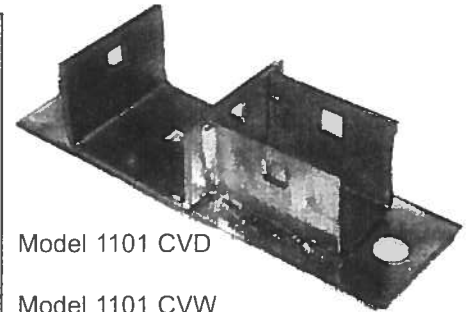
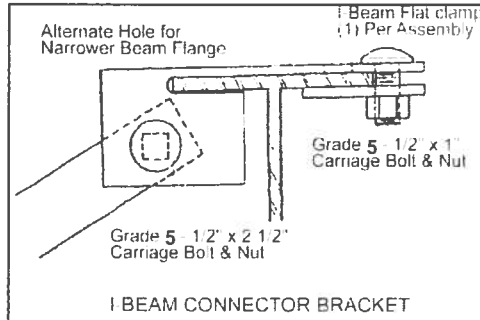
- C = GROUND PAN
- D = GROUND PAN CONNECTOR U BRACKETS TRANSVERSE
- E = TELESOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOT-TOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNEC-TORS ASSEMBLY
- H = TELESOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR
- J = V PAN BRACKET

Model # 1101 "V"

Longitude dry
concrete bracket
part # 1101 D-CPCA



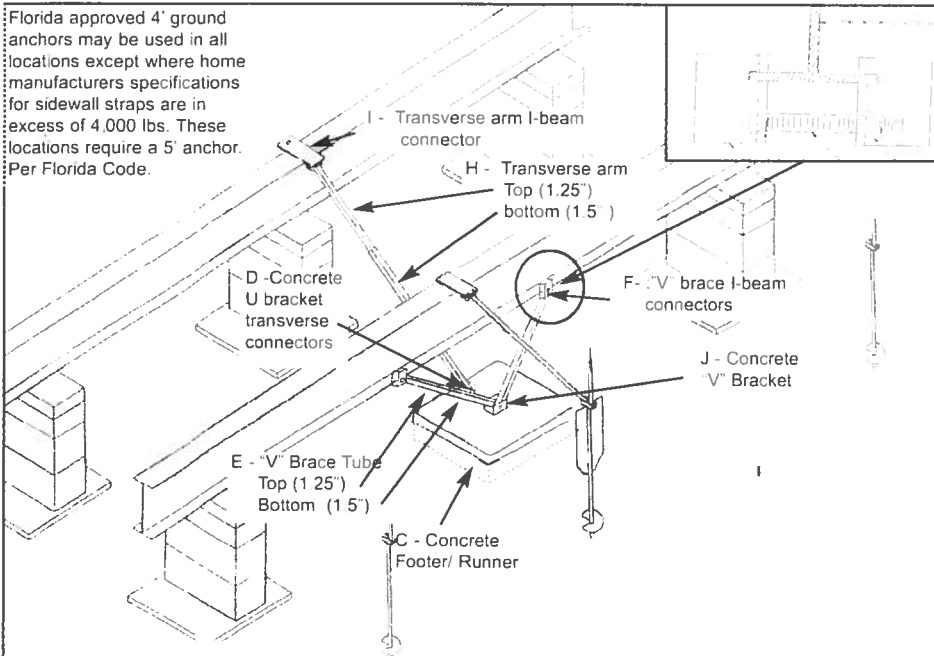
Wet bracket part #
1101 W-CPCA not
shown



Model 1101 CVD

Model 1101 CVW
not shown

Florida approved 4" ground
anchors may be used in all
locations except where home
manufacturers specifications
for sidewall straps are in
excess of 4,000 lbs. These
locations require a 5" anchor.
Per Florida Code.



- C = CONCRETE FOOTER/RUNNER
- D = CONCRETE U BRACKET TRANSVERSE CONNECTOR (connects with grade 5 - 1/2" x 2 1/2" carriage bolt & nut)
- E = TELESOPING V BRACE TUBE ASSEMBLY W/ 1.5 BOT-TOM TUBE AND 1.25 TUBE INSERT
- F = "V" BRACE I-BEAM CONNECTOR ASSEMBLY (connects with grade 5 - 1/2" x 4" carriage bolt & nut)
- H = TELESOPING TRANSVERSE ARM ASSEMBLY
- I = TRANSVERSE ARM I-BEAM CONNECTOR (connects with grade 5 - 1/2" x 2 1/2" carriage bolt & nut)
- J = CONCRETE "V" BRACKET (connects with grade 5 - 1/2" x 4" carriage bolt & nut)

Model # 1101 C "V"



