

DATE 02/03/2009

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027614

APPLICANT FLORENCE CONIGLIO PHONE 386.292.0584
ADDRESS 2110 SW CENTERVILLE AVENUE FT. WHITE FL 32038
OWNER FLORENCE CONIGLIO PHONE 386.292.0584
ADDRESS 2110 SW CENTERVILLE AVENUE FT. WHITE FL 32038
CONTRACTOR RONNIE NORRIS PHONE 386.752.3871
LOCATION OF PROPERTY 47-S TO ELIM CHURCH RD,TR TO CENTERVILLE AVE.,TL AND IT'S
THE 1ST. EASEMENT ON R.
TYPE DEVELOPMENT M/H/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 DEVELOPMENT PERMIT NO.

PARCEL ID 20-6S-16-03890-001 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 20.52

IH0000491
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 09-0057-E CFS WR N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: 1 FOOT ABOVE ROAD. BURNED OUT MH TO BE REMOVED. NO CHARGE.

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
date/app. by date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer Re-roof
date/app. by date/app. by 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

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 PROGRESS 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 1-10-08) Zoning Official pls 1/27/09 Building Official W 1-26-09

AP# 0901-34 Date Received 1-22-09 By G Permit # 27614

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

Comments Burned out MH to be removed.

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

☒ Site Plan with Setbacks Shown ☒ EH # 09-0057-E ☐ EH Release ☒ Well letter ☐ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire attempt Corr _____ Road/Code _____

School burned out TOTAL _____ ☒ PRE MHA ☒ INSPECTOR

Property ID # 20-65-16-03890-001 Subdivision _____

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size _____ Year _____

▪ Applicant Florence Consiglio Phone # _____

▪ Address 2110 CENTERVILLE AVENUE, # WHITE, FL 32038

▪ Name of Property Owner Florence Consiglio Phone # 386.292.0584

▪ 911 Address 2110 SW CENTERVILLE AVENUE, # 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 Consiglio Phone # 386.292.0584

Address 2110 CENTERVILLE AVENUE, # WHITE, FL 32038

▪ Relationship to Property Owner F/L (owner)

▪ Current Number of Dwellings on Property 1

▪ Lot Size _____ Total Acreage 20.52

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home yes (Burnt unit)

▪ Driving Directions to the Property 475 TO TR Elm Church Rd (238) TH CENTERVILLE Ave, FL. on first easement 1st

▪ Name of Licensed Dealer/Installer Ronnie Noffs Phone # 7523871

▪ Installers Address 1004 SW 4th Ave, FL 32024

▪ License Number TH000049 Installation Decal # 300446

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 1/20 BY JL IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME FLORENCE CONIGLIO PHONE _____ CELL _____

ADDRESS 2110 SW CENTENNIAL AVE, #1 WHITE FL 32038

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME SNOW CASE MOBILE HOMES SEE KENT GRADNER
on See Jessie

MOBILE HOME INSTALLER Ronnie Norris PHONE 752-3871 CELL 623-7716

MOBILE HOME INFORMATION

MAKE Summ YEAR 1984 SIZE 17 x 50 COLOR BEIGE

SERIAL No H36595G7

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/SIDING () 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 1-21-09

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

FILED BY PUBLIC
RECORDED BY COUNTY, FL

1996 FEB 13 PM 12:40

BY PRK 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
Julia H. Wood
James L. Pendland, Jr.
James L. Pendland, Jr.

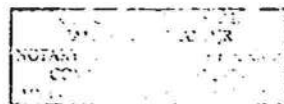
Wallace Roy Barnes
WALLACE ROY BARNES
Martina M. Barnes
MARTHA M. BARNES

JUDICIAL CLERK 266 00
INTANGIBLE TAX
DANIEL CASH, CLERK OF
COURTS, COLUMBIA COUNTY
OR Y.R.C. DA

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.

