05/25/2011 07:35 3867582160 BUILDING AND ZONING

☐ Rucker 2 sign ☑ FIRE READY ... NO CHARGE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 26 April 2012 Building Official

AP# 1204-40 Date Received 4/19 By LO Permit # 30112

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

Comments

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

☑ Site Plan with Setbacks Shown ☑ EH # 12-0208-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 ☐ Out County ☑ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Lot 11-3 - Blk H

Property ID # 02-6S-17-09553-040 Subdivision Rolling Hills Unrecorded

- New Mobile Home Used Mobile Home ✓ MH Size 14x64 Year 1986
- Applicant Bryan + Linda Rucker - Rusty knows Phone # (L) 386-344-3074, (B) 344-2726
- Address 354 SW Cavalry PL, Lake City, FL 32025
- Name of Property Owner Bryan + Linda Rucker Phone # (L) 386344-3074 (B) 386-344-272
- 911 Address 674 SE Rolling Hills Dr, Lake City FL 32025
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy

- Name of Owner of Mobile Home Linda Rucker Phone # 386-344-3074
  Address 354 SW Cavalry PL, Lake City, FL 32025
- Relationship to Property Owner Same on this property as one on this (Deed) replacement
- * Current Number of Dwellings on Property 2 including this one (one Lost in Fire)
- Lot Size Irregular Total Acreage 6.95 Acres
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes / Lost in Fire - NO CHANGE
- Driving Directions to the Property 441 South to Ellisville, (L) CR 238, (R) Oxford Rd (Beside John Deere Tractor) (L) Rolling Hills, after 90° turn, (R) into driveway Across From White Picket Fence, (L) across to SC
- Name of Licensed Dealer/Installer Rusty L. Rowder Phone # 386-755-6941
- Installers Address 5801 SW SR 47 Lake City, FL 32024
- License Number IH1038219 Installation Decal # 20168

2 properties side By side/combined only By Appraiser For one property TPK Id, 2 seperate Deeds. Each deeded property has only one Home - We are replacing a SWMH Lost in Fire Nov/2011

JW Spoke

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is NA using plier system 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.

RK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Rusty L. Knowles

Date Tested 4-13-12

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener:	NA	Length:		Spacing:
Walls:	Type Fastener:	NA	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, meldew 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 RK

Type gasket NA
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes NA

Miscellaneous

Skirting to be installed. Yes ✓ No _____
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 NA
Other : 15C-1 may or may not have page # on manual

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

Installer Signature _____ **Date** 4-13-12

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Rusty L. Knowles License # IH-1038219

911 Address where home is being installed 604 SE Rolling Hills Dr Lake City FL 32025

Manufacturer FLTW Length x width 14x~~90~~64

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 BK

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 # 10168

Triple/Quad ☐ Serial # 1370 (726)