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Columbia County Property Appraiser

updated: 4/24/2018

2017 Tax Year**Parcel:** 08-7S-17-09943-003

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

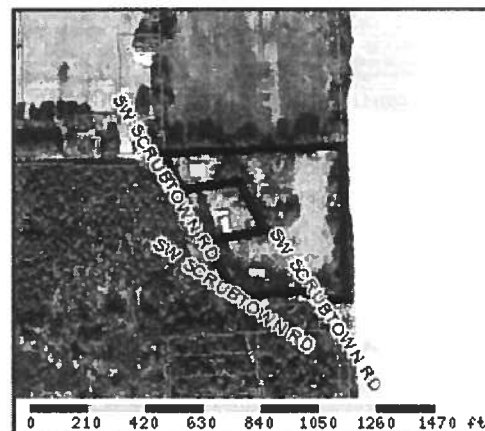
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	JOHNSON LAWRENCE C		
Mailing Address	1421 SW SCRUBTOWN RD FT WHITE, FL 32038		
Site Address	1421 SW SCRUBTOWN RD		
Use Desc. (code)	TIMBERLAND (005600)		
Tax District	3 (County)	Neighborhood	8717
Land Area	5.560 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
BEG NE COR OF NE1/4 OF NE1/4 OF SE1/4, W 655.61 FT, S22 DEG E 155 44 FT, N79 DEG E 219.69 FT, S28 DEG E 210.03 FT, 79DEG W 219.96 FT TO E MAINT R/W OF SW SCRUBTOWN RD, S26DEG E ALONG R/W 177 44 FT, CONT ON R/W 131 61 FT, SE ALONG R/W 95 04 FT, E 85 FT TO E LINE OF NE1/4 OF NE 1/4 OF SE1/4, N 554 41 FT TO POB. 764-2085, 828-1709, 891-21, 880-417, 891-21, DC 1265-2733,			

**Property & Assessment Values****2017 Certified Values**

There are no 2017 Certified Values for this parcel

2018 Working Values

(Hide Values)

Mkt Land Value	cnt: (1)	\$0.00
Ag Land Value	cnt: (0)	\$1,306.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (2)	\$1,015.00
Total Appraised Value		\$2,321.00
Just Value		\$17,344.00
Class Value		\$2,321.00
Assessed Value		\$2,321.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$2,321 Other: \$2,321 Schl: \$2,321

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$515.00	0000368.000	23 x 16 x 0	(000.00)
0120	CLFENCE 4	1993	\$500.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
006200	PASTURE 3 (AG)	5.56 AC	1.00/1.00/1.00/1.00	\$235.00	\$1,306.00
009910	MKT.VAL.AG (MKT)	5.56 AC	1.00/1.00/1.00/1.00	\$0.00	\$16,329.00

SRWMD Wetlands



2016Aerials



Water Lines

/ Others

/ CANAL / DITCH

/ CREEK

/ STREAM / RIVER

DevelopmentZones

□ others

□ A-1

□ A-2

□ A-3

□ CG

□ CHI

□ CI

□ CN

□ CSV

□ ESA-2

□ I

□ ILW

□ MUD-1

□ PRD

□ PRRD

□ RMF-1

□ RMF-2

□ RO

□ RR

□ RSF-1

□ RSF-2

□ RSF-3

□ RSF/MH-1

□ RSF/MH-2

□ RSF/MH-3

□ DEFAULT

Flood Zones

□ 0.2 PCT ANNUAL CHANCE

□ A

□ AE

□ AH

Roads

Roads

others

Dirt

Interstate

Main

Other

Paved

Private

Parcels

Subdivisions

Addresses

Addresses

Columbia County, FLA - Building & Zoning Property Map

Printed: Fri May 25 2018 15:37:29 GMT-0400 (Eastern Daylight Time)



Parcel Information

Parcel No: 08-7S-17-09943-000

Owner: JOHNSON LAWRENCE C

Subdivision:

Lot:

Acres: 37.1032867

Deed Acres: 37.08 Ac

District: District 4 Everett Phillips

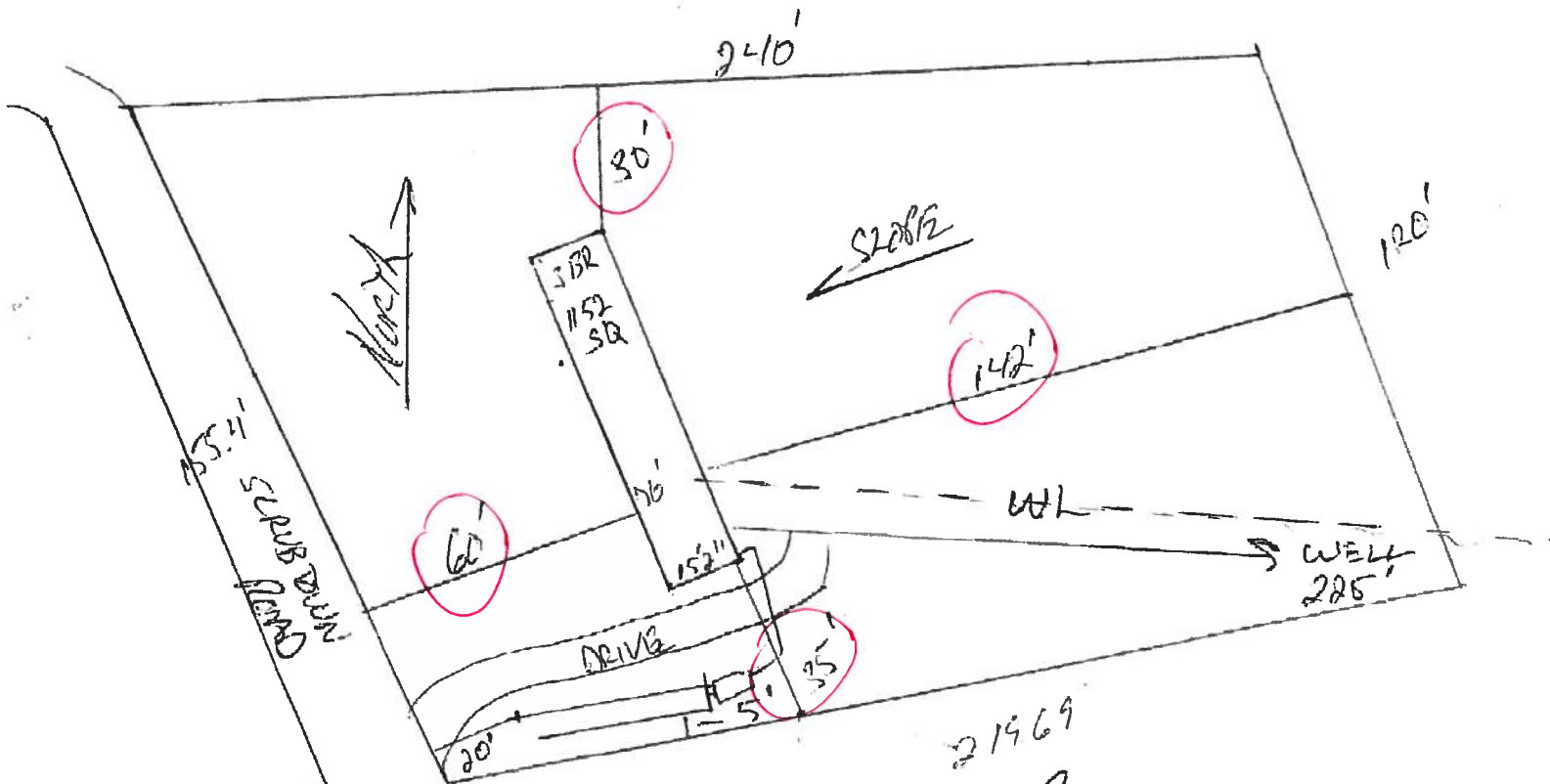
Future Land Uses: Agriculture - 3

Flood Zones: A,

Official Zoning Atlas: A-3

Permit Application Number_____

Scale: 1 inch = 40 feet.



Notes: 1 of 5.56 Acres SEE ATTACHED

Site Plan submitted by: Rocky B / 3

Plan Approved _____ / Not Approved _____

By _____ County Health Department

MASTER CONTRACTOR

Date _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Columbia County Property Appraiser

updated: 4/24/2018

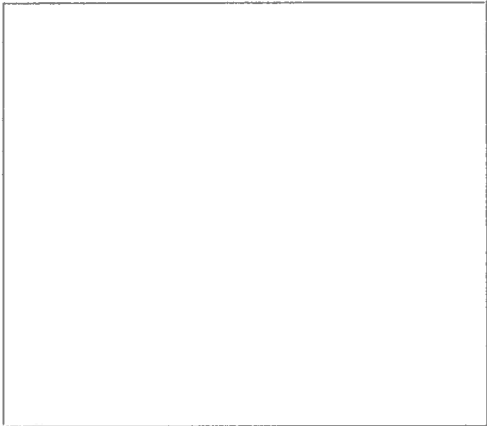
2017 Tax Year

Parcel: 08-7S-17-09943-003

Owner & Property Info

Search Result: 1 of 1

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Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. BEG NE COR OF NE1/4 OF NE1/4 OF SE1/4, W 655.61 FT, S22 DEG E 155.44 FT, N79 DEG E 219.69 FT, S28 DEG E 210.03 FT, 79DEG W 219.96 FT TO E MAINT R/W OF SW SCRUBTOWN RD, S26DEG E ALONG R/W 177.44 FT, CONT ON R/W 131.61 FT, SE ALONG R/W 95.04 FT, E 85 FT TO E LINE OF NE1/4 OF NE 1/4 OF SE1/4, N 554.41 FT TO POB. 764-2085, 828-1709, 891-21, 880-417, 891-21, DC 1265-2733,		



