DATE 02/11/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000026731

APPLICANT MARY HAMILTON PHONE 758-6755

ADDRESS 513 SW DEPUTY J. DAVIS LANE LAKE CITY FL 32024

OWNER FLORENCE CONIGLIO PHONE 758-6755

ADDRESS 2110 SW CENTERVILLE AVE FT. WHITE FL 32038

CONTRACTOR GARY HAMILTON PHONE 758-6755

LOCATION OF PROPERTY 47S, TR ON CR 238, TL ON CENTERVILLE, 1ST EASEMENT ON RIGHT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING A-3 MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 20-6S-16-03890-000 SUBDIVISION WINDSOR COURT

LOT 1 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES ____

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
EXISTING	08-0033	CS	JH
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance

N
New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, BURN OUT-NO CHARGE

Check # or Cash _____

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by

Foundation _____ date/app. by

Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by

Slab _____ date/app. by

Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by

Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by

Peri. beam (Lintel) _____ date/app. by

Permanent power _____ date/app. by

C.O. Final _____ date/app. by

Culvert _____ date/app. by

M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Pool _____ date/app. by

Reconnection _____ date/app. by

Pump pole _____ date/app. by

Utility Pole _____ date/app. by

M/H Pole _____ date/app. by

Travel Trailer _____ date/app. by

Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 0.00 ZONING CERT. FEE $ ____ FIRE FEE $ 0.00 WASTE FEE $ _____

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ ____ CULVERT FEE $ ____ **TOTAL FEE** 0.00

INSPECTORS OFFICE _____ CLERKS OFFICE MSG

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 11-30-07) Zoning Official 1/23/08 Building Official OK JTH 1-23-08

AP# 08-01-111 Date Received 1/23 By JW Permit # 26731

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

Comments - BURN OUT - NO ENLARGE

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☑ Site Plan with Setbacks Shown ☐ EH # _____ ☑ EH Release ☐ Well letter ☐ Existing well

☑ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer

☐ State Road Access ☐ Parent Parcel # _____ ☐ STUP-MH _____

☑ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Property ID # 20-6S-16-03890-000 Subdivision _____

- New Mobile Home _____ Used Mobile Home ✓ Year 1985
- Applicant Gary Hamilton Phone # 758-6755
- Address 513 SW Dep. J. Davis Lane Lake City, FL 32024
- Name of Property Owner Florence Coniglio Phone# 758-6755
- 911 Address 2110 Centerville Ave SW Ft. White, FL 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Florence Coniglio Phone # 758-6755
  Address 2110 Centerville Ave SW Ft. White, FL 32038
- Relationship to Property Owner AGENT
- Current Number of Dwellings on Property Home Burned.
- Lot Size _____ Total Acreage 20.52
- 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 - Home Burned PC
- Driving Directions to the Property 47 South. TR on CR238. TL on Centerville., 1st Easement on Right

- Name of Licensed Dealer/Installer Gary Hamilton Phone # 758-6755
- Installers Address 513 SW Dep. J. Davis Lane Lake City, FL 32024
- License Number DIH000068 Installation Decal # 181505

JW called MARY 1.23.08.

PERMIT WORKSHEET

PERMIT NUMBER

Installer Gary Hamilton License # DIH000068

Address of home being installed 2110 Centerville Ave SW
Ft. White, FL 32038

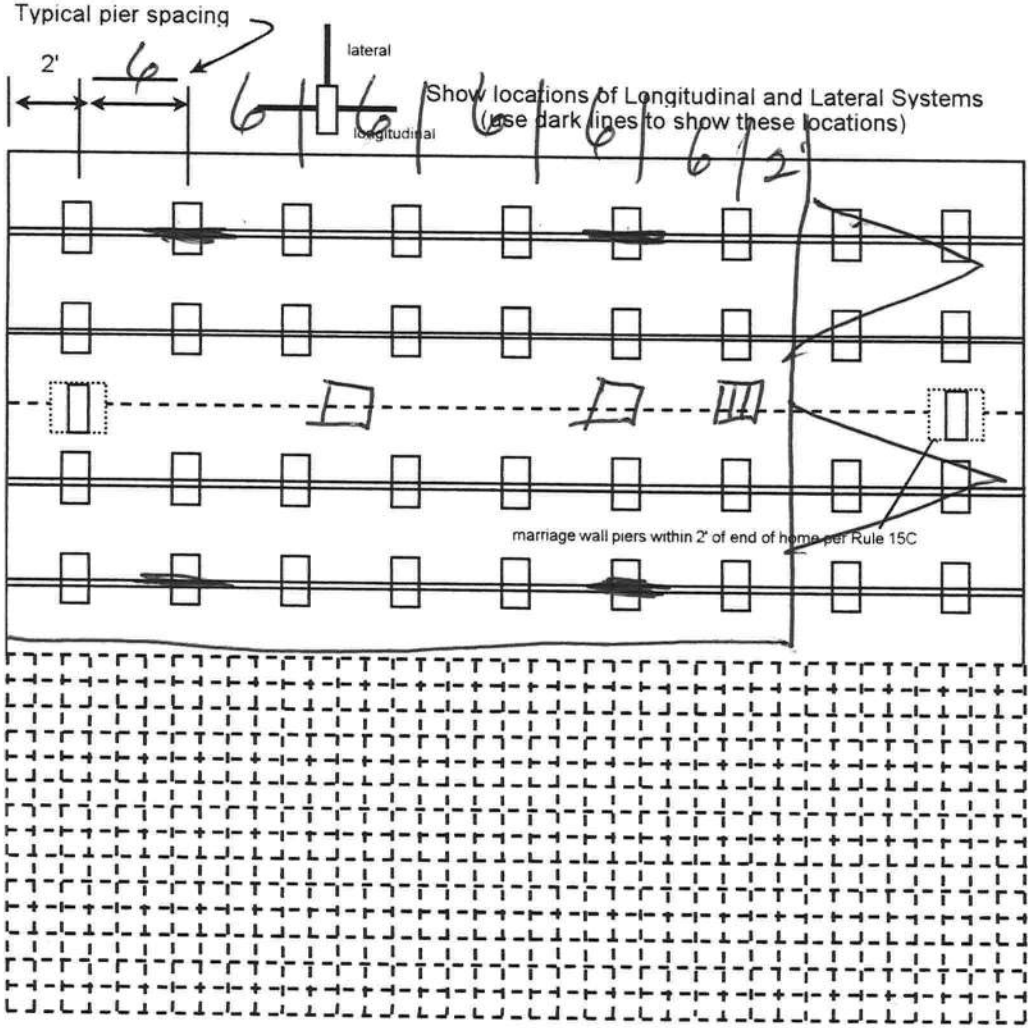
Manufacturer Fleetwood Length x width 26X40

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 GH

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 # 181505

Triple/Quad ☐ Serial # GAFL2A/BF03059303

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 17"X22"

Perimeter pier pad size

Other pier pad sizes (required by the mfg.) mate Line 24X24

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
16'	24X24

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer ~~Oliver Tech~~

OTHER TIES

	Number
Sidewall	8
Longitudinal	
Marriage wall	
Shearwall	

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1600 x 1700 x 1600

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 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 291 inch pounds or check here if you are declaring 5' anchors without testing . A test showing 275 inch pounds or less will require 4 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.

SH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Gary Hamilton

Date Tested 1-16-08

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.

Plumbing

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

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

Site Preparation

Debris and organic material removed YES
Water drainage (Natural) Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used homes a 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 SH

Type gasket
Pg.

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

Weatherproofing

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

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 (N/A)
Electrical crossovers protected. Yes (N/A)
Other : _____

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

Installer Signature _____ **Date** 1-22-08

PREPARED BY/RETURN TO:
James L. Pendland, Jr.
Post Office Box 1560
High Springs, Florida 32643

Tax Parcel No. 20-6S-16-03890-000
Grantee(s) SSN: 146-40-1516 FC

96-02014

1996 FEB 13 PM 12:40

CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY DR4 D.C

WARRANTY DEED

THIS INDENTURE, made this 1st day of February, 1996, between, WALLACE ROY BARNES and MARTHA M. BARNES, His Wife, as Grantors, whose mailing address is Post Office Box 1214, High Springs, Florida 32655, and FLORENCE CONIGLIO, a Single Person, as Grantee, whose mailing address is Route 2, Box 4250, Fort White, Florida 32038, County of Columbia, State of Florida.

WITNESSETH:

Said Grantors, for and in consideration of the sum of Ten ($10.00) Dollars, and other good and valuable consideration to said Grantors in hand paid by said Grantee, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said Grantee and Grantees' heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

THE W 1/2 OF THE NW 1/4 OF THE NE 1/4, SECTION 20, TOWNSHIP 6 SOUTH, RANGE 116 EAST, COLUMBIA COUNTY, FLORIDA. SUBJECT TO Easement 20 feet in width off the North end thereof, and also

SUBJECT TO easements and restrictions of record and taxes for 1996 and subsequent years.

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

IN WITNESS WHEREOF, Grantors have caused these presents to be signed the day and year above first written.

Signed, sealed and delivered
in our presence as witnesses:

Julia H. Wood

James L. Pendland, Jr.

WALLACE ROY BARNES

MARTHA M. BARNES

DOCUMENTARY STAMP .26 00
INTANGIBLE TAX
BRANCH, CLERK OF
COURTS, COLUMBIA COUNTY
BY DRG D.C.

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing Warranty Deed was acknowledged before me this 1 day of February, 1996, by WALLACE ROY BARNES and MARTHA M. BARNES, who are personally known to me.

Notary Public

NOTARY

0817 PG 1167

OFFICIAL RECORDS

W1/2 OF NW1/4 OF NE1/4.
ORB 743-919, 817-1167

CONIGLIO FLORENCE
P O BOX 737
FORT WHITE, FL 32038

20-6S-16-03890-000

Columbia County 2008 R
CARD 001 of 001

PRINTED 1/15/2008 17:40 BY JEFF
APPR 8/07/2002 DF

BUSE 000800 MOBILE HME AE? Y
MOD 2 MOBILE HME BATH 1.00
EXW 01 MINIMUM FIXT
% N/A BDRM 2
RSTR 01 FLAT RMS
RCVR 01 MINIMUM UNTS
% N/A C-W%
INTW 04 PLYWOOD HGHT
% N/A PMTR
FLOR 14 CARPET STYS 1.0
10% 08 SHT VINYL ECON
HTTP 03 FORCED AIR FUNC
A/C 02 WINDOW SPCD
QUAL 03 03 DEPR 09
FNDN N/A UD-1 N/A
SIZE N/A UD-2 N/A
CEIL N/A UD-3 N/A
ARCH N/A UD-4 N/A
FRME 01 NONE UD-5 N/A
KTCH 01 01 UD-6 N/A
WNDO N/A UD-7 N/A
CLAS N/A UD-8 N/A
OCC N/A UD-9 N/A
COND 03 03 % N/A

SUB	A-AREA	%	E-AREA	SUB VALUE
BAS97	816	100	816	3121
USP97	200	50	100	383
TOTAL	1016		916	3504

816 HTD AREA 68.310 INDEX 20616.00 DIST 3 PUSE 005000 IMPROVED AG
916 EFF AREA 19.127 E-RATE 100.000 INDX STR 20- 6S- 16
17520 RCN 1972 AYB MKT AREA 02 3,504 BLDG
20.00 %GOOD 3,504 B BLDG VAL 1972 EYB (PUD1 100 XFOB
AC 20.520 14,339 LAND
NTCD 2,674 AG
APPR CD 99,552 MKAG
CNDO 117,495 JUST
SUBD 20,617 CLAS
BLK
LOT 0 SOHD
MAP# 0 ASSD
HX 0 EXPT
TXDT 003 0 COTXBL

FIELD CK:
LOC: 2110 CENTERVILLE AVE SW
HX AppYr 1998

IBAS1997 I
1 1
2 2
68
36
20
1USP1997 1
0 0
20

BLDG TRAVERSE
BAS1997=W68 S12 E36 USP1997= S10 E20 N10
W20$ E32 N12$.

PERMITS

NUMBER	DESC	AMT	ISSUED

SALE

BOOK	PAGE	DATE		PRICE
817	1167	2/01/1996	Q V	38000
GRANTOR BARNES				
GRANTEE FLORENCE CONIGLIO				
550	490	10/01/1984	U V	27000
GRANTOR				
GRANTEE				

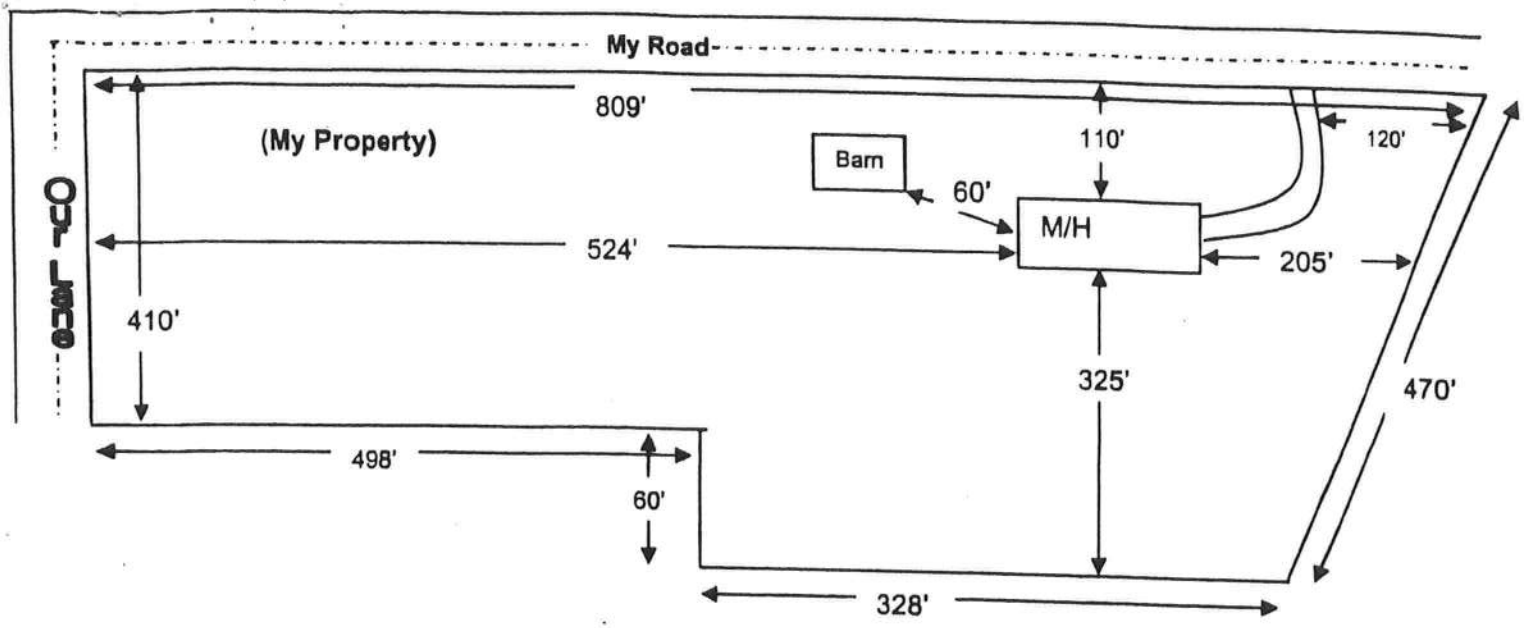
EXTRA FEATURES

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %	%GOOD	XFOB VALUE
Y		0294	SHED WOOD/VI				1		1997	1.00	1.000	UT	100.000	100.000		100.00	100

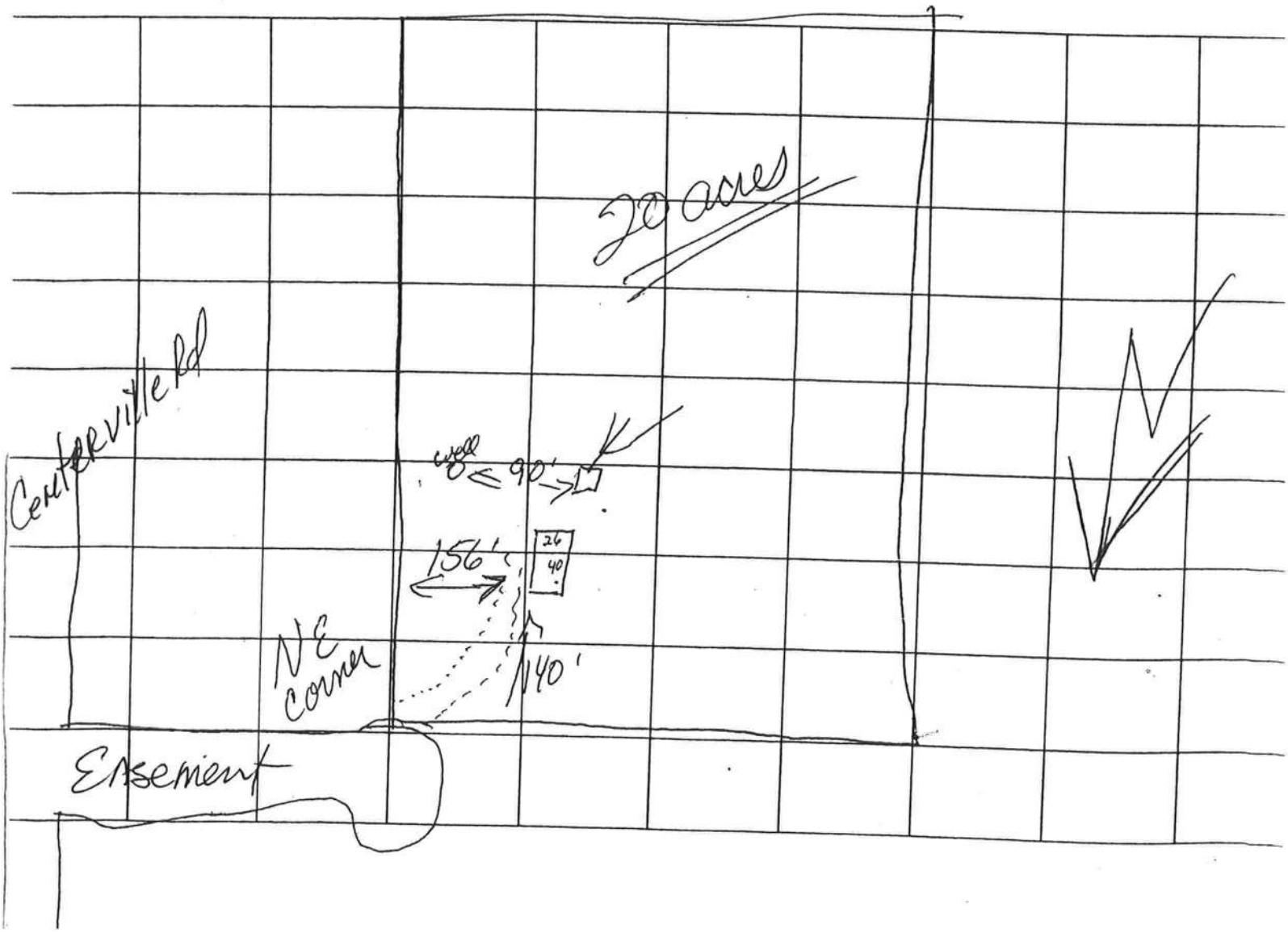
FIELD CK:

AE	LAND CODE	DESC	ZONE / TOPO	ROAD / UTIL	UD1 / UD2	UD3 / UD4	FRONT / BACK	DEPTH / DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PR	LAND VALUE
Y	000200	MBL HM	A-1 0002	0002 0003					1.00 1.00 1.00 1.00	1.000	AC	12339.600	12339.60	12,339
N	005600	TIMBER 3	A-1 0002	0002 0003					1.00 1.00 1.00 1.00	19.520	AC	137.000	137.00	2,674AG
N	009910	MKT.VAL.AG 00	0002	0002 0003					1.00 1.00 1.00 1.00	19.520	AC	5100.000	5100.00	99,552MK
Y	009945	WELL/SEPT 00	0002	0002 0003					1.00 1.00 1.00 1.00	1.000	UT	2000.000	2000.00	2,000

B001 - NOBI MH
2008



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. <u>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.</u>



NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
29091	FL	04 / 30 / 2007	45	07-0001486	000

☐ Delete ☐ Change ☐ No Activity

B Location *

☐ 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 ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
2110	SW	Centerville	AVE	

Apt./Suite/Room	City	State	Zip Code
	Lake City	FL	32025 -

Cross street or directions, as applicable

C Incident Type *

121 Fire in mobile home used as Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____
Their Incident Number ____

E1 Date & Times

Midnight is 0000

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	04	30	2007	18:17:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	04	30	2007	18:26:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	04	30	2007	21:09:00

Check boxes if dates are the same as Alarm Date.

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
A	02	

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11 Extinguishment by fire — Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0003	0008
EMS		
Other	0004	0005

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

Property $ ____ , 000 , 000 ☐ None
Contents $ ____ , 000 , 000 ☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000 ☐
Contents $ ____ , 000 , 000 ☐

Completed Modules

☒ Fire-2
☒ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

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

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic, clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☒ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods, sales, repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable) | Area Code | Phone Number

☐ Check This Box if same address as inoident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. | First Name | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

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

State | Zip Code

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

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip The rest of this section.

Business name (if Applicable) | Area Code | Phone Number

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

Mr.,Ms., Mrs. | First Name: Florence | MI | Last Name: Coniglio | Suffix

Number: 2110 | Prefix: SW | Street or Highway: Centerville | Street Type: AVE | Suffix

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

State: FL | Zip Code: 32025

L Remarks

Local Option

Dispatched to a fully involved single wide, possibly occupied. Station 46 was first arriving engine. CF2 was in command. When we arrived we pulled another attack line from E46 to attack the fire. After we began extinguishing the fire and got it knocked down some we started looking for the fire victim. We looked for the victim for several hours. We never found her, however we found several animals that were killed. We also looked around the property in several vehicles and on an abandoned trailer and did not find anyone. The Fire Marshall arrived on scene. He left the fire undetermined and also took a sample. QR45 remained on scene while the Fire Marshall collected his samples. We cleared with him and returned to station. Owner contacted the department the next day, through a friend, who stated she was okay.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
0016	Cason, James W.	AC		05	03	2007

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	0078	Redish, Collin	FF		05	03	2007

A	FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *		
	29091	FL	4	30	2007	45	07-0001486	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	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 CF2 Type 92	Dispatch [X]	4	30	2007	18:17	[X]	1	☐ Suppression ☐ EMS ☒ Other	73
	Arrival [X]	4	30	2007	18:26				
	Clear [X]	4	30	2007	21:09				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0016	Cason, James	AC	X	58	11		

B Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	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.)
2 ID QR40 Type 12	Dispatch [X]	4	30	2007	18:17	[X]	2	☐ Suppression ☐ EMS ☒ Other	73 74 75
	Arrival [X]	4	30	2007	18:26				
	Clear [X]	4	30	2007	21:09				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0019	Crawford, Jeffrey	LT	X	11	12		
NEEL01	Neeley, Blaiyze		X	58	11		

B Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	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.)
3 ID QR45 Type 12	Dispatch [X]	4	30	2007	18:17	[X]	2	☐ Suppression ☐ EMS ☒ Other	73 74 75
	Arrival [X]	4	30	2007	18:26				
	Clear [X]	4	30	2007	21:09				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0078	Redish, Collin	FF	X	11	12		
0083	Sherrouse, Randy	FF	X	58	11		

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		NFIRS - 10
29091	FL	4 / 30 / 2007	45	07-0001486	000	☐ Delete ☐ Change	Personnel

B Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	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 T46 Type 24	Dispatch [X]	4	30	2007	18:17	[X]	2	☐ Suppression ☐ EMS ☒ Other	73, 74, 75
	Arrival [X]	4	30	2007	18:26				
	Clear [X]	4	30	2007	21:09				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0027	Davis, John	FF	X	58	11		
PEND01	Pender, Timothy		X	11			

2 ID / Type		Month	Day	Year	Hours/mins	Sent		Use	Actions Taken
	Dispatch ☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

3 ID / Type		Month	Day	Year	Hours/mins	Sent		Use	Actions Taken
	Dispatch ☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival ☐								
	Clear ☐								

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/23 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME FLORENCE CONIGLIO PHONE ________ CELL ________

ADDRESS 2110 SW CENTERVILLE AVE, # 422 ________

MOBILE HOME PARK ________ SUBDIVISION ________

DRIVING DIRECTIONS TO MOBILE HOME Gary Hamilton Homes on SW Deputy J. Davis LN. - Ask Mary or Gary

MOBILE HOME INSTALLER Gary Hamilton PHONE 758-6755 CELL ________

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1985 SIZE 26 x 44 COLOR White/Green Shutters

SERIAL No GAFL2AB 703059303

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

✓ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

✓ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION ________

✓ DOORS ( ) OPERABLE ( ) DAMAGED

✓ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

✓ WINDOWS ( ) OPERABLE ( ) INOPERABLE

✓ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

✓ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

✓ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR

✓ WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

✓ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

✓ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: ________

NOT APPROVED ________ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS ________

SIGNATURE [signature] ID NUMBER 402 DATE 1-25-08

B&Z 08-01-111 0801-111 Cancidia

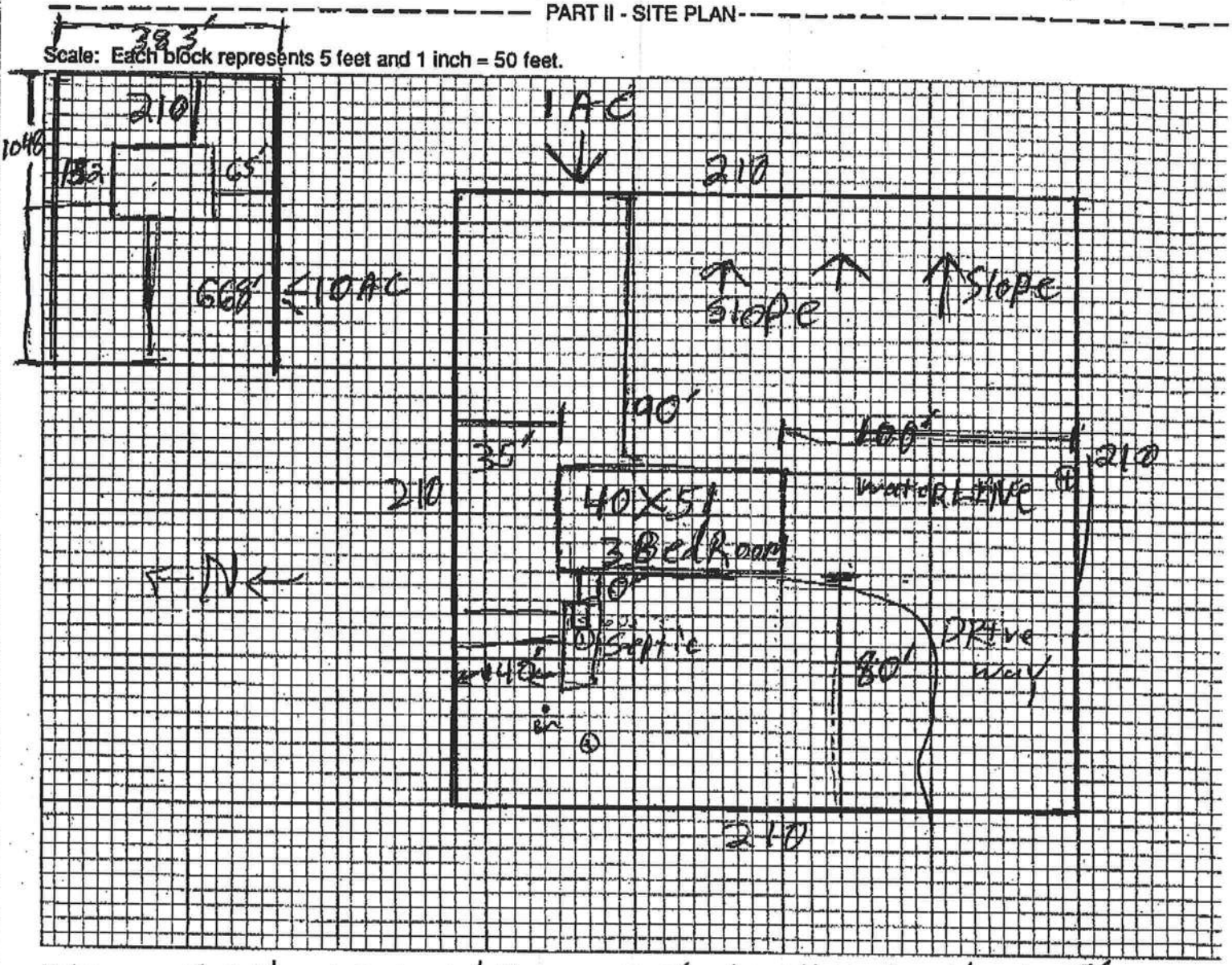
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0033

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: Septic to North fence 172' Well to Septic 175'

Site Plan submitted by: _____ Owner
Signature Title

Plan Approved X Not Approved Date 1/23/8

By Plan Columbia CHD County Health Departmer

APPROVED

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-002-4015-8)

26731

Gary Hamilton Homes

1261 NW Turner Avenue Lake City, FL 32055
Phone/Fax: (386) 963-4000

September 9, 2008

Columbia County Bldg Dept.

RE: Permit No. 26731
Florence Coniglio

Please be aware that Gary Hamilton bearing Lic. No. DIH000068 is no longer the contractor for the above referenced permit/customer. No work has been started by us nor will any foundation & setup be completed by us. Please see that our paperwork is removed so that no one may use any of my information.

Sincerely,

Gary A. Hamilton

Attn: Gail - 758-1160 fax #
faxed 9/8/08 @ 8:58
4771