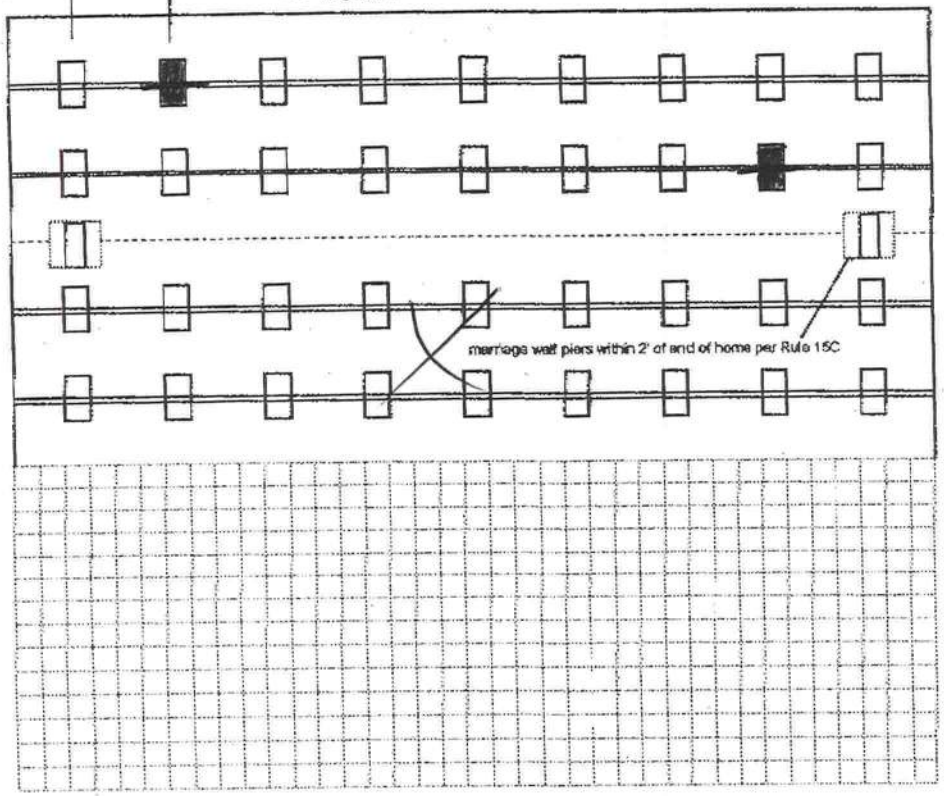
Typical pier spacing

2' 7'

lateral

longitudinal

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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (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

I-beam pier pad size 23¼x31¼

Perimeter pier pad size NA

Other pier pad sizes (required by the mfg.) 16x16

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	

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Technology

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

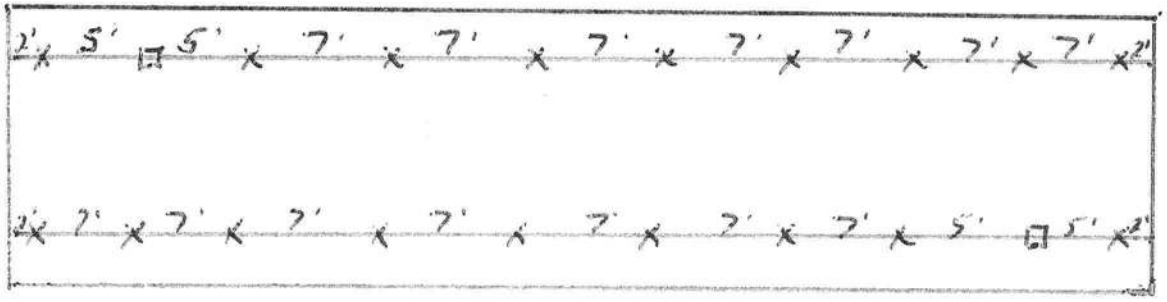
4 ft ✓ 5 ft

FRAME TIES

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

OTHER TIES

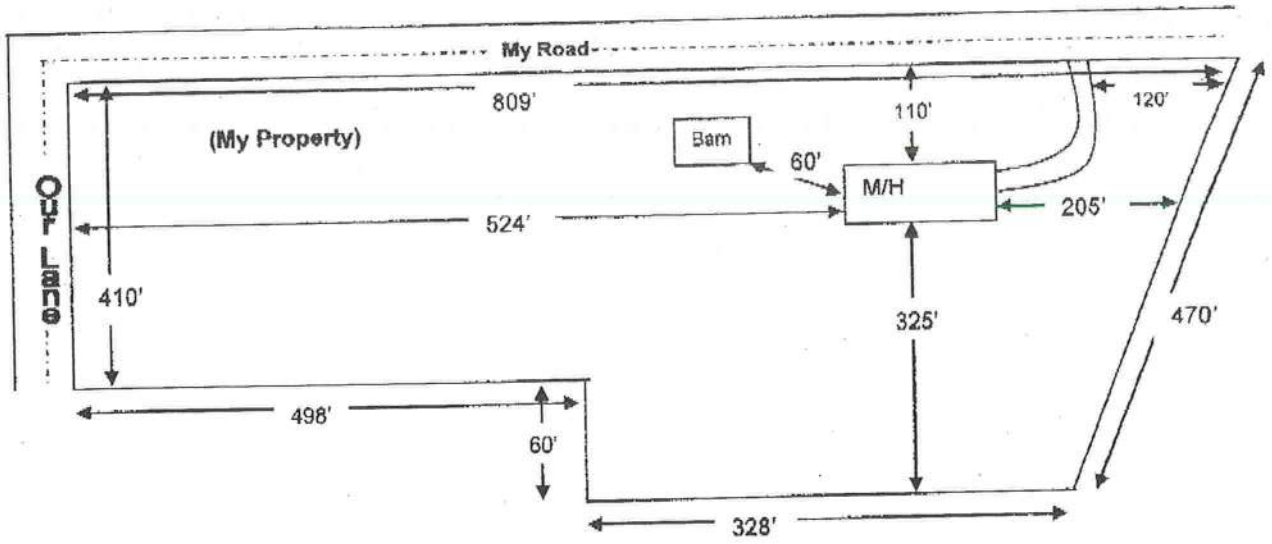
	Number
Sidewall	24
Longitudinal	24
Marriage wall	0
Shearwall	2 min