Property & Assessment Values

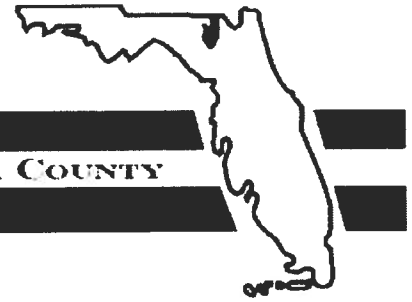
2017 Certified Values
There are no 2017 Certified Values for this parcel

2018 Working Values		(...Hide Values)
Mkt Land Value	cnt: (1)	\$0.00
Ag Land Value	cnt: (0)	\$1,306.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (2)	\$1,015.00
Total Appraised Value		\$2,321.00
Just Value		\$17,344.00
Class Value		\$2,321.00
Assessed Value		\$2,321.00
Exempt Value		\$0.00
Total Taxable Value		Cnty: \$2,321 Other: \$2,321 Schl: \$2,321

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



Address Assignment and Maintenance Document

To maintain the county wide 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 addressing 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 Services 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/Time Issued: **5/25/2018 2:43:02 PM**
Address: **1421 SW SCRUBTOWN Rd**
City: **FORT WHITE**
State: **FL**
Zip Code **32038**
Parcel ID **09943-003**

REMARKS: Address Verification.

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

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1805-75 CONTRACTOR Robert Sheppard PHONE 386-623-2203

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

Johnson

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.

ELECTRICAL ✓ 1074	Print Name <u>Glenn Whittington</u> Signature _____ License #: <u>EC13002957</u> Phone #: <u>386-972-1700</u> Qualifier Form Attached <input checked="" type="checkbox"/>
MECHANICAL/ ✓ A/C 1669	Print Name <u>Ronald Bonds</u> Signature _____ License #: <u>CAC1817658</u> Phone #: <u>800-259-3470</u> Qualifier Form Attached <input checked="" type="checkbox"/>

Qualifier Forms cannot be submitted for any Specialty License.

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.

Revised 10/30/2015



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

LICENSED QUALIFIER AUTHORIZATION

I, Glen Whittington (license holder name), licensed qualifier
for Whittington Electric Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dan Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

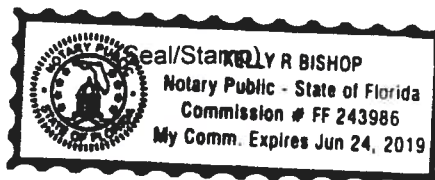
[Signature] License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington,
personally appeared before me and is known by me or has produced identification
(type of I.D.) FL DL on this 7 day of MARCH, 2016.

[Signature]
NOTARY'S SIGNATURE





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

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E. Board Sr (license holder name), licensed qualifier
for STYLE CREST ENTERPRISES, INC (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Durd	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-16
License Number Date

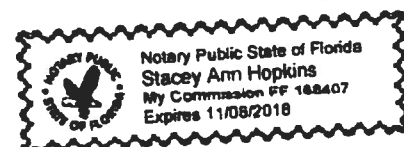
NOTARY INFORMATION

STATE OF FL COUNTY OF Bay

The above license holder, whose name is Ronald Edward Board Sr
personally appeared before me and is known by me or has produced identification
(type of I D.) _____ on this 16th day of FEB, 20 16.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)



A 29091 FL 12 06 2016 49 CCFR16CAD004385 0 <small>FDID State Incident Date Station Incident Number Exposure</small>		NFIRS-1 Basic																			
B Location Type <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid <div style="margin-top: 10px;"> 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. 1421 SW SCRUBTOWN RD <small>Number Milepost Prefix Street or Highway</small> FORT WHITE <small>Apt. Suite/Room City State Zip Code</small> Cross Street Directions or National Grid as applicable </div>																					
C Incident Type 111 Building fire		E1 Dates and Times <div style="display: flex; justify-content: space-between;"> <div> Check boxes if dates are the same as Alarm Date Alarm: 12 06 2016 19:41:00 Arrival: 12 06 2016 19:50:00 Controlled: Last Unit Cleared: 12 07 2016 02:32:00 </div> <div style="text-align: right;"> <small>Midnight is 0000</small> Hour Min Sec </div> </div>																			
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 N X None		E2 Shifts and Alarms Local Option: B 3 49 <small>Shift or Platoon Alarms District</small> E3 Special Studies Local Option: <small>Special Study ID# Special Study Value</small>																			
F Actions Taken 11 Extinguishment by fire service personnel <small>Primary Action Taken (1)</small>		G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Suppression</th> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>10</td> <td>12</td> </tr> </table> <small>Check box if resources counts include aid received resources.</small>		Suppression	Apparatus	Personnel	EMS	0	0	Other	10	12									
Suppression	Apparatus	Personnel																			
EMS	0	0																			
Other	10	12																			
G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None LOSSES: Property \$ 90,000 Contents \$ 130,000 PRE-INCIDENT VALUE: Optional Property \$ 90,000 Contents \$ 130,000																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> 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 Anson-11 </td> <td style="width: 33%; vertical-align: top;"> H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Death</th> <th>Injury</th> </tr> <tr> <td>Fire</td> <td>0</td> <td>0</td> </tr> <tr> <td>Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table> H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown </td> <td style="width: 33%; vertical-align: top;"> 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 </td> </tr> <tr> <td colspan="3" style="vertical-align: top;"> 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 </td> </tr> </table>				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 Anson-11	H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Death</th> <th>Injury</th> </tr> <tr> <td>Fire</td> <td>0</td> <td>0</td> </tr> <tr> <td>Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table> H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown		Death	Injury	Fire	0	0	Service	0	0	Civilian	0	0	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		
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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																					