[Signature]
Notary Public



0817 FEB 1996
OFFICIAL RECORDS

Columbia County Property Appraiser

DB Last Updated: 1/12/2009

2008 Tax Year

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 20-6S-16-03890-000

Owner & Property Info

Owner's Name	CONIGLIO FLORENCE		
Site Address	CENTERVILLE		
Mailing Address	P O BOX 737 FORT WHITE, FL 32038		
Use Desc. (code)	TIMBERLAND (005600)		
Neighborhood	20616.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	20.520 ACRES		
Description	W1/2 OF NW1/4 OF NE1/4. ORB 743-919, 817-1167		

GIS Aerial

Search Result: 1 of 1

**Property & Assessment Values**

Mkt Land Value	cnt: (2)	\$12,550.00
Ag Land Value	cnt: (1)	\$2,869.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$15,419.00

Just Value	\$97,666.00
Class Value	\$15,419.00
Assessed Value	\$15,419.00
Exempt Value	\$0.00
Total Taxable Value	\$15,419.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
2/1/1996	817/1167	WD	V	Q		\$38,000.00
10/1/1984	550/490	WD	V	U	01	\$27,000.00

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)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$10,550.36	\$10,550.00
005600	TIMBER 3 (AG)	19.520 AC	1.00/1.00/1.00/1.00	\$147.00	\$2,869.00
009910	MKT.VAL.AG (MKT)	19.520 AC	1.00/1.00/1.00/1.00	\$0.00	\$85,116.00
009945	WELL/SEPT (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 1/12/2009

1 of 1

Disclaimer

This information was derived from data which was compiled by the Columbia County Property Appraiser's Office solely for the government purpose of property assessment. The information shown is a **work in progress** and 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 finalized for ad-valorem assessment purposes.

Notice:

Under Florida Law, e-mail addresses are public record. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead contact this office by phone or in writing.

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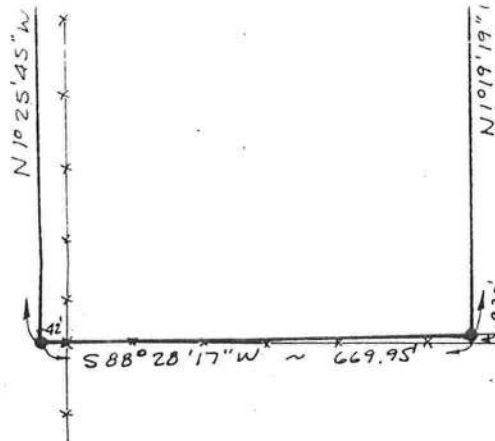
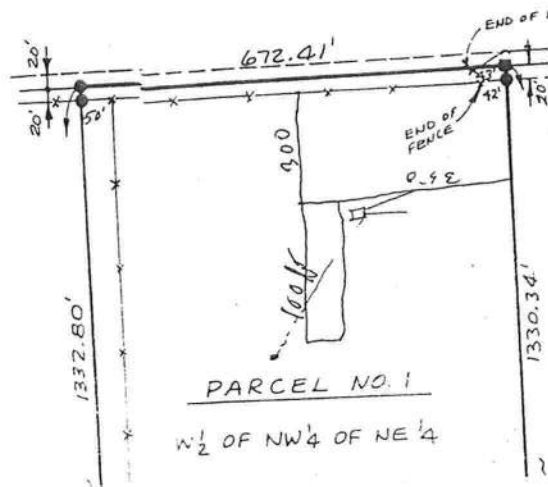
BOUNDARY

FLORENCE Conigli

THE NW 1/4 OF NE 1/4,
COLUMBIA CC

DESCRIPTION: PARCEL NO. 1

The NW 1/4 of the NE 1/4 of the NE 1/4, Section 20, Township 6 S
in width off of the North end thereof. Containing 20.



