

DATE 07/01/2008

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

PERMIT
000027134

APPLICANT JEFF HARDEE PHONE 352 949-0592
ADDRESS 6450 NW 72 LANE CHIEFLAND FL 32626
OWNER JOSEPH MARINOLA PHONE 941 474-3954
ADDRESS 414 SW KENTUCKY ST FT. WHITE FL 32038
CONTRACTOR WENDEL CREWS PHONE 352 351-6100
LOCATION OF PROPERTY 47S, TR ON 27, TL ON UTAH, TL ON ROBERTS ST, TR ON KENTUCKY, CORNER OF BOUNDARY WAY ON LEFT
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 24-6S-15-01438-119 SUBDIVISION THREE RIVERS ESTATES
LOT 19 BLOCK 5 PHASE UNIT 23 TOTAL ACRES

IH0000629
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor *Jeff Hardee*
EXISTING 08-453 CS HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, BURNT UNIT-NO CHARGE

Check # or Cash

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 *Jeff Hardee* CLERKS OFFICE *CH*

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 11-30-07)

Zoning Official

Building Official

AP#

0806-37

Date Received

6/20

By

Permit #

27134

Flood Zone

X

Development Permit

Zoning

A-3

Land Use Plan Map Category

A-3

Comments

Burnt unit - Fire report needed

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 #

00-00-00-D1438-119

Subdivision

Three Rivers Est

New Mobile Home 24x40 Used Mobile Home Year 2008

Applicant Jeff Hardee Phone # (352) 949-0592

Address 6450 NW 72nd Ln, Chiefland FL 32626

Name of Property Owner Joseph Marinda Phone# 941-468-5937

911 Address 414 SW Kentucky St High Springs, FL 32643

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

Name of Owner of Mobile Home Joseph Marinda Phone # 941-468-5937

Address 10161 Topsail Ave, Englewood FL 34224

Relationship to Property Owner self

Current Number of Dwellings on Property 1

Lot Size 100x300 Total Acreage .7

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

Is this Mobile Home Replacing an Existing Mobile Home Yes

Driving Directions to the Property 47 S T/R on 27th h/c Utah curves to right take next (C) Rockwell then next (D) on Kentucky ~ 1/4 mile on left Roberts

Name of Licensed Dealer/Installer Wendall Crews Phone # 352 851-6100

Installers Address 4650 NE 35th St Ocala FL 34479

License Number 240000629 Installation Decal # 295358

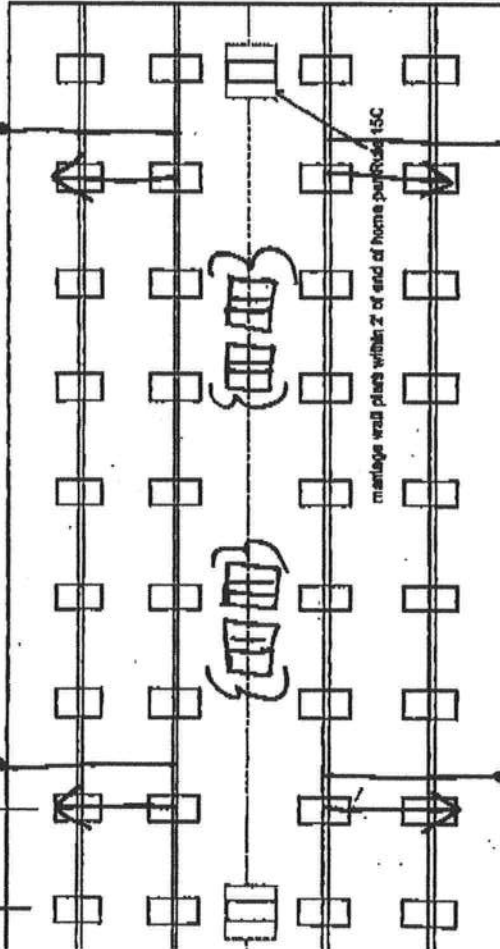
ERMIT NUMBER

Installer Wendell Crews License # TH0000629Address of home
being installedManufacturer Nobility Length x width 40 x 24NOTE: 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 homeI 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 WC

typical pier spacing
2' 6"

lateral
longitudinal

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 # 295358

Triple/Quad ☐ Serial # TDD

PIER SPACING TABLE FOR USED HOMES

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

* Interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 21x29

Perimeter pier pad size N/A

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

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 " 15'10" Pier pad size 21x29 + 16x16

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Sidewall
Longitudinal
Marriage wall
Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer ALC
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer ALC

Number 5410C
E. L. L. S.

PERMIT WORKSHEET

page 2 of 2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

Wendell Crews Installer's Initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Wendell Crews

Date Tested 6-18-08

Electrical

Plumbing

connected electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 39

connected all sewer drains to an existing sewer tap or septic tank. Pg. 39

connected all potable water supply piping to an existing water meter water main or other

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural ☒ Swale ☐ Pad ☒ Other ☐

Fastening multi wide units

Floor: Type Fastener: Lag Length: 30x5" Spacing: 18"
Walls: Type Fastener: SCREW Length: #8x4" Spacing: 18"
Roof: Type Fastener: Metal Length: 40" Spacing: 24"
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 WC

Type gasket foam

Installed:

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒
Siding on units is installed to manufacturer's specifications. Yes ☒ Pg. 13
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 ☒
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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Wendell Crews Date 6-18-08

08K-03-2004 102 02:15 PM MOBILITY HOMES

FAX NO. 28

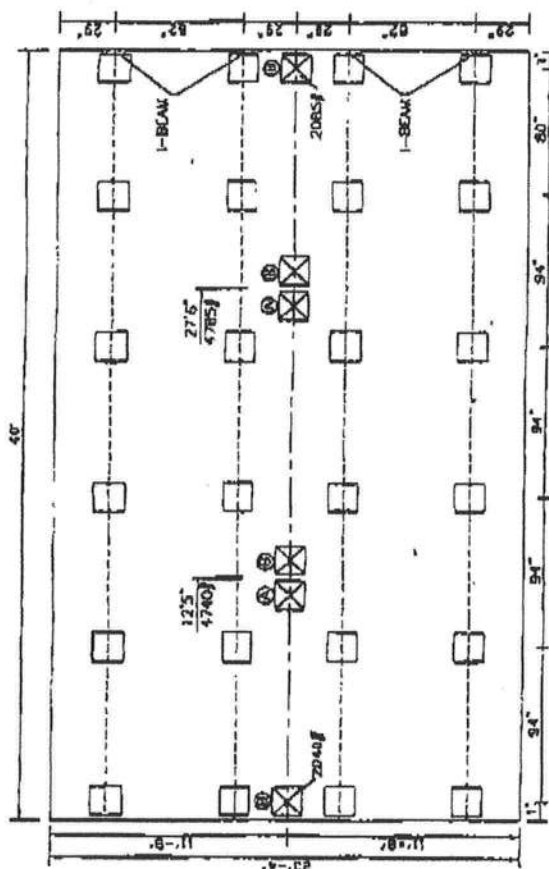
P. 02

Marinola

COLUMN SUPPORT PER PAID SIZE

- ① 45" X 15"
- ② 21" X 29"

SPACING FOR 6000 PSI SOIL WITH 21" X 29" BASE PND
MAXIMUM SPACING FOR THE 1-BEAM PND IS 94"



- NOTES: (1) COLUMN SUPPORT PND MAY BE WITHIN 8" OF OPENINGS GREATER THAN 48"
- (2) ADDITIONAL PND ARE REQUIRED AT EACH SIDE OF EXTERIOR DOOR OPENINGS.
- (3) THIS IS A TYPICAL DRAWING FOR THIS MODEL. SPACING MAY BE DIFFERENT IF MAX. SPACING IS NOT EXCEEDED.
- (4) THIS FOUNDATION MAY BE FLIPPED FROM END TO END OR SIDE TO SIDE.