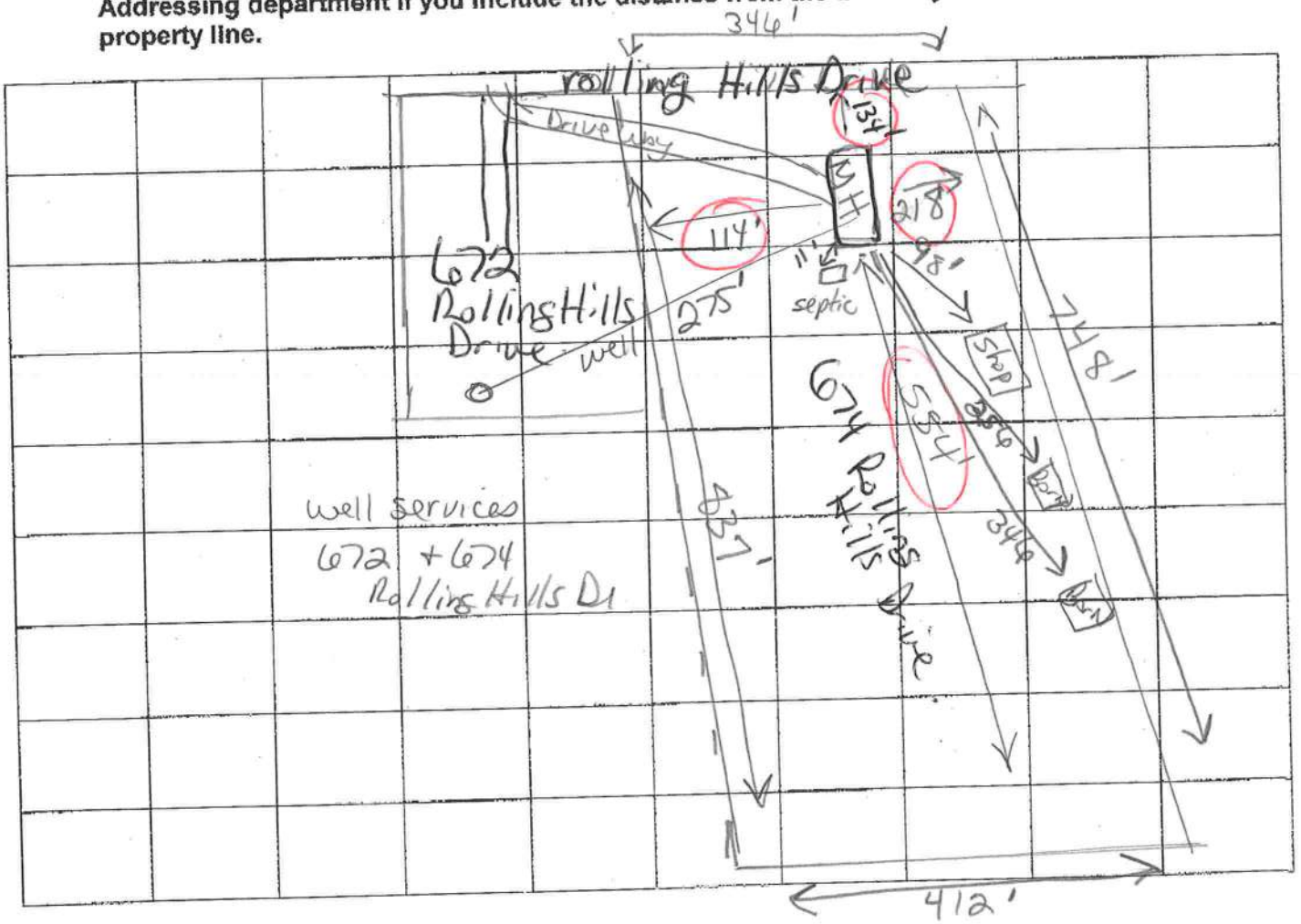
□ - 2 Diaper systems longitudinal only (LSD)

X - I Beam piers 7' O.C. using 23¾ x 31¼ Abspads

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.