SURVEYOR'S CERTIFICATE

I hereby certify to all parties interested in title to the surveyed that the plat hereon shown is a true and correct survey made under my direction of the hereon described and meets the requirements for the Minimum Technical Standard for Land Surveying, Chapter 21H-6, Florida Administrative

Signed W.C. Hale
W.C. Hale, Land Surveyor
Florida Certificate No. 1519

Date 3-1-91

NOT VALID UNLESS EMBOSSED WITH SURVEYOR'S SEAL

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>04</u> <u>30</u> <u>2007</u> * Station <u>45</u> Incident Number <u>07-0001486</u> * Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS Basic	
B Location* <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. </div> <div>Census Tract <u> </u> - <u> </u></div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions </div> <div> <u>2110</u> <u>SW</u> <u>Centerville</u> <small>Number/Milepost Prefix Street or Highway</small> <u> </u> <u>Lake City</u> <small>Apt./Suite/Room City</small> Cross street or directions, as applicable </div> <div> <u>AVE</u> <small>Street Type</small> <u>FL</u> <u>32025</u> <small>State Zip Code</small> </div> </div>					
C Incident Type * <u>121</u> Fire in mobile home used as Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm <input checked="" type="checkbox"/> <u>04</u> <u>30</u> <u>2007</u> <u>18:17:00</u> Arrival <input checked="" type="checkbox"/> <u>04</u> <u>30</u> <u>2007</u> <u>18:26:00</u> Controlled <input type="checkbox"/> <u> </u> <u> </u> <u> </u> <u> </u> Last Unit <input checked="" type="checkbox"/> <u>04</u> <u>30</u> <u>2007</u> <u>21:09:00</u>		E2 Shift & Alarm Local Option <u>A</u> <u>02</u> Shift or Alarms District Platoon	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		E3 Special Studies Local Option Special Study ID# <u> </u> Special Study Value <u> </u>			
F Actions Taken * <u>11</u> Extinguishment by fire <small>Primary Action Taken (1)</small> <u> </u> <small>Additional Action Taken (2)</small> <u> </u> <small>Additional Action Taken (3)</small>		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0003</u> Personnel <u>0008</u> EMS <u> </u> Other <u>0004</u> <u>0005</u> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Value LOSSES: Required for all fires if known. Optional for non fires. No Property \$ <u> </u> , <u>000</u> , <u>000</u> Contents \$ <u> </u> , <u>000</u> , <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ <u> </u> , <u>000</u> , <u>000</u> Contents \$ <u> </u> , <u>000</u> , <u>000</u>	
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <u> </u> <u> </u> Civilian <u> </u> <u> </u> H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u>	

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 incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

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

K2 Owner

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

Local Option

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

MI

Last Name

Suffix

Number

Prefix

Street or Highway

AVE

Suffix

Post Office Box

Apt./Suite/Room

Lake City

State

Zip Code

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

0016

Officer in charge ID

Cason, James W.

Signature

AC

Position or rank

Assignment

05

Month

03

Day

2007

Year

Check Box if same as Officer making report ID in charge.

0078

Redish, Collin

Signature

FF

Position or rank

Assignment

05

Month

03

Day

2007

Year

A		MM DD YYYY		Station		Incident Number		Exposure		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		29091	FL	4	30	2007	45	07-0001486	000				
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins				Sent <input checked="" type="checkbox"/>	Number of People 1	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
1 ID CF2 Type 92		Dispatch <input checked="" type="checkbox"/> 4 30 2007 18:17 Arrival <input checked="" type="checkbox"/> 4 30 2007 18:26 Clear <input checked="" type="checkbox"/> 4 30 2007 21:09	Sent <input checked="" type="checkbox"/>							73			
Personnel ID	Name		Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
0016	Cason, James		AC	X	58	11							
2 ID QR40 Type 12		Dispatch <input checked="" type="checkbox"/> 4 30 2007 18:17 Arrival <input checked="" type="checkbox"/> 4 30 2007 18:26 Clear <input checked="" type="checkbox"/> 4 30 2007 21:09	Sent <input checked="" type="checkbox"/>	2				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74 75			
Personnel ID	Name		Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
0019 NEEL01	Crawford, Jeffrey Neeley, Blaiyze		LT	X X	11 58	12 11							
3 ID QR45 Type 12		Dispatch <input checked="" type="checkbox"/> 4 30 2007 18:17 Arrival <input checked="" type="checkbox"/> 4 30 2007 18:26 Clear <input checked="" type="checkbox"/> 4 30 2007 21:09	Sent <input checked="" type="checkbox"/>	2				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74 75			
Personnel ID	Name		Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
0078 0083	Redish, Collin Sherrouse, Randy		FF FF	X X	11 58	12 11							