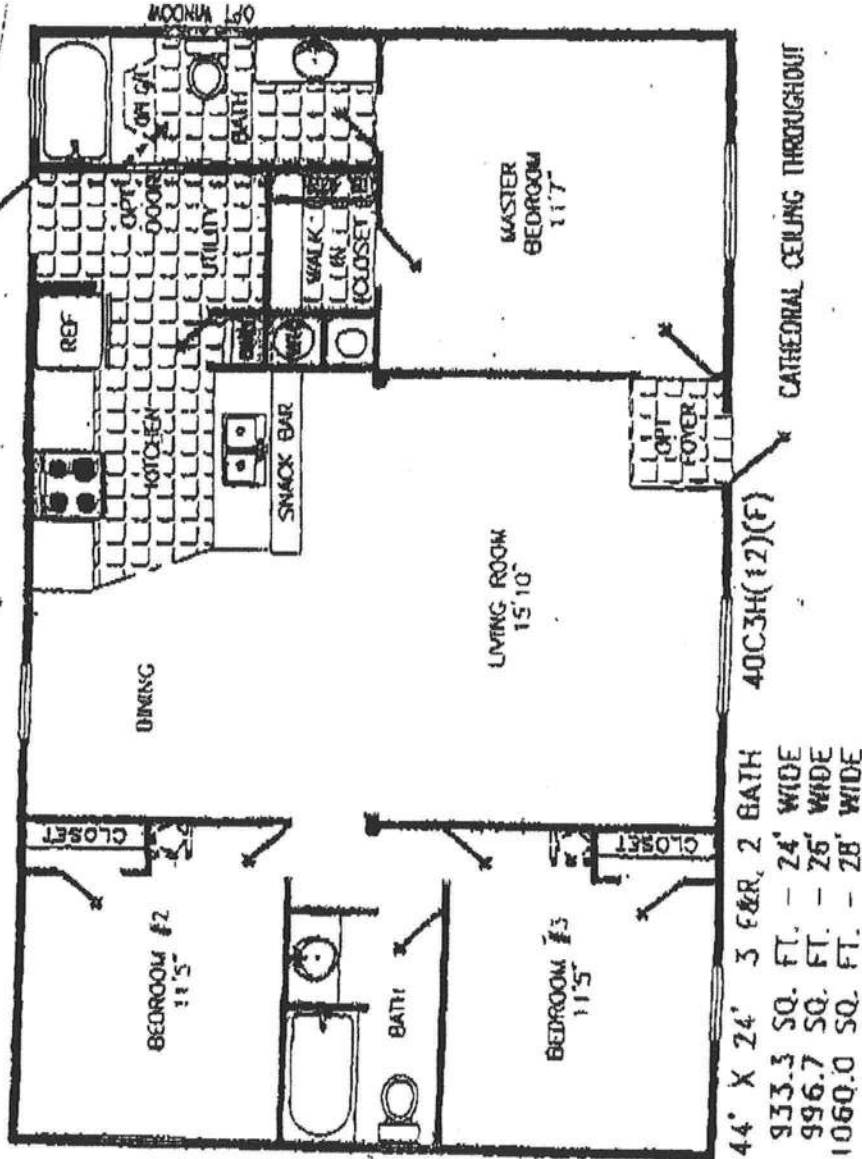
☒ COLUMN SUPPORT PND

☐ 21" X 29" BASE PND

Prestige Home Centers

MICKEY

Machinola

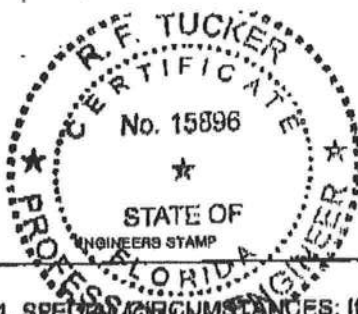


THE OVERALL LENGTH INCLUDES A HEAD OF APPROXIMATELY FOUR FEET ON ALL HOMES.
 MANUFACTURED IN ACCORDANCE WITH STANDARDS DEVELOPED AND ENFORCED BY HUD. DUE TO OUR CONTINUING PROGRAM OF PRODUCT IMPROVEMENT, PRICES AND SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE. SOME ITEMS SUCH AS TILES, RIMS, SINKS, AND HOMES MAY HAVE BEEN RECYCLED. AFTER CORRECTION FOR SAFETY AND APPEARANCE, ALL DIMENSIONS ARE MINIMAL.

(p) 02

Homes Designed, Built & Serviced
 By NOBILITY HOMES





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

ENGINEER'S STAMP

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

INSTALLATION OF GROUND PAN

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

INSTALLATION OF LONGITUDINAL "V" BRACE SYSTEM

NOTE: WHEN INSTALLING THE MODEL # 1101-L "V" LONGITUDINAL SYSTEM ONLY, A MINIMUM OF 2 SYSTEMS PER FLOOR SECTION IS REQUIRED. SOIL TEST PROBE SHOULD BE USED TO DETERMINE CORRECT TYPE OF ANCHOR PER SOIL CLASSIFICATION, IF PROBE TEST READINGS ARE BETWEEN 175 & 275 A 6 FOOT ANCHOR MUST BE USED. IF PROBE TEST READINGS ARE BETWEEN 276 & 350 A 4 FOOT ANCHOR MAY BE USED. USE GROUND ANCHORS WITH DIAGONAL TIES AND STABILIZER PLATES EVERY 5'4". VERTICAL TIES ARE ALSO REQUIRED ON HOMES SUPPLIED WITH VERTICAL TIE CONNECTION POINTS (PER FLORIDA REG.).

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

| PIER HEIGHT (Approx. 45 degrees Max.) | 1.25" ADJUSTABLE Tube Length | 1.50" ADJUSTABLE Tube Length |
|--|---------------------------------|---------------------------------|
| 7 3/4" to 25" | 22" | 18" |
| 24 3/4" to 32 1/4" | 32" | 18" |
| 33" to 41" | 44" | 18" |
| 40" to 48" | 54" | 18" |

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

INSTALLATION OF LATERAL TELESCOPING TRANSVERSE ARM SYSTEM

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

NOTE: THE USE OF THIS SYSTEM REQUIRES VERTICAL TIES SPACED AT 6'4".