-BK- 791

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

Tax Collector | Tax Estimat | Property Card | Parcel List Generatc

Parcel: 02-6S-17-09553-040

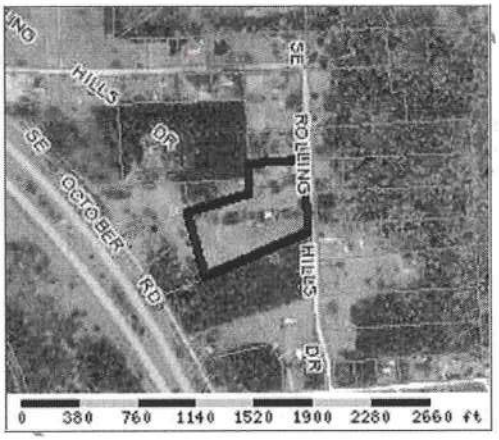
<< Next Lower Pa | Next Higher Parce | Interactive GIS Map | Print

<< Prev Search Result: 2 of 6 Next >>

Owner & Property Info

Owner's Name	RUCKER BRYAN M & LINDA		
Mailing Address	354 SW CAVALRY PL LAKE CITY, FL 32025		
Site Address	672 SE ROLLING HILLS DR		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	**Neighborhood**	2617
Land Area	8.250 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

COMM NW COR OF SE1/4, RUN S 210 FT, E 1235 FT, S 630 FT FOR POB, RUN W 395.8 FT, S 193.52 FT, NE 405.95 FT, N 97.30 FT TO POB. (AKA LOT 11-B ROLLING HILLS S/D UNREC). ORB 479-386, 724-621, 862-703, PROB #01-19-CP ORB 919-940 THRU 944, 921-1991, 922-404, CORR DEED 962-2239, DEED ADDING WIFE 962-2334, & COMM NW COR OF SE1/4, RUN S 210 FT, E 1235 FT, S 630 FT FOR POB, RUN W 395.8 FT, S 193.52 FT, NE ...more>>>



Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (1)	$9,251.00
Ag Land Value	cnt: (2)	$3,625.00
Building Value	cnt: (1)	$26,555.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$39,431.00
Just Value		$70,855.00
Class Value		$39,431.00
Assessed Value		$39,431.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $39,431 Other: $39,431 | Schl: $39,431

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
3/9/2001	922/404	WD	V	U	01	$100.00
3/2/2001	921/1991	WD	V	U	01	$100.00
7/7/1998	862/703	WD	V	Q		$9,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1994	(31)	1876	1876	$25,249.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

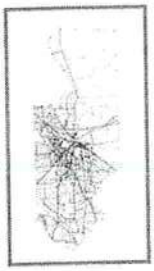
Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	1 AC	1.00/1.00 /1.00/1.00	$6,526.54	$6,526.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00 /1.00/1.00	$2,000.00	$2,000.00
006677	PECANS (AG)	7.25 AC	1.00/1.00 /1.00/1.00	$500.00	$3,625.00
009910	MKT.VAL.AG (MKT)	7.25 AC	1.00/1.00 /1.00/1.00	$0.00	$31,544.00

Columbia County Property Appraiser DB Last Updated: 3/12/2012

<< Prev 2 of 6 Next >>

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.



COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
263 NW Lake City Ave., Lake City, FL 32055
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

A Residential or Other Structure(s) on Parcel Number:
02-6S-17-09553-040

Address Assignment(s):
672 SE ROLLING HILLS DR, LAKE CITY, FL 32025
674 SE ROLLING HILLS DR, LAKE CITY, FL 32025

Any questions concerning this information should be referred to the Columbia County 911 Addressing / GIS Department at the address or telephone number above.

Columbia County Property Appraiser

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

PARCEL: 02-6S-17-09553-040 - IMPROVED A (005000)

COMM NW COR OF SE1/4, RUN S 210 FT, E 1235 FT, S 630 FT FOR POB, RUN W 395.8 FT, S 193.52 FT, NE 405.95 FT, N 97.30 FT TO POB. (AKA LOT 11-B ROLLING H

NOTES:

Name:	RUCKER BRYAN M & LINDA	**2011 Certified Values**	
Site:	672 SE ROLLING HILLS DR	Land	$9,251.00
Mail:	354 SW CAVALRY PL LAKE CITY, FL 32025	Bldg	$26,555.00
		Assd	$39,431.00
Sales Info	3/9/2001$100.00 V / U 3/2/2001$100.00 V / U	Exmpt	$0.00
		Taxbl	Cnty: $39,431 Other: $39,431 | Schl: $39,431

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1204-48 CONTRACTOR RUSTY KNOWLES PHONE 755.6441

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.