A		FDID 29091		State FL	Incident Date MM DD YYYY 4 30 2007		Station 45	Incident Number 07-0001486		Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of People 2	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>		
		Month Day Year Hours/mins Dispatch <input checked="" type="checkbox"/> 4 30 2007 18:17 Arrival <input checked="" type="checkbox"/> 4 30 2007 18:26 Clear <input checked="" type="checkbox"/> 4 30 2007 21:09												
1		ID T46	Type 24											
		Personnel ID		Name		Rank or Grade		Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
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2		ID	Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>		Sent <input type="checkbox"/> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other							
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3		ID	Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>		Sent <input type="checkbox"/> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other							
		Personnel ID		Name		Rank or Grade		Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken		
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STATE OF FLORIDA
DEPARTMENT OF HEALTH

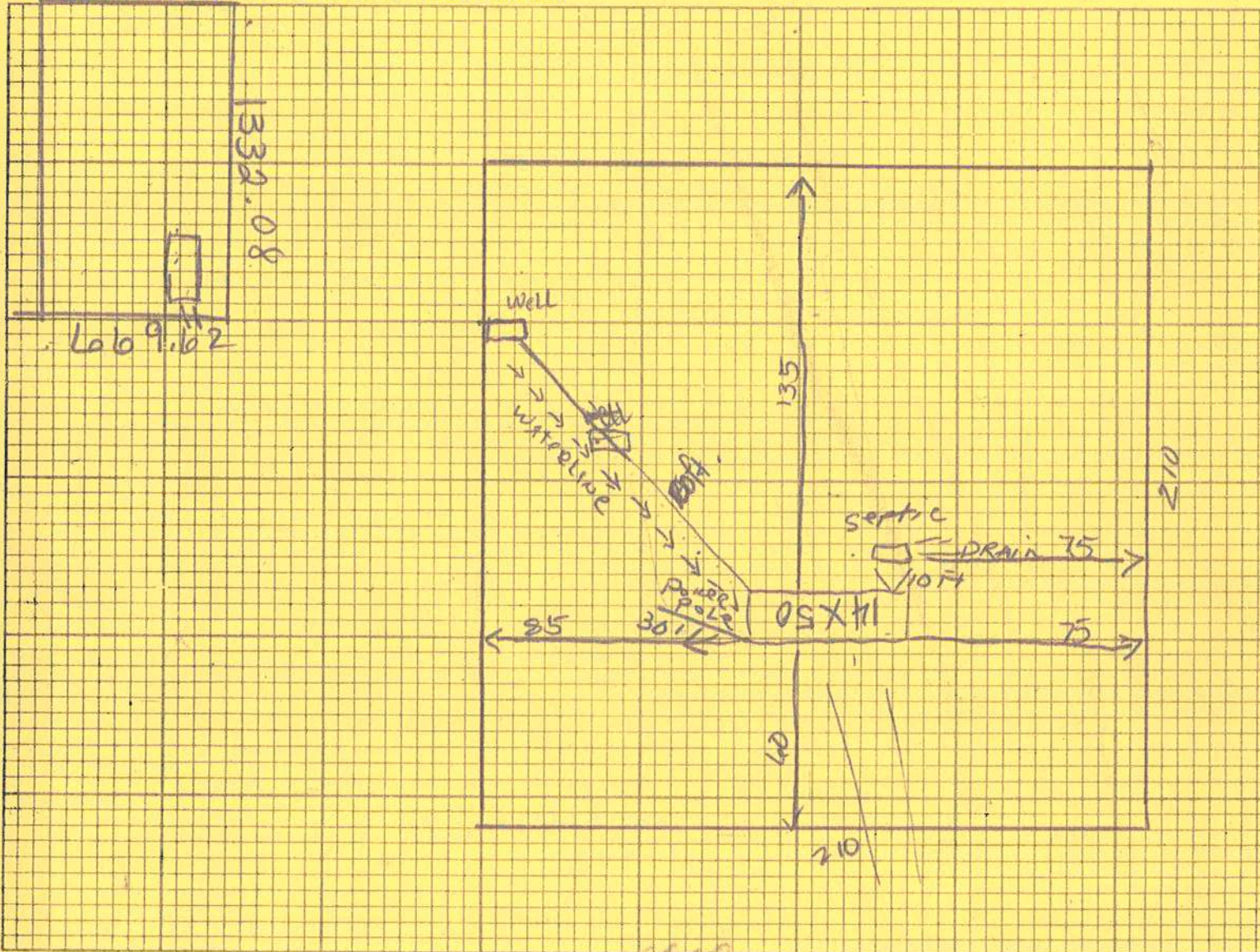
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