A FDID <u>29091</u>		FL	MM <u>12</u>	DD <u>06</u>	YYYY <u>2016</u>	Station <u>49</u>	Incident Number <u>CCFR16CAD004385</u>	Exposure <u>0</u>	NFIRS-2 Fire
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B Property Details B1 <u>1</u> Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small> B2 <u>1</u> Buildings not involved <small>Number of buildings involved</small> B3 <u> </u> , <u> </u> <input checked="" type="checkbox"/> None <small>Acres burned (outside fires) Less than one acre</small>	C On-Site Materials or Products <input checked="" type="checkbox"/> None <small>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</small> <small>Enter up to three codes. Check one box for each code entered.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> On-site material (1) <u> </u> </div> <div style="width: 45%;"> <u> </u> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> On-site material (2) <u> </u> </div> <div style="width: 45%;"> <u> </u> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> On-site material (3) <u> </u> </div> <div style="width: 45%;"> <u> </u> </div> </div>	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
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D Ignition D1 <u>70</u> Structural area, other <small>Area of fire origin</small> D2 <u>UU</u> Undetermined <small>Heat Source</small> D3 <u>UU</u> Undetermined <small>Item first ignited</small> <small>Check box if fire spread was confined to object of origin.</small> D4 <u>UU</u> Undetermined <small>Type of material first ignited Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <small>Check this box if this is an exposure report</small> 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 <input checked="" type="checkbox"/> 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 <u>UU</u> Undetermined <small>Factor contributing to ignition (1)</small> <u> </u> <small>Factor contributing to ignition (2)</small> <u> </u>	E3 Human Factors Contributing to Ignition <small>Check all applicable boxes</small> 1 <input checked="" type="checkbox"/> 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 <small>Estimated age of person involved</small> <u> </u> 1 Male 2 Female
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F1 Equipment Involved in Ignition <input checked="" type="checkbox"/> None If equipment was not involved, skip to Section G Equipment Involved Brand <u> </u> Serial <u> </u> Model <u> </u> Year <u> </u>	F2 Equipment Power Source <u> </u> <small>Equipment Power Source</small> F3 Equipment Portability 1 Portable 2 Stationary <small>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</small>	G Fire Suppression Factors <small>Enter up to three codes.</small> <u>100</u> Building construction or design, other <small>Fire suppression factor (1)</small> <u> </u> <small>Fire suppression factor (2)</small> <u> </u> <small>Fire suppression factor (3)</small> <u> </u>
--	--	--