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

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

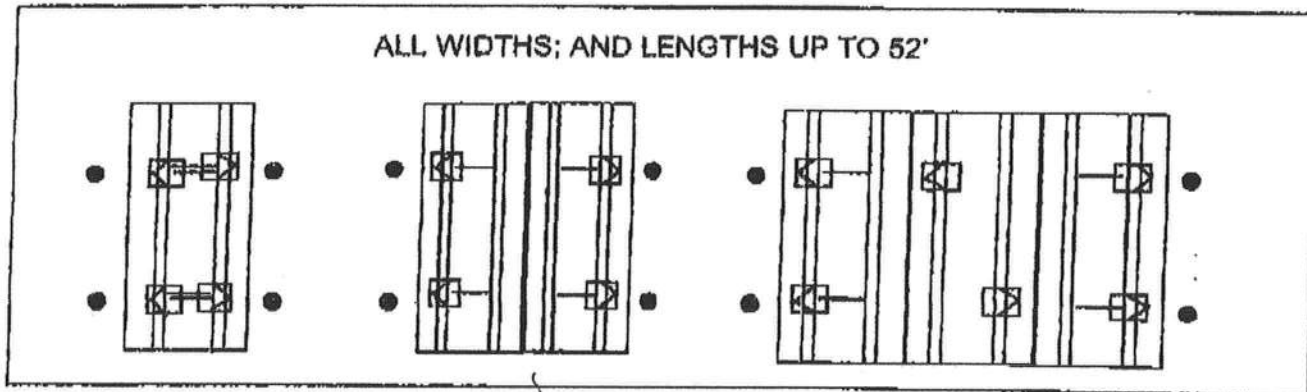


MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

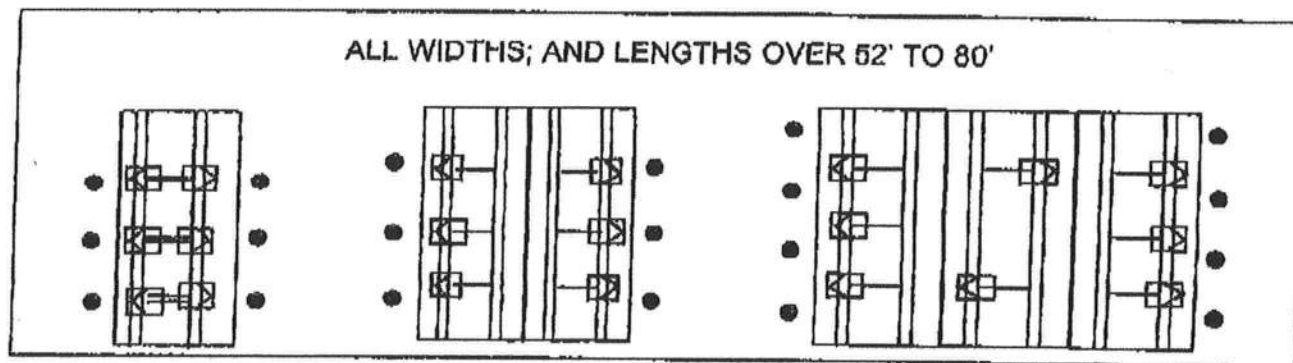
Telephone: 931-790-4555
Fax: 931-790-8811
www.olivertechnologies.com

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

ALL WIDTHS; AND LENGTHS UP TO 52'

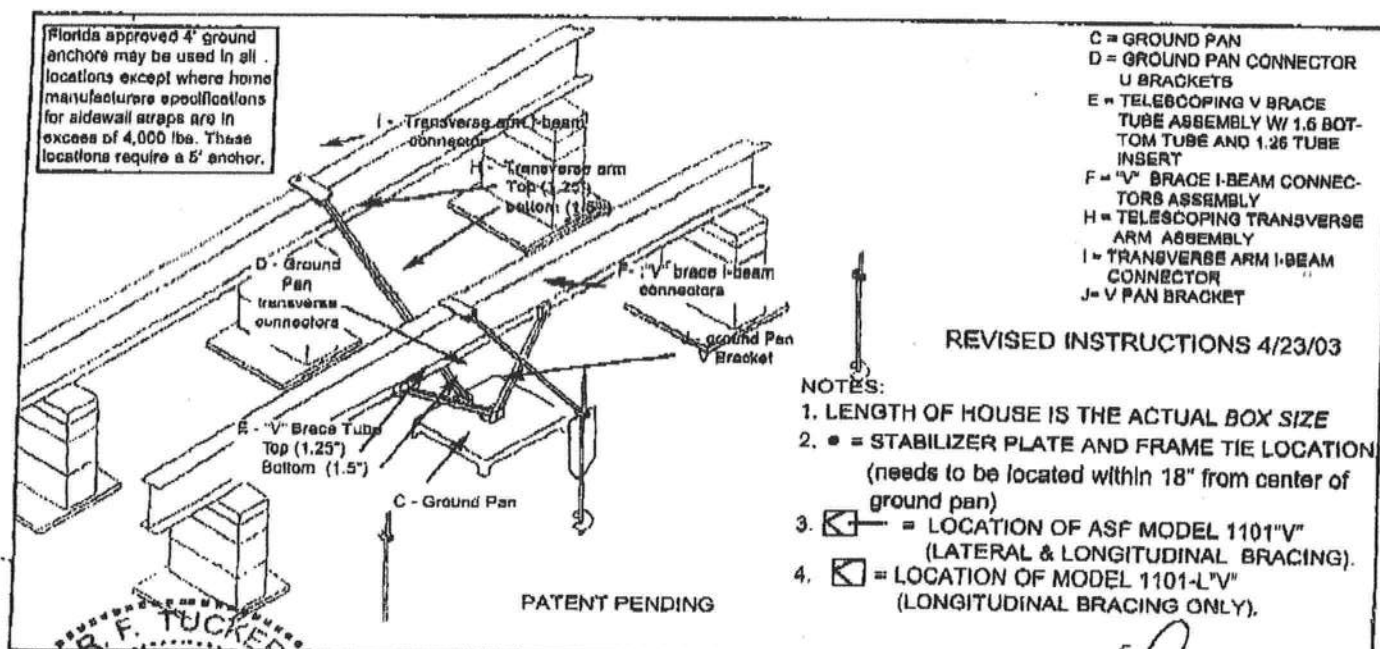


ALL WIDTHS; AND LENGTHS OVER 52' TO 80'