09-0057-E
09-0099267-E
09-0057-E

PART II - SITE PLAN

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



Notes:

Site Plan submitted by: Florence Con Liv

Signature

1/28/09
Title

Plan Approved ☒

Not Approved ☐

Date 2-3-09

By mm s 21

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer

Randy Neels

License #

TH000049Address of home
being installed

Manufacturer

Length x width

14x52

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

RE

Typical pier spacing

2'34"

lateral

longitudinal

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

marriage wall piers within 2' of end of home per Rule 15C

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 #

300446

Triple/Quad



Serial #

H365956

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size

SW 17X25

Perimeter pier pad size

SWOther pier pad sizes
(required by the mfg.)SW

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

SWSWSW

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer

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

5 ft

FRAME TIES

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

OTHER TIES

Number

18

Sidewall
Longitudinal
Marriage wall
Shearwall

4

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

X 1500 X 1500 X 1500

POCKET PENETROMETER TEST

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 275 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 require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

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.

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 ☒ Swale ☒ Pad ☒ Other ☒

Fastening multi wide units

Floor: Type Fastener: SW Length: SW Spacing: SW
Walls: Type Fastener: SW Length: SW Spacing: SW
Roof: Type Fastener: SW Length: SW Spacing: SW
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
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

Date

LETTER OF AUTHORIZATION TO PULL PERMITS

I, Ronnie Morris, DO HEREBY GRANT
Florence Coniglio, AUTHORIZATION TO PULL THE NECESSARY
PERMITS REQUIRED FOR THE DELIVERY AND SET OF A MANUFACTURED
HOME IN Columbia COUNTY, FLORIDA.

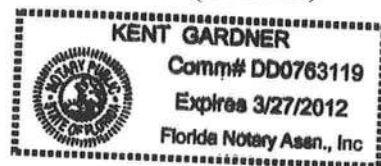

Signature

THIS FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS
20th DAY OF JAN, 2009 BY _____
_____, WHO IS PERSONALLY KNOWN TO ME.

STATE OF FLORIDA Columbia
COUNTY OF _____


NOTARY PUBLIC

(STAMP)



MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, Ronnie N. N. N., license number IH 00000099
Please Print

do hereby state that the installation of the manufactured home for _____
Applicant

_____ at _____
911 Address

will be done under my supervision.

[Signature]
Signature

Sworn to and subscribed before me this 20th day of JAN,
2009.

Notary Public: [Signature]
Signature

My Commission Expires: 3-27-2012
Date