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 <u> </u> <small>Mobile property model</small> <u> </u> <u> </u> <u> </u> <small>License Plate Number State VIN</small>	H2 Mobile Property Type and Make <u> </u> <small>Mobile property type</small> <u> </u> <small>Mobile property make</small> <u> </u> <small>Year</small> <u> </u>	Local Use Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies</small> Arson report attached Police report attached Coroner report attached Other reports attached
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A		FDID: 29091		State: FL	Incident Date: 12/06/2016	Station: 49	Incident Number: CCFR16CAD004385	Exposure: 0	NFIRS-3 Structure Fire	
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I1 Structure Type <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 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 <small>Count the roof as part of the highest story.</small> 1 <small>Total number of stories at or above grade</small> 0 <small>Total number of stories below grade</small>	I4 Main Floor Size <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">800</div> </div> <small>Total square feet</small> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="margin-right: 5px;">BY</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <small>Length in feet Width in feet</small>
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J1 Fire Origin 1 <input type="checkbox"/> Below Grade <small>Story of fire origin</small> J2 Fire Spread <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3 Fire Module).</small> 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 <small>Count the roof as part of the highest story.</small> <div style="border: 1px solid black; padding: 2px; 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; 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; margin-bottom: 5px;"> </div> <small>Number of stories w/heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">1</div> <small>Number of stories w/extreme damage (75 to 100% flame damage)</small>	K Type of Material Contributing Most to Flame Spread <small>Check if no flame spread OR if same as Material First Ignited (Block D4 Fire Module) OR if unable to determine.</small> K1 <div style="border: 1px solid black; padding: 2px;">UU</div> Undetermined <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px;">UU</div> Undetermined <small>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70</small>
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L1 Presence of Detectors <small>(In area of the fire)</small> 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 <input checked="" type="checkbox"/> Detector operated 3 Detector failed to operate U Undetermined	L5 Detector Effectiveness <small>Required if detector operated</small> 1 <input checked="" type="checkbox"/> 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 <small>Required if detector failed to operate</small> 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
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N None Present U <input checked="" type="checkbox"/> Undetermined M2 Type of Automatic Extinguishing System <small>Required if fire was within designed range of AES</small> 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 <small>Required if fire was within designed range</small> 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 <small>Required if system operated</small> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <small>Number of sprinkler heads operating</small>	M5 Reason for Automatic Extinguishing System Failure <small>Required if system failed or not effective</small> 0 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
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A		<div style="display: flex; justify-content: space-between;"> FDID: 29091 State: FL Incident Date: MM DD YYYY: 12 06 2016 Station: 49 Incident Number: CCFR16CAD004385 Exposure: 0 </div>						NFIRS-9 Apparatus or Resources	
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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: E45 Type: 11	Dispatch X 12/06/2016	1941		Sent X	1	X Other Suppression EMS	73	
		Arrival X 12/06/2016	1954						
		Clear X 12/06/2016	2354						
2	ID: T46 Type: 24	Dispatch X 12/06/2016	1941		Sent X	1	X Other Suppression EMS	11	58
		Arrival X 12/06/2016	1953						
		Clear 12/07/2016	0232						
3	ID: T45 Type: 24	Dispatch X 12/06/2016	1941		Sent X	1	X Other Suppression EMS	11	58
		Arrival X 12/06/2016	1955						
		Clear 12/07/2016	0232						
4	ID: E46 Type: 11	Dispatch X 12/06/2016	1941		Sent X	1	X Other Suppression EMS	11	58
		Arrival X 12/06/2016	1952						
		Clear 12/07/2016	0016						
5	ID: E49 Type: 10	Dispatch X 12/06/2016	1941		Sent	6	Other X Suppression EMS	11	
		Arrival X 12/06/2016	1950						
		Clear 12/07/2016	0232						
6	ID: CF9 Type: 92	Dispatch			Sent	1	X Other Suppression EMS	81	73
		Arrival X 12/06/2016	2002						
		Clear 12/07/2016	0229						
7	ID: T29 Type: 14	Dispatch X 12/06/2016	2000		Sent	1	X Other Suppression EMS	11	76
		Arrival X 12/06/2016	2018					73	
		Clear 12/07/2016	0232						
8	ID: T48 Type: 24	Dispatch X 12/06/2016	2004		Sent X	1	X Other Suppression EMS	76	73
		Arrival X 12/06/2016	2026						
		Clear 12/07/2016	0016						
9	ID: CF2 Type: 92	Dispatch			Sent X	1	X Other Suppression EMS	92	
		Arrival X 12/06/2016	2026						
		Clear 12/07/2016	0113						
10	ID: E48 Type: 11	Dispatch X 12/06/2016	2101		Sent X	2	X Other Suppression EMS	73	74
		Arrival X 12/06/2016	2110						
		Clear X 12/06/2016	2306						
11	ID: E42 Type: 11	Dispatch			Sent X	2	X Other Suppression EMS	73	74
		Arrival X 12/06/2016	2358						
		Clear 12/07/2016	0232						

A	29091	FL	12	06	2016	49	CCFR16CAD004385	0	NFIRS-10 Personnel
FDID		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 <u>E45</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1941</u>	Sent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="73"/> <input type="text"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1954</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2354</u>			
Personnel ID <u>HEND01</u>	Name <u>HENDERSON, SHAWN</u>	Rank Or Grade <u>FIREFIGHTER/EMT</u>	Action Taken <u>11</u>	Action Taken <u>58</u>	Action Taken <u>73</u>	Action Taken

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 <u>T46</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1941</u>	Sent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="11"/> <input type="text" value="58"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1953</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0232</u>			
Personnel ID <u>BERT01</u>	Name <u>BERTRAM, JASON</u>	Rank Or Grade <u>FIREFIGHTER/EMT</u>	Action Taken <u>11</u>	Action Taken <u>58</u>	Action Taken	Action Taken