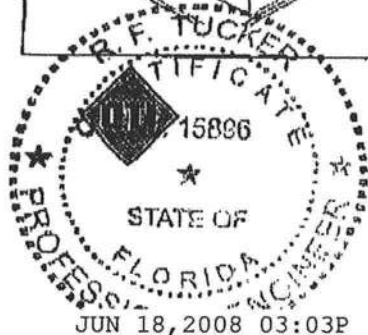
HOMES WITH 5/12 ROOF PITCH REQUIRE: PER FLORIDA REGULATIONS

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



MANUFACTURED HOUSING FOUNDATION SYSTEMS
A DIVISION OF OLIVER TECHNOLOGIES, INC.
1-800-284-7437

Telephone: 931-798-4555
Fax: 931-798-8811
www.olivertechnologies.com



JUN 18, 2008 03:03P

SEP-25-2007 09:26A FROM: OLIVER TECH

13867192502

TO: 13523516103

P.1/1

FAX 352-701-0401



Installation Instructions for ABS Pads

For use on all Mobile and Manufactured Homes, including
HUD approved Homes and Modular Housing

patents 5509500 and other patents pending

GENERAL INSTRUCTIONS:

- All pads are to be installed flat side down, ribbed side up.
- The ground under the pads should be leveled as smooth as possible with all vegetation removed. Pads to be placed on fully compacted or undisturbed soil, at or below the frost line, or per local jurisdiction.
- Pier & pad spacing will be determined by the manufacturer's written set-up instructions or any local or state codes.
- The open cells between the ribbing on the upper side of the pads may be filled with soil or sand after installation to prevent any accumulation of stagnant water in the pads.
- A pocket penetrometer may be used to determine the actual soil bearing value. If soil-testing equipment is not available, use an assumed soil value of 1000 lbs. / square foot.
- All pad sizes shown are nominal dimensions and may vary up to 1/8".
- The maximum deflection in a single pad is 3/8" measured from the highest point to the lowest point of the top face. (NOTE: Actual test results were less than 3/8")
- In frost areas, a 6" deep confined gravel base installed in well drained, non-frost susceptible soil is recommended.
- Pad loads are the same when using single stack or double stack blocks.
- The maximum load at any intermediate soil value may be determined as the average of the next lower and next higher soil value given in the table below.
- Any configuration (see reverse side) may be used to replace a home manufacturer's recommended concrete or wood base pad.
- If the home manufacturer shows soil densities greater than 3000 lb. when using ABS pads, do not exceed 3000 lb. soil pier spacing per set up manual.

| Pad Size | ID No. | Pad Area | 1000 PSF Soil | 2000 PSF Soil | 3000 PSF Soil |
|----------------------|---------|-------------|---------------|---------------|---------------|
| OVAL 16" x 18.5" | 1055-23 | 288 sq. in. | 2000 lbs. | 4000 lbs. | 6000 lbs. |
| OVAL 17" x 22" | 1055-16 | 360 sq. in. | 2500 lbs. | 5000 lbs. | 7500 lbs. |
| OVAL 17.5" x 22.5" | 1055-21 | 384 sq. in. | 2667 lbs. | 5334 lbs. | 8000 lbs. * |
| OVAL 17.5" x 25.5" | 1055-17 | 432 sq. in. | 3000 lbs. | 6000 lbs. | 9000 lbs. * |
| OVAL 21" x 29" | 1055-22 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 12000 lbs. * |
| OVAL 23.25" x 31.25" | 1055-20 | 675 sq. in. | 4694 lbs. | 9388 lbs. * | 9388 lbs. * |

| Pad Size | ID No. | Pad Area | 1000 PSF Soil | 2000 PSF Soil | 3000 PSF Soil |
|---------------|---------|-------------|---------------|---------------|---------------|
| 16" x 16" | 1055-14 | 256 sq. in. | 1780 lbs. | 3560 lbs. | 5333 lbs. |
| 16.5" x 16.5" | 1055-9 | 342 sq. in. | 2575 lbs. | 4750 lbs. | 7100 lbs. * |
| 20" x 20" | 1055-7 | 400 sq. in. | 2750 lbs. | 5500 lbs. | 8250 lbs. * |
| 24" x 24" | 1055-13 | 576 sq. in. | 4000 lbs. | 8000 lbs. * | 8000 lbs. * |

* Concrete blocks are required to be double blocked.

13. ALABAMA ONLY: The 16" x 16" ID# 1055-14, 16" x 18.5" ID# 1055-23, 17" x 22" ID# 1055-16, 17.5" x 22.5" ID# 1055-21, 17.5" x 25.5" ID# 1055-17 are the only pads approved in the state of Alabama, and must not have more than 3/8" deflection.

See chart below for details on correct installation in Alabama.

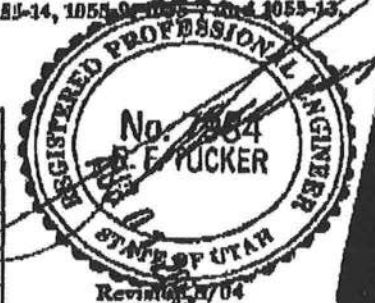
14. TEXAS ONLY: 17.5" x 22.5" ID# 1055-21 and 23.25" x 31.25" ID# 1055-20 may not be installed in the State of Texas.

15. Steel Piers: All pads are tested with steel piers on 1000 PSF soil density unless otherwise noted. (#16)

16. Available pads tested on 2000 PSF soil density are: ID#s 1055-14, 1055-9, 1055-7 and 1055-13.

Example: 16" x 80' section

| PAD SIZE | 1000 Lb Psf | 2000 Lb Psf |
|------------------------|-------------|-------------|
| 16" x 16" Pad | 29" | 5' 6" |
| 16" x 18.5" Oval Pad | 3' 0" | 6' 0" |
| 17" x 22" Oval Pad | 3' 9" | 7' 6" |
| 17.5" x 22.5" Oval Pad | 4' 0" | 8' 0" |
| 17.5" x 25.5" Oval Pad | 4' 5" | 8' 0" |
| 21" x 29" Oval Pad | 6' 0" | 8' 0" |





APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Marinola

PART II - SITE PLAN

Hand-drawn site plan of a property in Kentucky. The property is bounded by 414 Kentucky to the north and 312' to the south. The east boundary is 174'. The plan shows a main building (MH) measuring 24' x 40', a garage measuring 20' x 18', and a well (WL) located 74' from the west boundary and 50' from the north boundary. A driveway (DR) is 190' long and 6' x 8' wide. A north arrow points towards the top right. A small box labeled 'MH' is located near the bottom left corner.

Notes: _____

Site Plan submitted by: Jeff Hand Signature

Title _____

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

MOBILE HOME INSTALLERS
AGENT AUTHORIZATION

This is to certify that I, Wendell Crews, hereby give Jeff Hardee or Holly Bryant, Hardee Environmental & Permitting, permission to obtain permits for setting up a mobile home for customer mariaella, located at property ID # 01938-119.

I understand and am aware that as the mobile home installer license holder, I am responsible for maintaining property line set backs and establishing the correct elevation of the mobile home's finished floor. To ensure that the appropriate set backs and elevations are met, I will review the issued permit prior to setting the mobile home on the property.