ELECTRICAL	Print Name Bryan Rucker License #: None (owner)	Signature Bryan M Rucker Phone #: 386-344-2726
MECHANICAL/ A/C	Print Name Bryan Rucker License #: None (owner)	Signature Bryan M Rucker Phone #: 386-344-2726
PLUMBING/ GAS	Print Name Rusty L. Knowles License #: IH-1038219	Signature Phone #: 386-755-6441

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.

IMAGETREND FIRE BRIDGE

Columbia County Fire Department
, LAKE CITY, FL 32056
Phone: Fax:

A | 29091 (FDID) | FL (State) | 11 (MM) | 10 (DD) | 2011 (YYYY) Incident Date | 45 (Station) | CCFR11CAD009752 (Incident Number) | 0 (Exposure) | **NFIRS-1 Basic**

B Location Type

X Street address
Intersection
In front of
Rear of
Adjacent to
Directions
US National Grid

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

Census Tract: -

674 (Number/Milepost) | SE (Prefix) | ROLLING HILLS (Street or Highway) | DR (Street Type) | (Suffix)

(Apt./Suite/Room) | LAKE CITY (City) | FL (State) | 32025 (Zip Code) -

Cross Street, Directions or National Grid, as applicable

C Incident Type

111 | Building fire

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

Their FDID | Their State | Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	11	10	2011	12:34:04
Arrival (ARRIVAL required, unless canceled or did not arrive)	11	10	2011	12:44:34
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	11	10	2011	14:06:00

E2 Shifts and Alarms

Local Option: C (Shift or Platoon) | 1 (Alarms) | 45 (District)

E3 Special Studies

Local Option: (Special Study ID#) | (Special Study Value)

F Actions Taken

11 | Extinguishment by fire service personnel (Primary Action Taken (1))

12 | Salvage & overhaul (Additional Action Taken (2))

G1 Resources

X Check this box and test this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	5	10
EMS	0	0
Other	0	0

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property $ | X
Contents $ | X

PRE-INCIDENT VALUE: Optional

Property $ | X
Contents $ | X

Completed Modules

X Fire-2
X Structure Fire-3
Civilian Fire Cas.-4
Fire Service Cas.-5
EMS-6
HazMat-7
WildLand Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties

X None

Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.

1 Detector alerted occupants
2 Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

J Property Use

Structures

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

Outside

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

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

Property Use: 419 (Code)

1 or 2 family dwelling (Property Use Description)

K1 Person/Entity Involved

Local Option

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

Business Name (if Applicable):

Area Code: 386 - Phone Number: 867-3936

Mr., Ms., Mrs.: | First Name: Billie | MI: | Last Name: Johnson | Suffix:

Number: 674 | Prefix: SE | Street or Highway: Rolling Hills | Street Type: | Suffix:

Post Office Box: | Apt./Suite/Room: | City: Lake City

State: FL | Zip Code: 32025 -

K2 Owner

Local Option

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

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

Business Name (if Applicable):

Area Code: 386 - Phone Number: 344-2726

Mr., Ms., Mrs.: | First Name: Bryan | MI: | Last Name: Rucker | Suffix:

Number: 354 | Prefix: SW | Street or Highway: Cavalry | Street Type: PL | Suffix:

Post Office Box: | Apt./Suite/Room: | City: Lake City

State: FL | Zip Code: 32025 -

L Remarks

Local Option

Station 45 was dispatched to said location for possible illegal burn. QR 45 responded non-priority to possible tire fire. Upon arrival command was established on a single wide mobile home with flames showing from the exterior. Not an illegal burn but a structure fire. 1202 requested additional resources and initiated an offensive attack. Fire was quickly extinguished and deemed under control. Investigation found electrical wiring in the area of origin fused together and determined this to be the cause of ignition. Red cross was contacted for the tenants and scene was turned over to the landlord. All units returned to station.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
WEHI01	JOSHUA WEHINGER	Lieutenant	45-Ellisville	11	10	2011

Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
WEHI01	JOSHUA WEHINGER	Lieutenant	45-Ellisville	11	10	2011

NFIRS-2 Fire

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
29091	FL	11 10 2011	45	CCFR11CAD009752	0

B Property Details

B1 1 — Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 1 — Buildings not involved
Number of buildings involved

B3 ____ . ____ ☒ None ☐ Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

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

On-site material (1) ____ ____
On-site material (2) ____ ____
On-site material (3) ____ ____

On-Site Materials Storage Use

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

D Ignition

D1 75 Wall assembly, concealed wall space
Area of fire origin

D2 13 Electrical arcing
Heat Source

D3 17 Structural member or framing
Item first ignited

Check box if fire spread was confined to object of origin.

D4 63 Sawn wood, including all finished lumber
Type of material first ignited. Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
1 Intentional
2 ☒ Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition

30 Electrical failure, malfunction, other
Factor contributing to ignition (1)
Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ None

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended or unsupervised person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor
N ☒ None

Estimated age of person involved ____
1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved ____ ____
Brand
Serial
Model
Year

F2 Equipment Power Source

Equipment Power Source ____ ____

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors

Enter up to three codes.

Fire suppression factor (1) ____ ____
Fire suppression factor (2) ____ ____
Fire suppression factor (3) ____ ____

H1 Mobile Property Involved

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

H2 Mobile Property Type and Make

Mobile property type ____ ____
Mobile property make ____ ____
Mobile property model ____
Year ____

License Plate Number ____ State FL VIN ____

Local Use

Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies

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

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	11 / 10 / 2011	45	CCFR11CAD009752	0

NFIRS-3 Structure Fire

I1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

0 Structure type, other
1 X 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 X In normal use
3 Idle, not routinely used
4 Under major renovation
5 Vacant and secured
6 Vacant and unsecured
7 Being demolished
U Undetermined

I3 Building Height
Count the roof as part of the hightest story.

1 — Total number of stories at or above grade
0 — Total number of stories below grade

I4 Main Floor Size

, , 700 — Total square feet

OR

, BY , — Length in feet / Width in feet

J1 Fire Origin

1 — Story of fire origin (Below Grade)

J2 Fire Spread
If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).

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

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.

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

K Type of Material Contributing Most to Flame Spread
Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

K1 10 — Structural component or finish, other
Item contributing most to flame spread

K2 99 — Multiple types of material
Type of material contributing most to flame spread (Required only if item contributing code is 60 or <70)

L1 Presence of Detectors
(In area of the fire)

1 Present
N X None present
U Undetermined

L2 Detector Type

0 Detector type, other
1 Smoke
2 Heat
3 Combination smoke and heat in a single unit
4 Sprinkler, water flow detection
5 More than one type present
U Undetermined

L3 Detector Power Supply

0 Detector power supply, other
1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery backup
5 Plug-in with battery backup
6 Mechanical
7 Multiple detectors and power supplies
U Undetermined

L4 Detector Operation

1 Fire too small to activate detector
2 Detector operated
3 Detector failed to operate
U Undetermined

L5 Detector Effectiveness
Required if detector operated

1 Detector alerted occupants, occupants responded
2 Detector alerted occupants, occupants failed to respond
3 There were no occupants
4 Detector failed to alert occupants
U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

0 Detector failure reason, other
1 Power failure, hardwired det. shut off, disconnect
2 Improper installation or placement of detector
3 Defective detector
4 Lack of maintenance, includes not cleaning
5 Battery missing or disconnected
6 Battery discharged or dead
U Undetermined

M1 Presence of Automatic Extinguishing System

1 Present
2 Partial System Present
N X None Present
U Undetermined

M2 Type of Automatic Extinguishing System
Required if fire was within designed range of AES

0 Special hazard system, other
1 Wet-pipe sprinkler system
2 Dry-pipe sprinkler system
3 Other sprinkler system
4 Dry chemical system
5 Foam system
6 Halogen-type system
7 Carbon dioxide system
U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range

0 Operation of AES, other
1 System operated and was effective
2 System operated and was not effective
3 Fire too small to activate system
4 System did not operate
U Undetermined

M3 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective

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

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	11 / 10 / 2011	45	CCFR11CAD009752	0

NFIRS-9 Apparatus or Resources

B

	Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)		
1	ID: QR45 Type: 11	Dispatch			Sent: X	2	Other	73	74	
		Arrival: X	11/10/11	1244			X Suppression	75	76	
		Clear: X	11/10/11	1406			EMS			
2	ID: T48 Type: 24	Dispatch			Sent	1	Other	73	74	
		Arrival: X	11/10/11	1255			X Suppression	75	76	
		Clear: X	11/10/11	1327			EMS			
3	ID: E46 Type: 11	Dispatch			Sent: X	2	Other	73	74	
		Arrival					X Suppression	75		
		Clear: X	11/10/11	1250			EMS			
4	ID: E48 Type: 11	Dispatch			Sent: X	3	Other	73	74	
		Arrival: X	11/10/11	1255			X Suppression	75	76	
		Clear: X	11/10/11	1329			EMS			
5	ID: T45 Type: 24	Dispatch			Sent: X	2	Other	73	74	
		Arrival: X	11/10/11	1252			X Suppression	75	76	
		Clear: X	11/10/11	1406			EMS			

A | FDID: 29091 | State: FL | Incident Date (MM/DD/YYYY): 11/10/2011 | Station: 45 | Incident Number: CCFR11CAD009752 | Exposure: 0 | **NFIRS-10 Personnel**

B — Apparatus 1

Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
ID: QR45	Dispatch			Sent: X	2	Other	73, 74
Type: 11	Arrival X	11/10/11	1244			X Suppression	75, 76
	Clear X	11/10/11	1406			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
TODD01	TODD, GREG	FF/EMT	58	11	12	51
WEHI01	WEHINGER, JOSHUA	Lieutenant	11	12	81	86

B — Apparatus 2

Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
ID: T48	Dispatch			Sent	1	Other	73, 74
Type: 24	Arrival X	11/10/11	1255			X Suppression	75, 76
	Clear X	11/10/11	1327			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
HERN02	HERNDON, PAUL	FF/EMT	58	11	12	51

B — Apparatus 3

Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
ID: E46	Dispatch			Sent: X	2	Other	73, 74
Type: 11	Arrival					X Suppression	75,
	Clear X	11/10/11	1250			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
ALBR01	ALBRITTON, JAMES	FF EMT	58	11		
BICK01	BICKEL, BRIAN	Lieutenant	11			

B — Apparatus 4

Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
ID: E48	Dispatch			Sent	3	Other	73, 74
Type: 11	Arrival X	11/10/11	1255	X		X Suppression	75, 76
	Clear X	11/10/11	1329			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CERV01	CERVANTES, TAD	Shift Commander	11			
OVER01	OVERSTREET, AARON	Driver Engineer	58	11		
SWEA01	SWEARS, AARON	Reservist	73			

B — Apparatus 5

Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident)	Actions Taken (List up to 4 actions for each apparatus and each personnel)
ID: T45	Dispatch			Sent	2	Other	73, 74
Type: 24	Arrival X	11/10/11	1252	X		X Suppression	75, 76
	Clear X	11/10/11	1406			EMS	

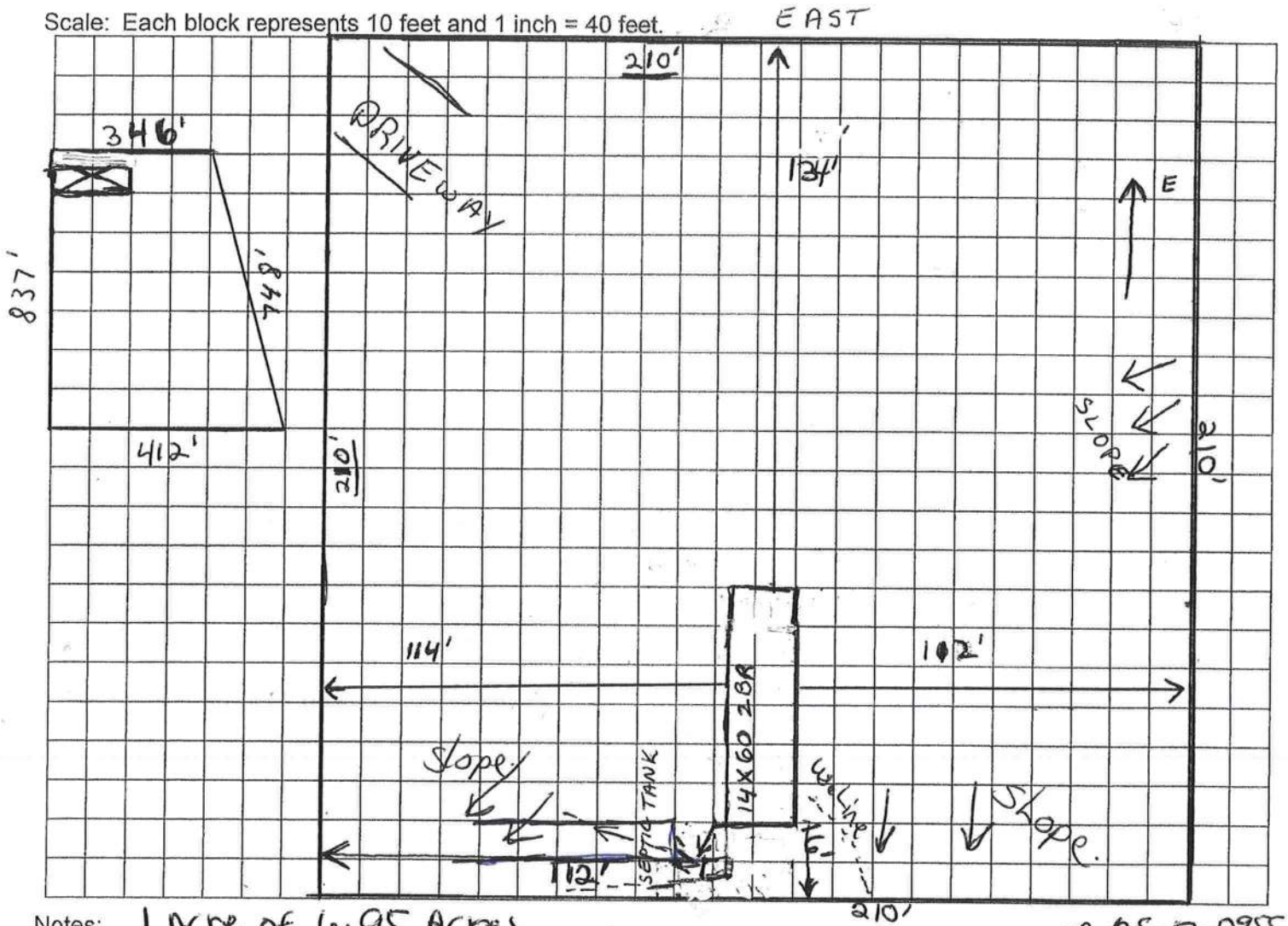
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BAIL01	BAILEY, EMORY	Battalion Chief	58	11		
BAIL02	BAILEY, STEPHEN	Reservist	11			

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0208-E

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

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



Notes: 1 Acre of 6.95 Acres 02-05-17-0955.
Well Located on Adjacent property to North (part of 8.25 Acres Tax ID #: 040 252' away
Shed is not in 1 Acre square
Well is approved 272 Feet From Septic Tank.

Site Plan submitted by: Bryan + Linda Rucker Owner

Plan Approved ✓ Not Approved ____ Date 4-13-12

By Sallie Ford Env Health Director, Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)

Linda Rucker

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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Rusty L. Knowles (Installer License Holder Name), give this authority for the job address show below only, 674 SE Rollins Mills Dr. (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Linda Rucker		___ Agent ___ Officer X Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

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

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

License Holders Signature (Notarized) | License Number: IH-1038219 | Date: 4-23-12

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is Rusty L. Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 25th day of April, 2012.

NOTARY'S SIGNATURE

(Seal/Stamp)

LAURIE HODSON
MY COMMISSION # DD 805657
EXPIRES: July 14, 2012
Bonded Thru Notary Public Underwriters

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4/19 BY LG IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Linda + Bryan Rucker PHONE (L) 386-344-3074 CELL (B) 386-344-2326

ADDRESS 624 SE Rolling Hills Dr, Lake City, FL 32025

MOBILE HOME PARK _____ SUBDIVISION Rolling Hills / Unrecorded.

DRIVING DIRECTIONS TO MOBILE HOME 441 S to Ellisville, (L) CR 238, (R) October Rd (Beside John Deer Tractor) (L) Rolling Hills Dr, after 90° Turn, (R) into driveway across from Picket Fence, Then Immediate (L) across lot to SWMH.

MOBILE HOME INSTALLER Rusty & Knowles. PHONE 386-755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1986 SIZE 14 X 64 COLOR Beige - Lt Brown

SERIAL No. 1370

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: N/C

Paid By: N/C

Notes: 12048 Burn Out.

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 / SIDDING ( ) 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 _____ ID NUMBER 304 DATE 4-20-12