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 <u>T45</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1941</u>	Sent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="11"/> <input type="text" value="58"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1955</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0232</u>			
Personnel ID <u>RODR02</u>	Name <u>Rodriguez, Ryan</u>	Rank Or Grade <u>P/T High Springs FF</u>	Action Taken <u>11</u>	Action Taken <u>58</u>	Action Taken	Action Taken

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 <u>E46</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1941</u>	Sent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="11"/> <input type="text" value="58"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1952</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0016</u>			
Personnel ID <u>BALL01</u>	Name <u>BALLANCE, JEFF</u>	Rank Or Grade <u>Firefighter</u>	Action Taken <u>11</u>	Action Taken <u>58</u>	Action Taken	Action Taken

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 <u>E49</u> Type <u>10</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1941</u>	Sent	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="11"/> <input type="text"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>1950</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0232</u>			
Personnel ID <u>BICK01</u>	Name <u>BICKEL, BRIAN</u>	Rank Or Grade <u>LIEUTENANT</u>	Action Taken <u>11</u>	Action Taken <u>58</u>	Action Taken	Action Taken
Personnel ID <u>REMM01</u>	Name <u>REMMERS, ANDREW</u>	Rank Or Grade <u>Firefighter</u>	Action Taken <u>11</u>	Action Taken <u>73</u>	Action Taken	Action Taken
Personnel ID <u>HEND01</u>	Name <u>HENDERSON, SHAWN</u>	Rank Or Grade <u>FIREFIGHTER/EMT</u>	Action Taken <u>11</u>		Action Taken	Action Taken
Personnel ID <u>HOFF01</u>	Name <u>HOFFMAN, JORDON</u>	Rank Or Grade <u>FIREFIGHTER</u>	Action Taken <u>11</u>		Action Taken	Action Taken
Personnel ID <u>alockwood</u>	Name <u>LOCKWOOD, ADAM</u>	Rank Or Grade <u>FIREFIGHTER/EMT</u>	Action Taken <u>11</u>		Action Taken	Action Taken
Personnel ID <u>KING03</u>	Name <u>KING, RICHARD</u>	Rank Or Grade <u>Part time firefighter</u>	Action Taken <u>11</u>		Action Taken	Action Taken

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)						
6 ID <u>CF9</u> Type <u>92</u>	Dispatch	Month/Day/Year	Hour/Min	Sent	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="81"/> <input type="text" value="73"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2002</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0229</u>			
Personnel ID <u>CASS01</u>	Name <u>CASSADY, GREGORY</u>	Rank Or Grade <u>Shift Commander</u>	Action Taken <u>81</u>	Action Taken	Action Taken	Action Taken

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)						
7 ID <u>T29</u> Type <u>14</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2000</u>	Sent	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="11"/> <input type="text" value="76"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2018</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0232</u>			
Personnel ID <u>2908</u>	Name <u>Monk, Randy</u>	Rank Or Grade <u>Lt. High Springs FD</u>	Action Taken <u>11</u>	Action Taken <u>76</u>	Action Taken <u>73</u>	Action Taken

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)						
8 ID <u>T48</u> Type <u>24</u>	Dispatch <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2004</u>	Sent <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS	List up to 4 actions for each apparatus and each personnel. <input type="text" value="76"/> <input type="text" value="73"/>
	Arrival <input checked="" type="checkbox"/>	Month/Day/Year <u>12/06/2016</u>	Hour/Min <u>2026</u>			
	Clear <input checked="" type="checkbox"/>	Month/Day/Year <u>12/07/2016</u>	Hour/Min <u>0016</u>			
Personnel ID <u>MCCO01</u>	Name <u>MCCOOK, JOSHUA</u>	Rank Or Grade <u>FF/EMT</u>	Action Taken <u>76</u>	Action Taken <u>73</u>	Action Taken	Action Taken

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						
9	ID CF2 Type 92	Dispatch			Sent X	1	X Other Suppression EMS	92	
		Arrival X	12/06/2016 2026						
		Clear	12/07/2016 0113						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
CERV01	CERVANTES, TAD	Assistant Chief	81						
10	ID E48 Type 11	Dispatch X	12/06/2016 2101		Sent X	2	X Other Suppression EMS	73	74
		Arrival X	12/06/2016 2110						
		Clear X	12/06/2016 2306						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
SELB02	SELBE, CLIFFORD	FIREFIGHTER/EMT	73	74	58				
CANNO01	CANNON, CODY	FIREFIGHTER/EMT	73	74					
11	ID E42 Type 11	Dispatch			Sent X	2	X Other Suppression EMS	73	74
		Arrival X	12/06/2016 2358						
		Clear	12/07/2016 0232						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
MCCA02	MCCAULEY, CAMERON	FIREFIGHTER/PM	73	74					
HAIR01	HAIRE, ADAM	FIREFIGHTER/EMT	73	74	58				