Wendell Crews
Signature

I40000629
License #

6-15-08
Date

NOTARY

Sworn to and scribed before me this 15 day of June, 2008.

Mary Annabell Hardee
Notary Signature

Presented ID

Drivers License #

☒ Personally known

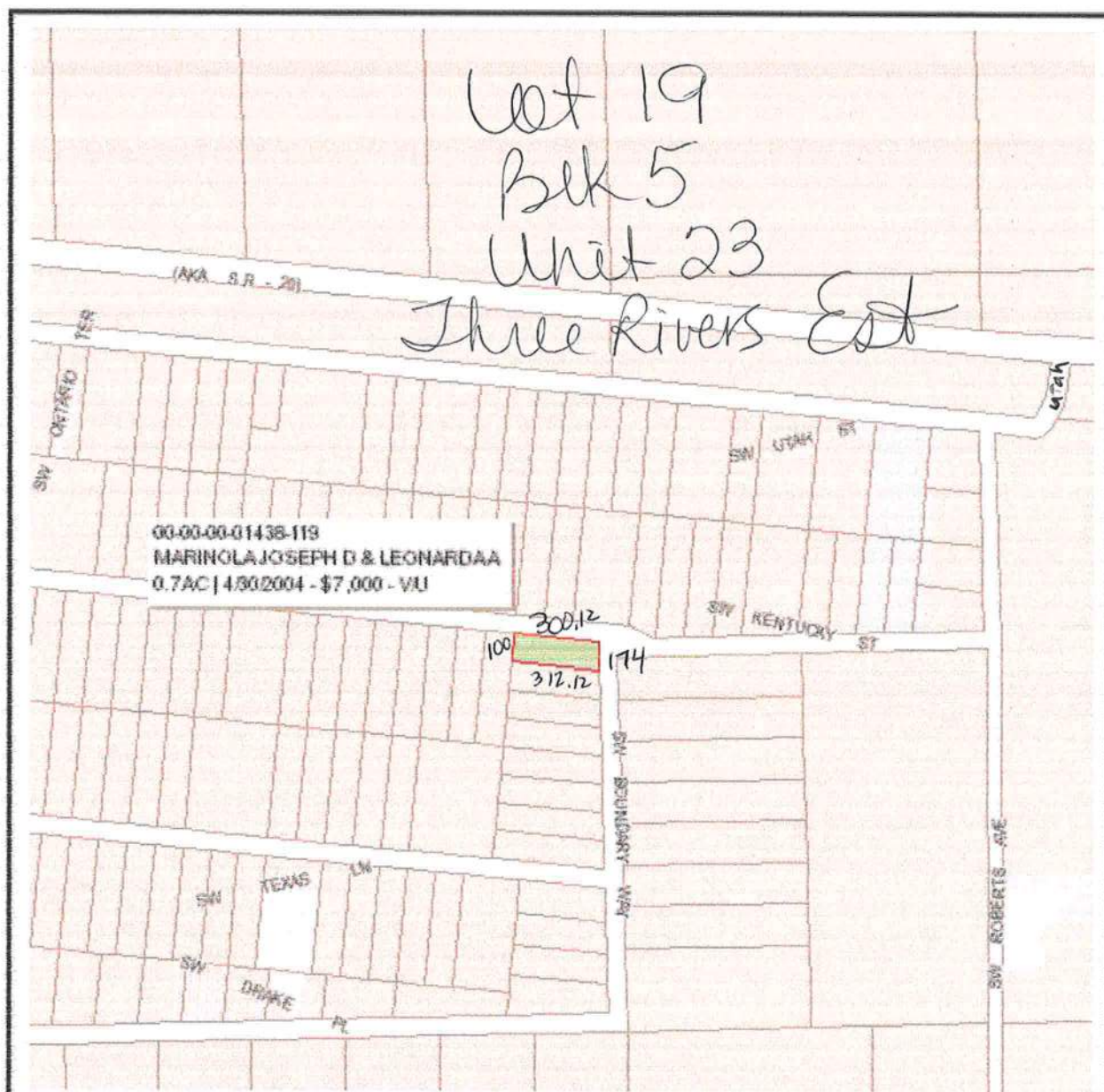


MARY ANNABELL HARDEE
MY COMMISSION # DD 761449
EXPIRES: June 20, 2012
Bonded Thru Budget Notary Services

Notary Printed Name

SEAL

Marinola

**Columbia County Property Appraiser**

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

PARCEL: 00-00-00-01438-119 - MOBILE HOM (000200)

| | | | |
|-------|--------------------------------|---------|-------------|
| Name: | MARINOLA JOSEPH D & LEONARDA A | LandVal | \$21,950.00 |
| Site: | | BldgVal | \$30,055.00 |
| Mail: | 10161 TOPSAIL AVE | ApprVal | \$54,105.00 |
| | ENGLEWOOD, FL 34224 | JustVal | \$54,105.00 |
| Sales | 4/30/2004 \$7,000.00 V / U | Assd | \$54,105.00 |
| Info | 4/13/2004 \$5,000.00 V / U | Exmpt | \$0.00 |
| | 5/20/1997 \$7,200.00 V / U | Taxable | \$54,105.00 |

0 246 468 726 ft



This information, GIS Map Updated: 4/15/2006, 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, its use, or its 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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---------------|--|----------------|--|--------------|--|---------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| A | | 29091 FDID * | | FL State * | | 05 Incident | | 23 Date * | | 46 Station | | 08-0002006 Incident Number * | | 000 Exposure * | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | | NFIRS -1 Basic | | | | | | | | | |
| B Location* | | <input type="checkbox"/> 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Street address | | 414 SW Kentucky ST Number/Milepost Prefix Street or Highway Street Type Suffix | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Intersection | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> In front of | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rear of | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adjacent to | | Lake City FL 32025 Apt./Suite/Room City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Directions | | Cross street or directions, as applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Incident Type * | | E1 Date & Times Midnight is 0000 | | | | | | | | | | E2 Shift & Alarms | | | | | | | | | | | | | | | |
| 121 Fire in mobile home used as Incident Type | | Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec Alarm * 05 23 2008 06:14:00 ALARM always required | | | | | | | | | | Local Option C 01 1 Shift or Alarms District Platoon | | | | | | | | | | | | | | | |
| D Aid Given or Received* | | ARRIVAL required, unless canceled or did not arrive X Arrival * 05 23 2008 06:21:00 CONTROLLED Optional, Except for wildland fires Controlled LAST UNIT CLEARED, required except for wildland fires X Last Unit Cleared 05 23 2008 09:32:00 | | | | | | | | | | E3 Special Studies Local Option Special Study ID# Special Study Value | | | | | | | | | | | | | | | |
| F Actions Taken * | | G1 Resources * | | | | | | | | | | G2 Estimated Dollar Losses & Values | | | | | | | | | | | | | | | |
| 11 Extinguishment by fire Primary Action Taken (1) | | X Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0003 0007 EMS Other 0001 Check box if resource counts include aid received resources. | | | | | | | | | | LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 030,000 Contents \$ 010,000 PRE-INCIDENT VALUE: Optional Property \$ 030,000 Contents \$ 010,000 | | | | | | | | | | | | | | | |
| Completed Modules | | H1* Casualties None Deaths Injuries Fire Service Civilian 001 H2 Detector Required for Confined Fires. 1 X Detector alerted occupants 2 Detector did not alert them U Unknown | | | | | | | | | | H3 Hazardous Materials Release N None 1 Natural Gas: slow leak, no evaluation 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 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 | | | | | | | | | | 341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 X 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 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 | | | | | | | | | | 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 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 incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name

Roland

MI

Last Name

Patrick

Suffix

Number

414

Prefix

SW

Street or Highway

Kentucky

Street Type

ST

Suffix

Post Office Box

Apt./Suite/Room

City

Lake City

State

FL

Zip Code

32025

-

☐ 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

941

Phone Number

473

1405

Mr.,Ms., Mrs. First Name

Joe

MI

Last Name

Marinola

Suffix

Number

10161

Prefix

-

Street or Highway

Topsail Englewood, FL 34224

Street Type

-

Suffix

Post Office Box

Apt./Suite/Room

City

Lake City

State

FL

Zip Code

32025

-

L Remarks

Local Option

We were called to a fully invovled double wide mobile home. Upon our arrival we found heavy flames coming from the house. We started with the fire attack. We had a good knockdown on the fire when Station 45 arrived on sceen. We started to use their foam system from QR45. There was a detached garage that was not damaged. Lt. Bickel called and left word for the homeowner to call but he had not as of 11:00 AM. Fire cause was undetermined but not suspicious. We completed assignment and returned to station.

L Authorization

0008

Officer in charge ID

Bickel, Brian David

Signature

LT

Position or rank

Assignment

05

Month

23

Day

2008

Year

Check Box if same as Officer in charge.

☒ 0008

Member making report ID

Bickel, Brian David

Signature

LT

Position or rank

Assignment

05

Month

23

Day

2008

Year

| | | | | |
|---|---|---|--|-------------------------|
| A FDID * <u>29091</u> State * <u>FL</u> Incident Date * <u>05/23/2008</u> | FM I DD YYYY <u>05</u> <u>23</u> <u>2008</u> | Station <u>46</u> Incident Number * <u>08-0002006</u> Exposure * <u>000</u> | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | NFIRS -2 Fire |
|---|---|---|--|-------------------------|

| | |
|--|--|
| B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre | C On-Site Materials or Products <input type="checkbox"/> None 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 or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (1) <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> On-site material (3) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> |
|--|--|

| | | |
|--|--|---|
| D Ignition D1 <u>UU</u> <u>Undetermined</u> Area of fire origin * D2 <u>UU</u> <u>Undetermined</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70 | E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation | E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female |
|--|--|---|

| | | |
|---|---|---|
| F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u> | F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install. | G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> <u> </u> Fire suppression factor (3) |
|---|---|---|

| | | |
|---|--|--|
| H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned | H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Mobile property model Year <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number | Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached |
|---|--|--|

| | | | |
|--|---|--|---|
| I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure | I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small> | I4 Main Floor Size* NFIRS-3 Structure Fire <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div></div> <div>Total square feet</div> </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div>Lenght in feet Width in feet</div> </div> |
| J1 Fire Origin * <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Story of fire origin</div> <div><input type="checkbox"/> Below Grade</div> </div> | J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage)</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage)</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage)</div> </div> | K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Item contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70 | |
| J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin | L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined | | |
| L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input checked="" type="checkbox"/> Undetermined | L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined | |
| L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input checked="" type="checkbox"/> Undetermined | | L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | |
| M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M | M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined | |
| M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined | | M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of sprinkler heads operating | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|---------------|--|--|--|--|--|---|--|--|--|---|--|--|--|--|--|----------------------|--|
| 29091 FDID * | | FL State * | | 5 23 Incident Date * | | 2008 Year | | 46 Station | | 08-0002006 Incident Number * | | 000 Exposure * | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | | NFIRS - 4 Civilian Fire Casualty | | | |
| B Injured Person | | | | | | | | | | * 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female | | C Casualty * Number | | | | | | | |
| Roland First Name | | | | | | | | | | MI | | Patrick Last Name | | | | | | 1 Casualty Number | |
| D Age or date of birth * | | | | E1 Race | | | | F Affiliation | | | | H Severity * | | | | | | | |
| 45 <input type="checkbox"/> Months (for Infants) Age | | | | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined | | | | 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other | | | | 1 <input checked="" type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death | | | | | | | |
| OR Month Day Year | | | | E2 Ethnicity <input type="checkbox"/> Hispanic | | | | G Date & Time of Injury Midnight is 0000. 5 23 2008 Month Day Year | | | | Hour Minutes | | | | | | | |
| I Cause of Injury | | | | | | J Human Factors Contributing to Injury | | | | | | K Factors Contributing to Injury | | | | | | | |
| 1 <input checked="" type="checkbox"/> Exposed to fire products including flame heat, smoke, & gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by/or contact with object 8 <input type="checkbox"/> Overexertion 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | | | | | <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person | | | | | | <input type="checkbox"/> None Enter up to three contributing factors Contributing factor (1) Contributing factor (2) Contributing factor (3) | | | | | | | |
| L Activity When Injured | | | | | | M1 Location at Time of Incident | | | | | | M3 Story at Time of Incident Complete ONLY if injury occurred INSIDE | | | | | | | |
| 1 <input checked="" type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | | | | | 1 <input checked="" type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin & not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury Check ONE Box. If undetermined, leave blank and skip to Section N. 1 <input type="checkbox"/> In area of fire origin Skip To Section N 2 <input type="checkbox"/> In building, but not in area 3 <input type="checkbox"/> Outside, but not in area Skip to Section M5 | | | | | | Story at START of incident 1 <input type="checkbox"/> Below Grade M4 Story Where Injury Occurred Story where injury occurred, if different from M3 1 <input type="checkbox"/> Below Grade M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin Specific location at time of injury | | | | | | | |
| N Primary Apparent Symptom | | | | | | O Primary Area of Body Injured | | | | | | P Disposition | | | | | | | |
| 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns & smoke inhalation 12 <input checked="" type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up code only if the symptom is NOT found above Primary apparent symptom | | | | | | 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck & shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input checked="" type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts | | | | | | <input type="checkbox"/> Transported to emergency care facility Remarks Local option He received 1st degree burns across his left shoulder, back area and 2nd degree burns on his left arm when he crawled out of the building. | | | | | | | |

NFIRS-4 Revision 11/17/98

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|----------|--|--------------------------------------|----------|--|---|--------------------------------------|------|------------|--|--|---|-----------------------------------|---|---|----|--|--|
| A | | FDID 29091 * | | State FL * | | Incident Date MM DD YYYY 5 23 2008 * | | Station 46 | | Incident Number 08-0002006 * | | Exposure 000 * | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | | NFIRS - 9 Apparatus or Resources | |
| | | B Apparatus or * Resource | | Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min | | | | | | Sent <input checked="" type="checkbox"/> | | Number of * People | | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | | Actions Taken | |
| 1 | | ID E46 | Dispatch | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:14 | | | <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> Suppression | | 73 | 74 | |
| | | Type 11 | Arrival | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:21 | | | <input type="checkbox"/> EMS | | | | 75 | 76 | |
| | | | Clear | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 09:32 | | | <input type="checkbox"/> Other | | | | | | |
| 2 | | ID QR45 | Dispatch | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:14 | | | <input type="checkbox"/> Suppression | | | | 73 | 74 | |
| | | Type 12 | Arrival | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:21 | | | <input type="checkbox"/> EMS | | | | 75 | | |
| | | | Clear | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 09:32 | | | <input checked="" type="checkbox"/> Other | | | | | | |
| 3 | | ID T45 | Dispatch | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:14 | | | <input checked="" type="checkbox"/> Suppression | | | | 73 | 74 | |
| | | Type 24 | Arrival | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:21 | | | <input type="checkbox"/> EMS | | | | 75 | 76 | |
| | | | Clear | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 09:32 | | | <input type="checkbox"/> Other | | | | | | |
| 4 | | ID T46 | Dispatch | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:14 | | | <input checked="" type="checkbox"/> Suppression | | | | 73 | 74 | |
| | | Type 24 | Arrival | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 06:21 | | | <input type="checkbox"/> EMS | 1 | | | 75 | 76 | |
| | | | Clear | <input checked="" type="checkbox"/> | 5 | 23 | 2008 | 09:32 | | | <input type="checkbox"/> Other | | | | | | |
| 5 | | ID | Dispatch | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Suppression | | | | | | |
| | | Type | Arrival | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> EMS | | | | | | |
| | | | Clear | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Other | | | | | | |
| 6 | | ID | Dispatch | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Suppression | | | | | | |
| | | Type | Arrival | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> EMS | | | | | | |
| | | | Clear | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Other | | | | | | |
| 7 | | ID | Dispatch | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Suppression | | | | | | |
| | | Type | Arrival | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> EMS | | | | | | |
| | | | Clear | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Other | | | | | | |
| 8 | | ID | Dispatch | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Suppression | | | | | | |
| | | Type | Arrival | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> EMS | | | | | | |
| | | | Clear | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Other | | | | | | |
| 9 | | ID | Dispatch | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Suppression | | | | | | |
| | | Type | Arrival | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> EMS | | | | | | |
| | | | Clear | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> Other | | | | | | |

Type of Apparatus or Resources

| | | |
|---|---|--|
| Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; text-align: center;"> More Apparatus? Use Additional Sheets </div> Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined |
|---|---|--|

| | | | | | | | | |
|----------|-------------------|-----------------|---|-------------------|-----------------------------------|---------------------|--|---------------------------------|
| A | FDID 29091 | State FL | Incident Date MM 5 DD 23 YYYY 2008 | Station 46 | Incident Number 08-0002006 | Exposure 000 | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 10 Personnel |
|----------|-------------------|-----------------|---|-------------------|-----------------------------------|---------------------|--|---------------------------------|

| B Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|--|--|-------------------------------------|------------------|---|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | List up to 4 actions for each apparatus and each personnel. |
| 1 ID E46 Type 11 | Dispatch <input checked="" type="checkbox"/> 5 23 2008 06:14 Arrival <input checked="" type="checkbox"/> 5 23 2008 06:21 Clear <input checked="" type="checkbox"/> 5 23 2008 09:32 | <input checked="" type="checkbox"/> | 2 | | 73 74 75 76 |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--------|--------------|--------------|--------------|--------------|
| 0008 | Bickel, Brian | LT | X | 11 | 81 | 86 | |
| 0053 | Hudson, Michael | FF | X | 58 | 11 | | |

| | | | | | |
|---|--|--|---|---|----------------------------------|
| 2 ID QR45 Type 12 | Dispatch <input checked="" type="checkbox"/> 5 23 2008 06:14 Arrival <input checked="" type="checkbox"/> 5 23 2008 06:21 Clear <input checked="" type="checkbox"/> 5 23 2008 09:32 | 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 |
|--------------|-------------------|---------------|--------|--------------|--------------|--------------|--------------|
| 0039 | Garbett, Matthugh | FF | X | 58 | 11 | | |
| 0065 | Minton, Michael | EN | X | 11 | | | |

| | | | | | |
|--|--|--|---|---|--|
| 3 ID T45 Type 24 | Dispatch <input checked="" type="checkbox"/> 5 23 2008 06:14 Arrival <input checked="" type="checkbox"/> 5 23 2008 06:21 Clear <input checked="" type="checkbox"/> 5 23 2008 09:32 | Sent <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | 73 74 75 76 |
|--|--|--|---|---|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--------|--------------|--------------|--------------|--------------|
| 0086 | Sullivan, Danny | FF | X | 11 | | | |
| MAYS01 | Mays, Chauncey | FF | X | 58 | 11 | | |

| | | | | | | | | | | | | | | | | | |
|----------|--|-------------------|--|-----------------|--|---|--|-------------------|--|-----------------------------------|--|---------------------|--|--|--|-------------------------|--|
| A | | FDID 29091 | | State FL | | Incident Date MM DD YYYY 5 23 2008 | | Station 46 | | Incident Number 08-0002006 | | Exposure 000 | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | | NFIRS - 10 Personnel | |
|----------|--|-------------------|--|-----------------|--|---|--|-------------------|--|-----------------------------------|--|---------------------|--|--|--|-------------------------|--|

| B Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|--|---|-------------------------------------|------------------|---|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |
| 1 ID T46 Type 24 | Dispatch <input checked="" type="checkbox"/> 5 23 2008 06:14 Arrival <input checked="" type="checkbox"/> 5 23 2008 06:21 Clear <input checked="" type="checkbox"/> 5 23 2008 09:32 | <input checked="" type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | 73 74 75 76 |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 0052 | Hudson, Zollie | BC | <input checked="" type="checkbox"/> | 58 | 11 | | |

| | | | | |
|---|---|--|--|--|
| 2 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Sent <input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|--|--|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | |
|---|---|--|--|--|
| 3 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Sent <input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|--|--|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

| | | | | | | | | | | |
|----------|-----------------|---------------|----------------------|-----------------------|-------------------------|---------------|---------------------------------|-------------------|--|-------------------------|
| A | 29091 FDID * | FL State * | 5 Incident Date * | 23 Incident Date * | 2008 Incident Date * | 46 Station | 08-0002006 Incident Number * | 000 Exposure * | <input type="checkbox"/> Delete <input type="checkbox"/> Change | Insurance and \$Loss |
|----------|-----------------|---------------|----------------------|-----------------------|-------------------------|---------------|---------------------------------|-------------------|--|-------------------------|

B Estimated Dollar Loss & Value

| | Pre-Incident Value | Estimated Loss | Insured Amount | Settlement Amount |
|-----------|--------------------|----------------|----------------|-------------------|
| Buildings | \$30,000.00 | \$30,000.00 | \$0.00 | \$0.00 |
| Vehicles | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Contents | \$10,000.00 | \$10,000.00 | \$0.00 | \$0.00 |

C₁ Insurance Company

| | | | |
|--------------------------------------|----------|---|--|
| American Southern Home Insurance Co. | | | |
| Business name if applicable | | Contact Name | |
| Street or highway | | | |
| Post office box | | City | |
| State | Zip Code | Phone Number | |
| Agent Name | | | |
| 0800045446816 | | <input checked="" type="checkbox"/> Buildings <input type="checkbox"/> Vehicles <input type="checkbox"/> Contents | |
| Policy Number | | Policy Coverage | |

OWNER IMPACT FEE OCCUPANCY AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ~~COLUMBIA~~ Charlotte

BEFORE ME, the undersigned authority, personally appeared _____
("Owner"), who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit.
2. Affiant is the owner of the following described real property located in Columbia County, Florida, (herein "the property"):

- (a) Parcel No.: LOT 19 BLK 5 THREE RIVER ESTATES FT WHITE 32038
- (b) Legal description (may be attached): 414 SW KENTUCKY

3. Affiant has or will apply to the Columbia County Building Department for a building permit for the replacement of a building or dwelling unit on the property where no additional square footage or dwelling units will be created and will be located on the same property.

4. Either based upon Affiant's personal knowledge or the attached signed written statement of another person, a certificate of occupancy has been issued for the replacement building or dwelling on the property within seven (7) years of the date the previous building or dwelling unit was previously occupied. The building or dwelling unit was last occupied on 5-23-08.

5. This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

Further Affiant sayeth naught.

Joseph D Morinola Jr

Print: JOSEPH D MORINOLA JR

Address: 10161 TOPSAIL POE

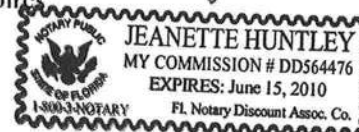
BRIDGEWATER FL 34224

SWORN TO AND SUBSCRIBED before me this 25th day of June, 2008, by
Joseph D Morinola Jr, who is personally known to me or who has produced
_____ as identification.

(NOTARIES SEAL)

Jeannette Huntley
Notary Public, State of Florida

My Commission Expires:





STATE OF FLORIDA
DEPARTMENT OF HEALTH

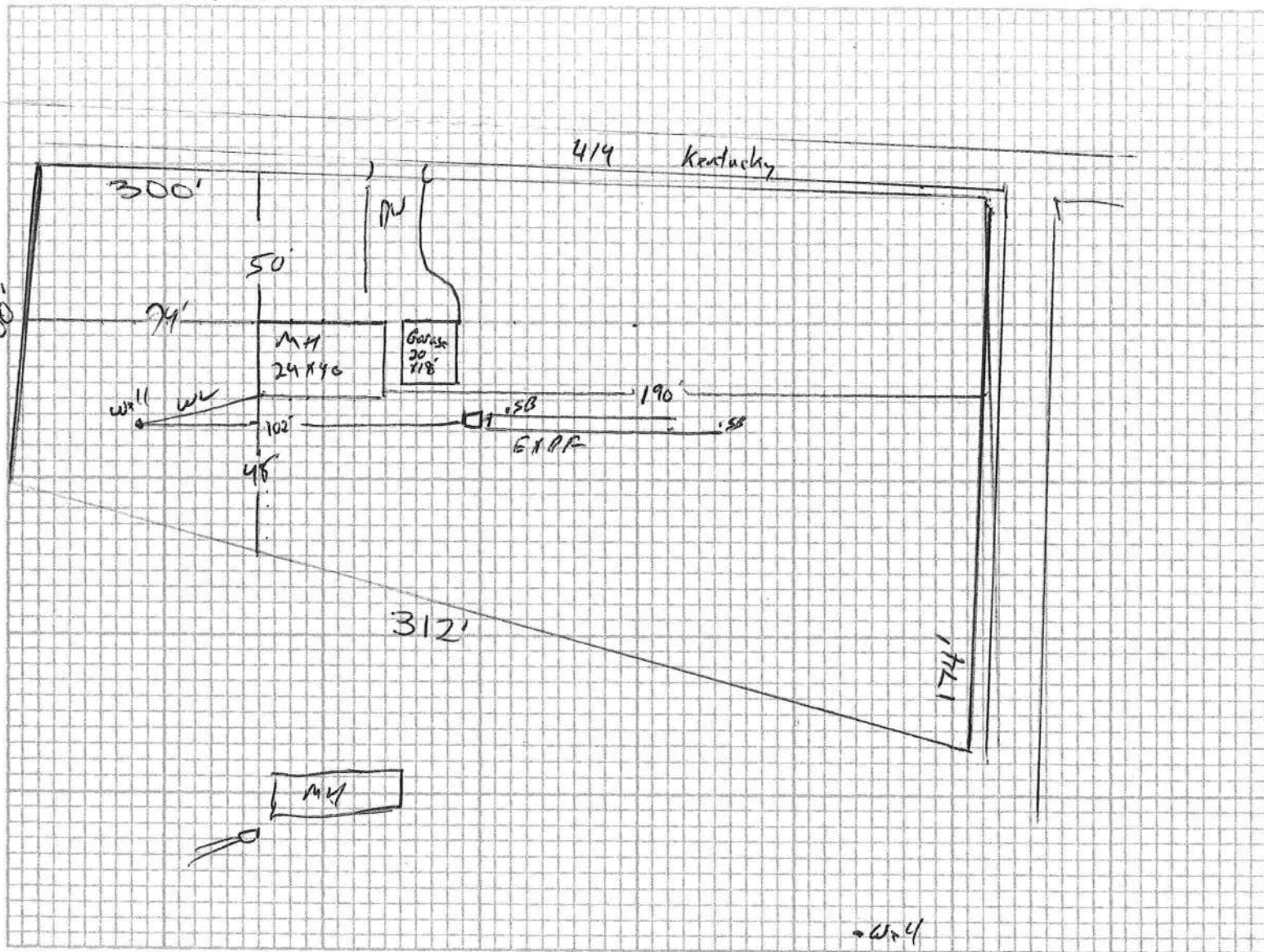
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0453E

Marinola

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: [Signature]

Signature

Title

Plan Approved ✓

Not Approved _____

Date 6-25-08

By [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA AVENUE
OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 24-6S-15-01438-119

Building permit No. 000027134

Permit Holder WENDEL CREWS

Owner of Building JOSEPH MARINOLA

Location: 414 SW KENTUCKY ST., FT. WHITE, FL

Date: 08/01/2008

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



Wayne H. Ruess