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

PERMIT NO. 18-8422
DATE PAID: 5/23/18
FEE PAID: 600.00
RECEIPT #: 1346198

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Lawrence JohnsonAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: na BLOCK: na SUB: Mates & Bounds PLATTED: _____PROPERTY ID #: 08-7S-17-09943-003 ZONING: _____ I/M OR EQUIVALENT: [Y] (N)PROPERTY SIZE: 5.56 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [Y] (N) DISTANCE TO SEWER: FTPROPERTY ADDRESS: 1421 SW Scrubtown Road, FWDIRECTIONS TO PROPERTY: 441 South, TR CR 778, TR Scrubtown Road, 1 mile to address on right

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	1152	3BR Like Sea Like
2				PREVIOUS HOME BURNED DOWN
3				

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

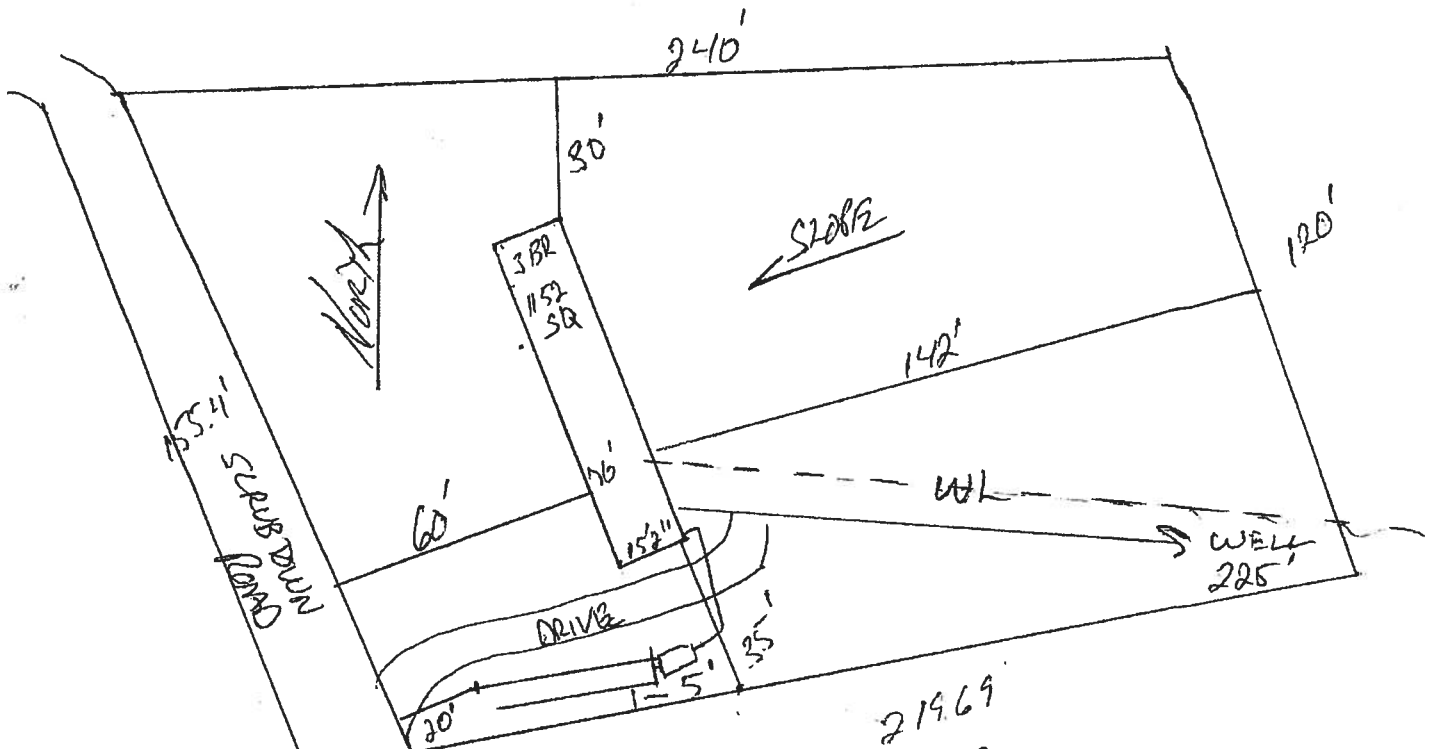
SIGNATURE: Rocky D Ford DATE: 5/22/2018

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

Permit Application Number 28-0421

----- JOHNSON ----- **PART II - SITEPLAN** -----

Scale: 1 inch = 40 feet.



Notes: .7 of 5.56 Acres SEE ATTACHED

Site Plan submitted by: Rocky D F

MASTER CONTRACTOR

Plan Approved X

Not Approved _____

Date 5/30/18

By [Signature] ES/ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT