

☐ Receipt
2 Sign

☒ FIRE REPORT ... NO CHARGE

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BLK 26/4/2012</u>		Building Official <u>N/A</u>	
AP# <u>1204-40</u>	Date Received <u>4/19</u>	By <u>16</u>	Permit # <u>30112</u>		
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments _____					
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st Floor</u>	River <u>N/A</u>	In Floodway <u>N/A</u>	
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>12-0208-E</u>	<input checked="" type="checkbox"/> EH Release	<input checked="" type="checkbox"/> Well letter	<input checked="" type="checkbox"/> Existing well	
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet		
<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input type="checkbox"/> FW Comp. letter	<input checked="" type="checkbox"/> VF Form		
IMPACT FEES: EMS _____		Fire _____	Corr _____	<input type="checkbox"/> Out County <input checked="" type="checkbox"/> In County	
Road/Code _____	School _____	= TOTAL Impact Fees Suspended March 2009			

Property ID # 02-65-17-09553-040 Subdivision Lot 11-B - BLK H
Rolling Hills Unrecorded

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x64 Year 1986
- Applicant Bryan + Linda Rucker - Rusty Phone # (2) 386-344-3074, (B) 344-2726
- Address 354 SW Cavalry PL, Lake City, FL 32025
- Name of Property Owner Bryan + Linda Rucker Phone # 386-344-3074 (B) 344-2726
- 911 Address 674 SE Rolling Hills Dr, Lake City FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Linda Rucker Phone # 386-344-3074
- Address 354 SW Cavalry PL, Lake City, FL 32025
- Relationship to Property Owner Same on this property as one on this (deed)
- * Current Number of Dwellings on Property 2 including this one (one lost in fire)
- Lot Size Irregular Total Acreage 6.95 Acres
- Do you: Have Existing Drive 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/Lost in Fire - NO CHARGE
- Driving Directions to the Property 441 South to Ellenville, (2) CR 238, (2) October Rd (beside John Beertender), (2) Rolling Hills, after 90° turn, (2) Inb drive way across from white picket fence, (2) across SW
- Name of Licensed Dealer/Installer Rusty L. Wouda Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City, FL 32024
- License Number IH1038219 Installation Decal # 10168

2 properties side by side/combined only by Appraiser for one Tax Id, 2 separate deeds. Each deeded property has only one home - we are replacing a SWMH lost in fire Nov/2011
JW Spoke

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST	
The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil _____ without testing.	
X 1.0	X 1.0
X 1.0	X 1.0
POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. 3. Using 500 lb. increments, take the lowest reading and round down to that increment.	
X 1.0	X 1.0
TORQUE PROBE TEST The results of the torque probe test is <u>NA</u> using <u>plastic system</u> 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.	
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER Installer Name <u>Rusty L. Knobel</u> Date Tested <u>4-13-12</u>	

Site Preparation	
Debris and organic material removed <input checked="" type="checkbox"/>	
Water drainage: Natural <input checked="" type="checkbox"/> Swale <input type="checkbox"/> Pad <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
Fastening multi wide units	
Floor: Type Fastener: <u>NA</u> Length: <u>NA</u> Spacing: <u>NA</u>	
Walls: Type Fastener: <u>NA</u> Length: <u>NA</u> Spacing: <u>NA</u>	
Roof: Type Fastener: <u>NA</u> Length: <u>NA</u> Spacing: <u>NA</u>	
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.	
Type gasket <u>NA</u>	Installer's initials <u>RK</u>
Pg. <u>NA</u>	Installed: Between Floors Yes <input checked="" type="checkbox"/> Between Walls Yes <input checked="" type="checkbox"/> Bottom of ridgebeam Yes <input checked="" type="checkbox"/>
Weatherproofing	
The bottomboard will be repaired and/or taped. Yes <input checked="" type="checkbox"/> Pg. <u>156-1</u>	
Siding on units is installed to manufacturer's specifications. Yes <input checked="" type="checkbox"/>	
Fireplace chimney installed so as not to allow intrusion of rain water. Yes <input checked="" type="checkbox"/>	
Miscellaneous	
Skirting to be installed. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Dryer vent installed outside of skirting. Yes <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Range downflow vent installed outside of skirting. Yes <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Drain lines supported at 4 foot intervals. Yes <input checked="" type="checkbox"/>	
Electrical crossovers protected. Yes <input checked="" type="checkbox"/>	
Other: <u>156-1 says it may not have page # for skirting</u>	

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

Installer Signature Rusty L. KnobelDate 4-13-12

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 156-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 156-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 156-1

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Rusty L. Knevelles License # EH-1038219
911 Address where home is being installed 6074 SE Rolling Hills Dr
Lake City, FL 32025
Manufacturer FLTW Length x width 14 x 70-64

NOTE: If home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials BK

New Home ☐ Used Home ☒
Home installed to the Manufacturer's Installation Manual ☐
Home is installed in accordance with Rule 15-C ☒
Single wide ☒ Wind Zone II ☒ Wind Zone III ☐
Double wide ☐ Installation Decal # 10168
Triple/Quad ☐ Serial # 1370

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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 234x314
Perimeter pier pad size N/A
Other pier pad sizes (required by the mfg.) Hex 16

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 N/A Pier pad size

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

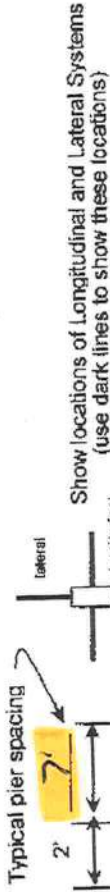
within 2' of end of home spaced at 5' 4" oc ☒

TIEDOWN COMPONENTS

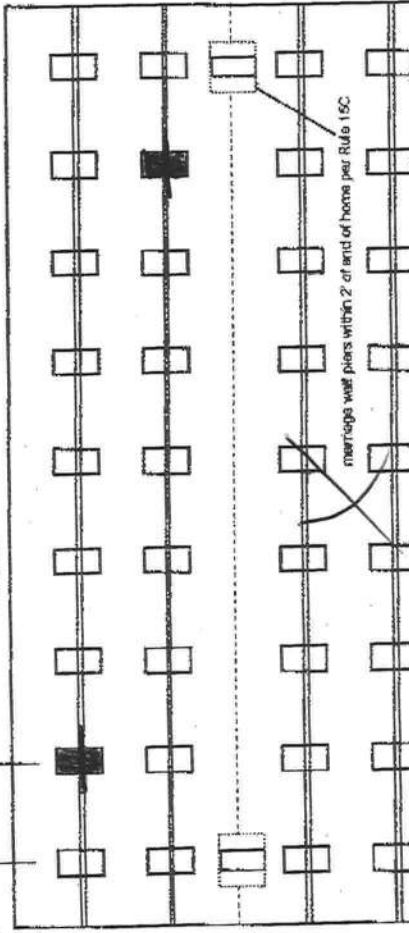
Longitudinal Stabilizing Device (LSD) Manufacturer DLI Part # 40000001
Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

OTHER TIES

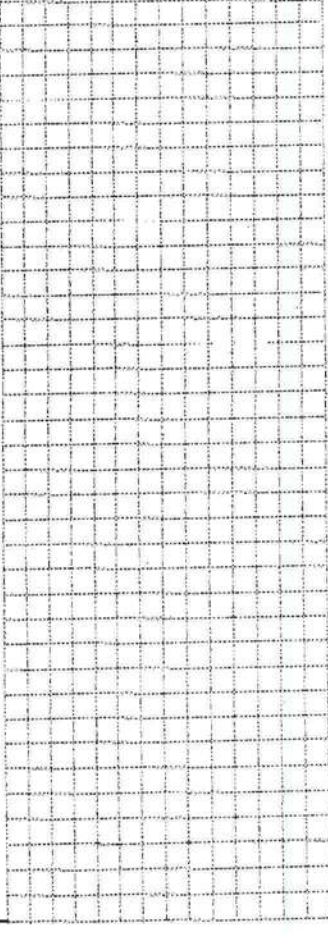
Number 24
Sidewall 24
Longitudinal 24
Marriage wall 24
Shearwall 24

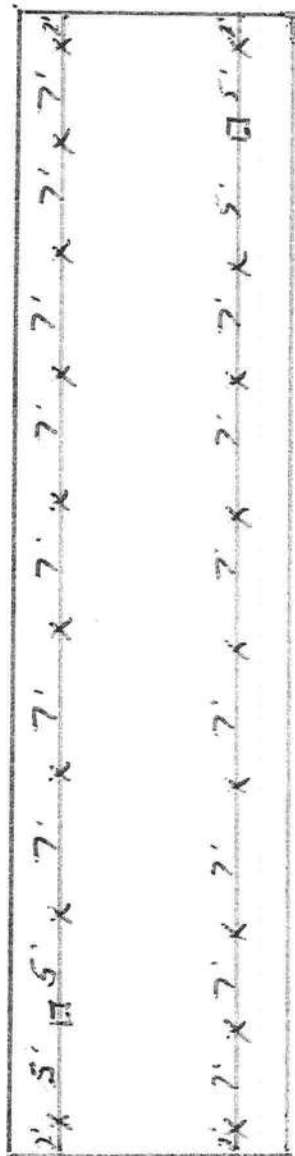


Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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

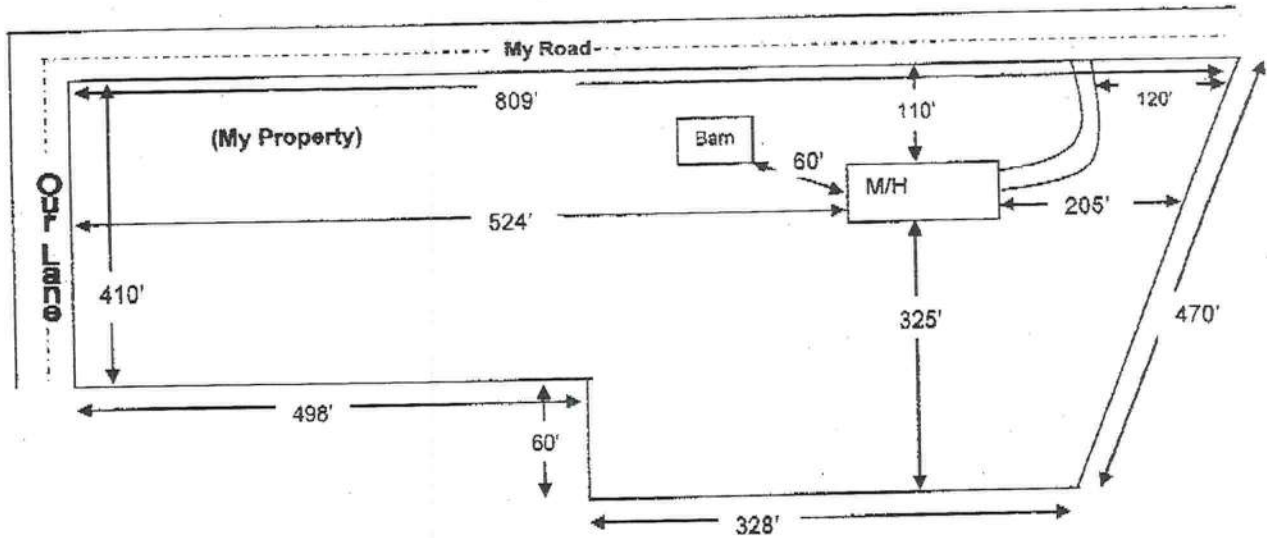




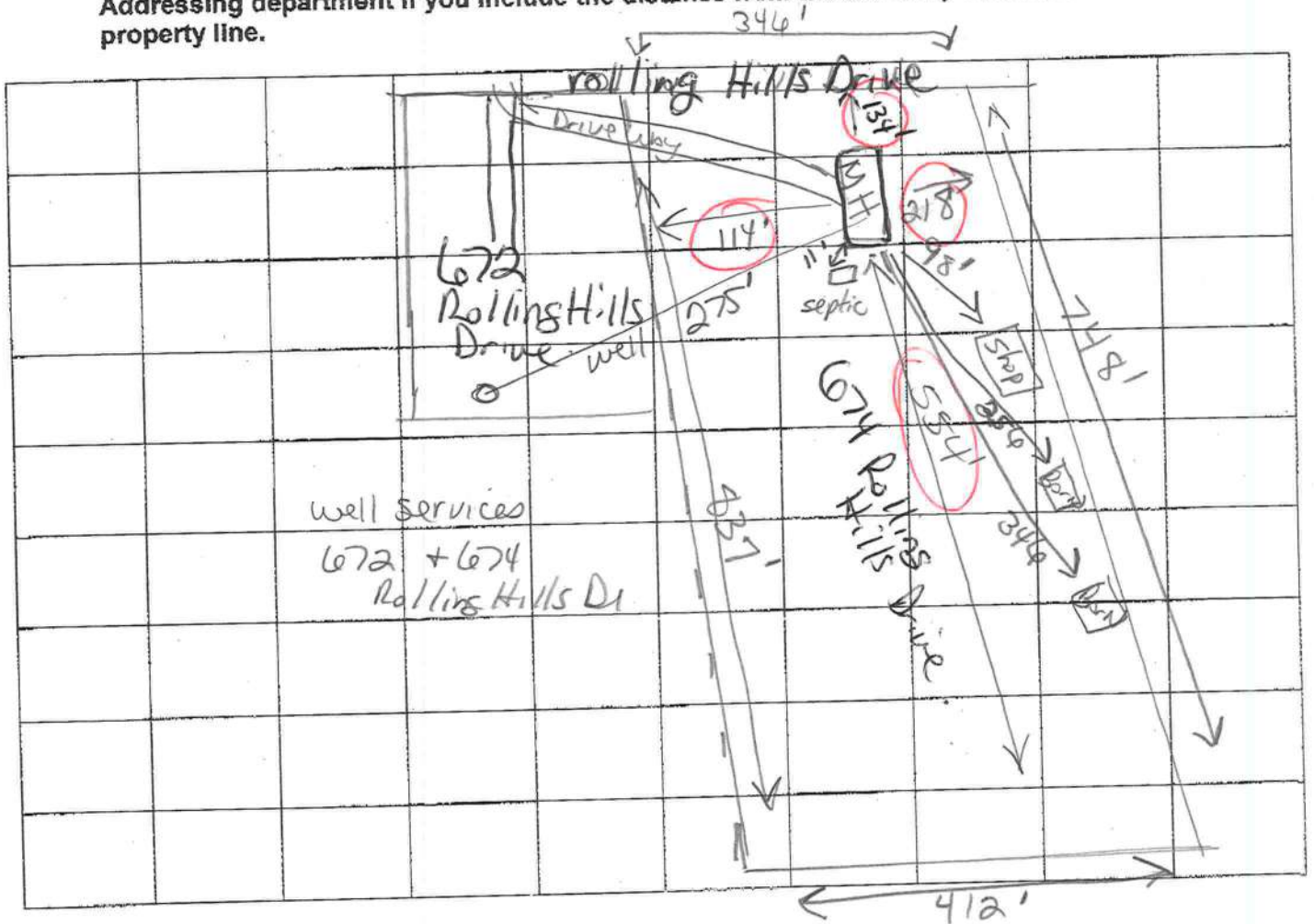
17. 2 Oliver Systems Longitudinal only (LSD)

X - I Beam piers 7' oc. using 2 3/4 x 3 1/4 Abs pads

SITE PLAN EXAMPLE / WORKSHEET



Use this example to draw your own site plan. Show all existing buildings and any other homes on this property and show the distances between them. Also show where the roads or roads are around the property. This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.



-BL- 741

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

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

<< Next Lower Parcel | Next Higher Parcel

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

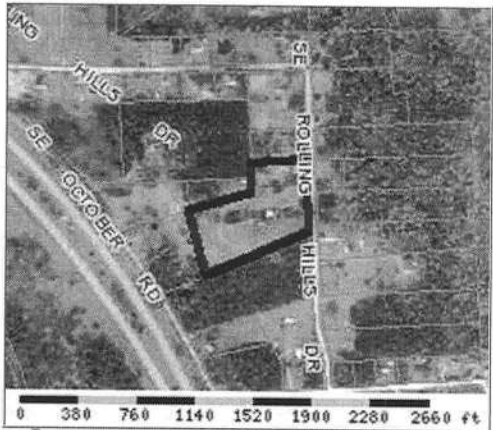
Interactive GIS Map

Print

Owner & Property Info

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

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



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

Property & Assessment Values

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

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/9/2001	922/404	WD	V	U	01	\$100.00
3/2/2001	921/1991	WD	V	U	01	\$100.00
7/7/1998	862/703	WD	V	Q		\$9,000.00

Building Characteristics

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

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
N O N E						

Land Breakdown

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

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

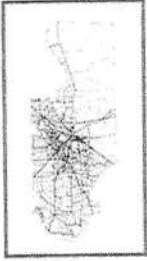
<< Prev

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Next >>

DISCLAIMER

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



COLUMBIA COUNTY 911 ADDRESSING / GIS DEPARTMENT

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



ADDRESS ASSIGNMENT DATA

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

A Residential or Other Structure(s) on Parcel Number:

02-6S-17-09553-040

Address Assignment(s):

672 SE ROLLING HILLS DR, LAKE CITY, FL 32025

674 SE ROLLING HILLS DR, LAKE CITY, FL 32025

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



Columbia County Property Appraiser

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

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

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

NOTES:

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



MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1204-48 CONTRACTOR RUSTY KNOWLES PHONE 755.6441

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

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Bryson Rucker</u> License #: <u>None/owner</u>	Signature <u>Bryson M Rucker</u> Phone #: <u>386-344-2726</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C	Print Name <u>Bryson Rucker</u> License #: <u>None/owner</u>	Signature <u>Bryson M Rucker</u> Phone #: <u>386-344-2726</u>
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Rusty L. Knowles</u> License #: <u>1H-1038219</u>	Signature <u>Rusty L Knowles</u> Phone #: <u>386-755-6441</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Form: Subcontractor form: 1/11

A FDID: 29091 State: FL Incident Date: MM 11 DD 10 YYYY 2011 Station: 45 Incident Number: CCFR11CAD009752 Exposure: 0		NFIRS-1 Basic					
B Location Type <input checked="" type="checkbox"/> Street address Intersection: 674 SE ROLLING HILLS DR In front of: LAKE CITY FL 32025 Rear of: Apt./Suite/Room City State Zip Code Adjacent to: Cross Street, Directions or National Grid, as applicable Directions: US National Grid							
C Incident Type 111 Building fire		E1 Dates and Times Alarm: 11 10 2011 12:34:04 Arrival: 11 10 2011 12:44:34 Controlled: Last Unit Cleared: 11 10 2011 14:06:00					
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None		E2 Shifts and Alarms Local Option: C 1 45 Shift or Platoon: Alarms District E3 Special Studies Local Option: Special Study ID# Special Study Value					
F Actions Taken 11 Extinguishment by fire service personnel 12 Salvage & overhaul		G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus: 5 10 EMS: 0 0 Other: 0 0 Check box if resources counts include aid received resources.					
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ Contents \$							
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11 </td> <td style="vertical-align: top;"> H1 Casualties <input checked="" type="checkbox"/> None Fire Service Civilian H2 Detector 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown </td> <td style="vertical-align: top;"> H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None </td> <td style="vertical-align: top;"> I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use </td> </tr> </table>				Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	H1 Casualties <input checked="" type="checkbox"/> None Fire Service Civilian H2 Detector 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown	H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None	I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use
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J Property Use Structures	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs
131 Church, mosque, synagogue, temple, chapel	342 Doctor, dentist or oral surgeon office	571 Service station, gas station
161 Restaurant or cafeteria	361 Jail, prison (not juvenile)	579 Motor vehicle or boat sales, services, repair
162 Bar or nightclub	419 <input checked="" type="checkbox"/> 1 or 2 family dwelling	599 Business office
213 Elementary school, including kindergarten	429 Multifamily dwelling	615 Electric-generating plant
215 High school/junior high school/middle school	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory
241 Adult education center, college classroom	449 Hotel/motel, commercial	700 Manufacturing, processing
311 24-hour care Nursing homes, 4 or more persons	459 Residential board and care	819 Livestock, poultry storage
331 Hospital - medical or psychiatric	464 Barracks, dormitory	882 Parking garage, general vehicle
	519 Food and beverage sales, grocery store	891 Warehouse
Outside	936 Vacant lot	981 Construction site
124 Playground	938 Graded and cared-for plots of land	984 Industrial plant yard - area
655 Crops or orchard	946 Lake, river, stream	
669 Forest, timberland, woodland	951 Railroad right-of-way	
807 Outside material storage area	960 Street, other	
919 Dump, sanitary landfill	961 Highway or divided highway	
931 Open land or field	962 Residential street, road or residential driveway	

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

Property Use Code

Property Use Description

K1 Person/Entity Involved	<input type="text" value="386"/> <input type="text" value="867"/> <input type="text" value="3936"/>
Local Option	Business Name (if Applicable)
Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.	<input type="text" value="Billie"/> <input type="text" value="Johnson"/>
	Mr., Ms., Mrs. First Name MI Last Name Suffix
	<input type="text" value="674"/> <input type="text" value="SE"/> <input type="text" value="Rolling Hills"/>
	Number Prefix Street or Highway
	<input type="text" value="Lake City"/>
	Post Office Box Apt./Suite/Room City
	<input type="text" value="FL"/> <input type="text" value="32025"/> <input type="text" value="-"/>
	State Zip Code

K2 Owner	<input type="text" value="386"/> <input type="text" value="344"/> <input type="text" value="2726"/>
Local Option block.	Business Name (if Applicable)
Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.	<input type="text" value="Bryan"/> <input type="text" value="Rucker"/>
	Mr., Ms., Mrs. First Name MI Last Name Suffix
	<input type="text" value="354"/> <input type="text" value="SW"/> <input type="text" value="Cavalry"/>
	Number Prefix Street or Highway
	<input type="text" value="Lake City"/>
	Post Office Box Apt./Suite/Room City
	<input type="text" value="FL"/> <input type="text" value="32025"/> <input type="text" value="-"/>
	State Zip Code

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

M Authorization
<input type="text" value="WEHI01"/> <input type="text" value="JOSHUA WEHINGER"/> <input type="text" value="Lieutenant"/> <input type="text" value="45-Ellisville"/> <input type="text" value="11"/> <input type="text" value="10"/> <input type="text" value="2011"/>
Officer in charge ID Signature Position or rank Assignment Month Day Year
<input type="text" value="WEHI01"/> <input type="text" value="JOSHUA WEHINGER"/> <input type="text" value="Lieutenant"/> <input type="text" value="45-Ellisville"/> <input type="text" value="11"/> <input type="text" value="10"/> <input type="text" value="2011"/>
Member Making report ID Signature Position or rank Assignment Month Day Year

A		FDID		State		Incident Date		Station		Incident Number		Exposure		NFIRS-2 Fire	
29091		FL		11 10		2011		45		CCFR11CAD009752		0			

B Property Details

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

B2 1 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products

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

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing

2 Processing or manufacturing

3 Packaged goods for sale

4 Repair or service

N None

U Undetermined

1 Bulk storage or warehousing

2 Processing or manufacturing

3 Packaged goods for sale

4 Repair or service

N None

U Undetermined

1 Bulk storage or warehousing

2 Processing or manufacturing

3 Packaged goods for sale

4 Repair or service

N None

U Undetermined

D Ignition

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

D2 13 Electrical arcing
Heat Source

D3 17 Structural member or framing
Item first ignited

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

E1 Cause of Ignition

Check this box if this is an exposure report.

0 Cause, other (System generated code only, not used for data entry)

1 Intentional

2 X Unintentional

3 Failure of equipment or heat source

4 Act of nature

5 Cause under investigation

U Cause undetermined after investigation

E2 Factors Contributing to Ignition

30 Electrical failure, malfunction, other

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes

☒ None

1 Asleep

2 Possibly impaired by alcohol or drugs

3 Unattended or unsupervised person

4 Possibly mentally disabled

5 Physically disabled

6 Multiple persons involved

7 Age was a factor

N X None

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved Brand

Serial

Model

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable

2 Stationary

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

G Fire Suppression Factors

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

1 Not involved in ignition, but burned

2 Involved in ignition, but did not itself burn

3 Involved in ignition and burned

Mobile property model

License Plate Number

State

VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

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

Arson report attached

Police report attached

Coroner report attached

Other reports attached

Page 3 of 6

A		FDID		State		Incident Date		Station		Incident Number		Exposure		NFIRS-3 Structure Fire	
29091		FL		11 10		2011		45		CCFR11CAD009752		0			

I1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other 1 X Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure		J2 Building Status 0 Building status, other 1 Under construction 2 X In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined		J3 Building Height Count the roof as part of the highest story. 1 Total number of stories at or above grade 0 Total number of stories below grade		J4 Main Floor Size Total square feet 700 OR Length in feet BY Width in feet	
---	--	---	--	--	--	---	--

J1 Fire Origin 1 Below Grade Story of fire origin		J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/significant damage (25 to 49% flame damage) 1 Number of stories w/heavy damage (50 to 74% flame damage) Number of stories w/extreme damage (75 to 100% flame damage)		K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 10 Structural component or finish, other Item contributing most to flame spread K2 99 Multiple types of material Type of material contributing most to flame spread Required only if item contributing code is 00 or <70	
---	--	---	--	---	--

L1 Presence of Detectors (In area of the fire) 1 Present N X None present U Undetermined		L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined		L5 Detector Effectiveness Required if detector operated Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined	
L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined		L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined		L6 Detector Failure Reason Required if detector failed to operate Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined	

M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N X None Present U Undetermined		M3 Operation of Automatic Extinguishing System Required if fire was within designed range Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined		M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined	
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined		M3 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating			

A

FDID

State

Incident Date

Station

Incident Number

Exposure

MM

DD

YYYY

29091

FL

11

10

2011

45

CCFR11CAD009752

0

NFIRS-9

Apparatus

or

Resources

B

Apparatus or Resource

Dates and Times

Midnight is 0000

Sent

Number of People

Apparatus Use

Actions Taken

Check if the same date as Alarm date on the Basic Module (Block E1)

Month/Day/Year

Hour/Min

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 QR45

Type 11

Dispatch

Arrival X 11/10/11 1244

Clear X 11/10/11 1406

Sent X 2

Other

X Suppression

EMS

73

74

75

76

2

ID T48

Type 24

Dispatch

Arrival X 11/10/11 1255

Clear X 11/10/11 1327

Sent 1

Other

X Suppression

EMS

73

74

75

76

3

ID E46

Type 11

Dispatch

Arrival

Clear X 11/10/11 1250

Sent X 2

Other

X Suppression

EMS

73

74

75

4

ID E48

Type 11

Dispatch

Arrival X 11/10/11 1255

Clear X 11/10/11 1329

Sent X 3

Other

X Suppression

EMS

73

74

75

76

5

ID T45

Type 24

Dispatch

Arrival X 11/10/11 1252

Clear X 11/10/11 1406

Sent X 2

Other

X Suppression

EMS

73

74

75

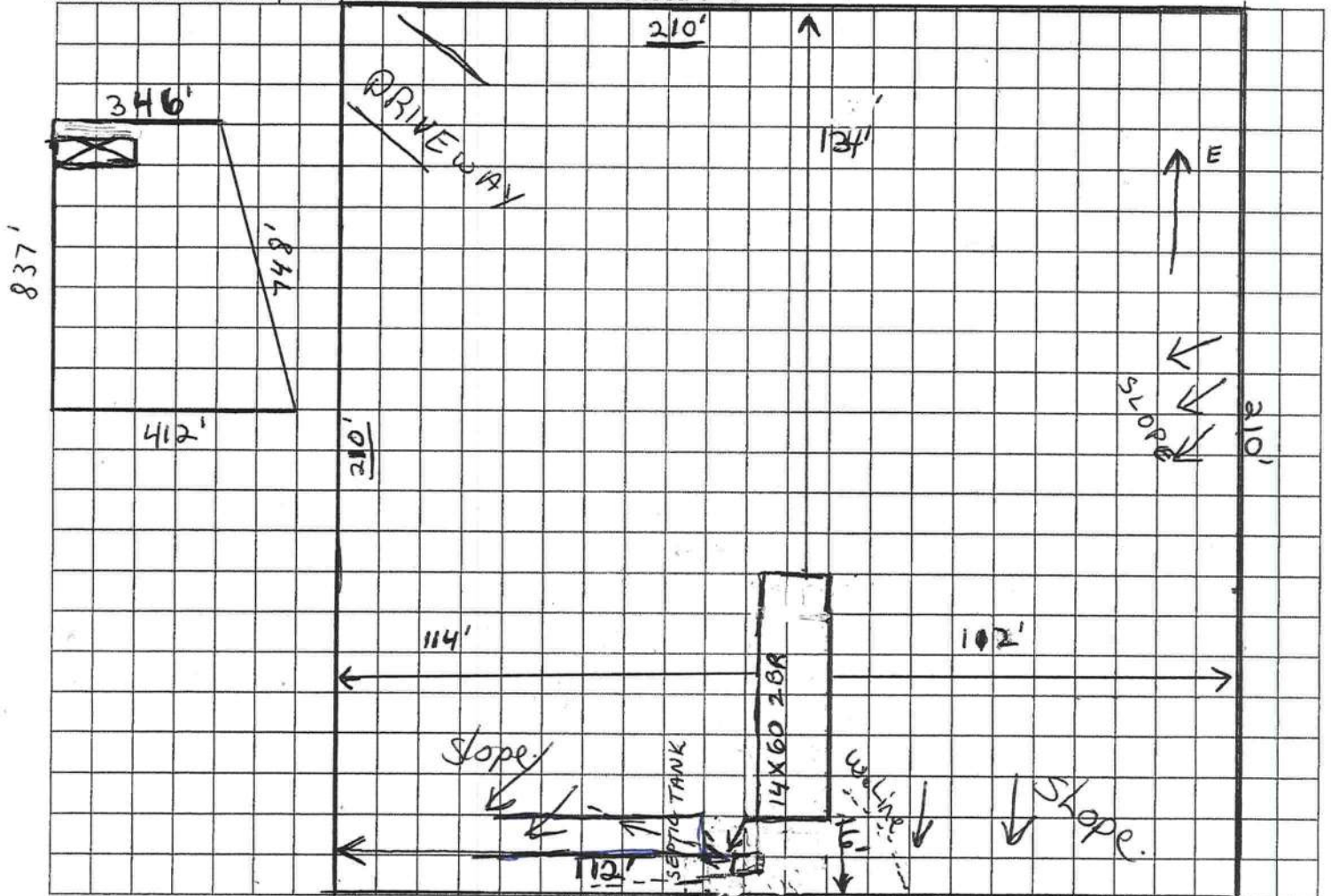
76

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0208-E

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

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



Notes: 1 Acre of 6.95 Acres 252' Away 02-05-17-09553-
well Located on adjacent property to North (part of 8.25 Acres Tax ID# 040)
Shed is not in 1 Acre square

well is approx 272 Feet From Septic Tank.

Site Plan submitted by: Bryson + Linda Rucker

Plan Approved ☒ Not Approved ☐

By Salli Ford Env Health Director - Columbia Date 4-13-12 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Dick Rucker



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Rusty L. Knowles, give this authority for the job address show below
Installer License Holder Name
only, 674 SE Rolins Dr., and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control
and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>Linda Rucker</u>		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

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

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

License Holders Signature (Notarized) TH-1038219 License Number 4-23-12 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

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

NOTARY'S SIGNATURE



CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4/19 BY IL IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME Linda + Bryson Rucker PHONE (386) 344-3074 CELL (386) 344-2326
ADDRESS 674 SE Rolling Hills Dr, Lake City, FL 32025

MOBILE HOME PARK _____ SUBDIVISION rolling Hills / Unrecorded.

DRIVING DIRECTIONS TO MOBILE HOME 441 S to Ellisville, (L) CR 238, (R) October Rd
(Beside John Deer tractor) (L) rolling Hills Dr, after 90° Turn (R) into driveway
across from Picket fence, then immediate (L) across lot to SWMH.

MOBILE HOME INSTALLER Rusty L Knates. PHONE 386-85-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1986 SIZE 14 X 64 COLOR Beige - like brown

SERIAL No. 1370

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

\$50.00

Date of Payment: N/C

Paid By: N/C

Notes: 120448

Burnt Out.

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Cur ID NUMBER 304 DATE 4-20-12

QUITCLAIM DEED

THIS INDENTURE Made this 8th day of September, 2002, between RENEE R. HESTON, successor trustee of the Rucker Family Trust dated February 13, 1997, who does not reside on the property, whose address is Route 3, Box 246, Lake City, Florida 32025, Grantor, and BRYAN M. RUCKER and LINDA RUCKER, his wife, social security numbers 594-14-5613 and 490-72-3464, respectively, whose address is Route 3, Box 27478, Lake City, Florida 32025, Grantees.

W I T N E S S E T H:

That said Grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable considerations to said Grantor in hand paid by said Grantees, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantees, and Grantees' heirs, successors and assigns forever, the following described land, situate, lying and being in COLUMBIA County, Florida, to-wit:

TOWNSHIP 6 SOUTH, RANGE 17 EAST

Section 2: Commence at the Southwest corner of the NW¼ of the SE¼ of said Section 2 and run thence N 01°00'30" W 91.65 feet to a concrete monument; thence N 74°22'29" E 468.36 feet to a concrete monument and the point of beginning; thence run N 74°21'44" E 837.51 feet to the centerline of a 50.00 foot road right of way; thence run S 02°43'45" E along the centerline 346.16 feet; thence run S 68°39'05" W 748.43 feet to a ½ inch iron pipe; thence run N 17°47'17" W 412.17 feet to the point of beginning. Containing 6.78 acres, more or less. LESS AND EXCEPT a 25.00 foot strip on the East side for a road easement.

TAX PARCEL NO. 02-6S-17-09553-013

To have and to hold the same together with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, title, right, interest, lien, equity, and claim whatsoever of the Grantor, either in law or equity, to the only proper use, benefit, and behoof of the Grantees forever.

IN WITNESS WHEREOF, Grantor has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered
in the presence of:

Donna N. Anderson

Print Name: Donna N. Anderson

Michelle Vaughn

Print Name: Michelle Vaughn

Witnesses as to Grantor

Renée R. Heston

RENEE R. HESTON, successor
trustee of the Rucker
Family Trust

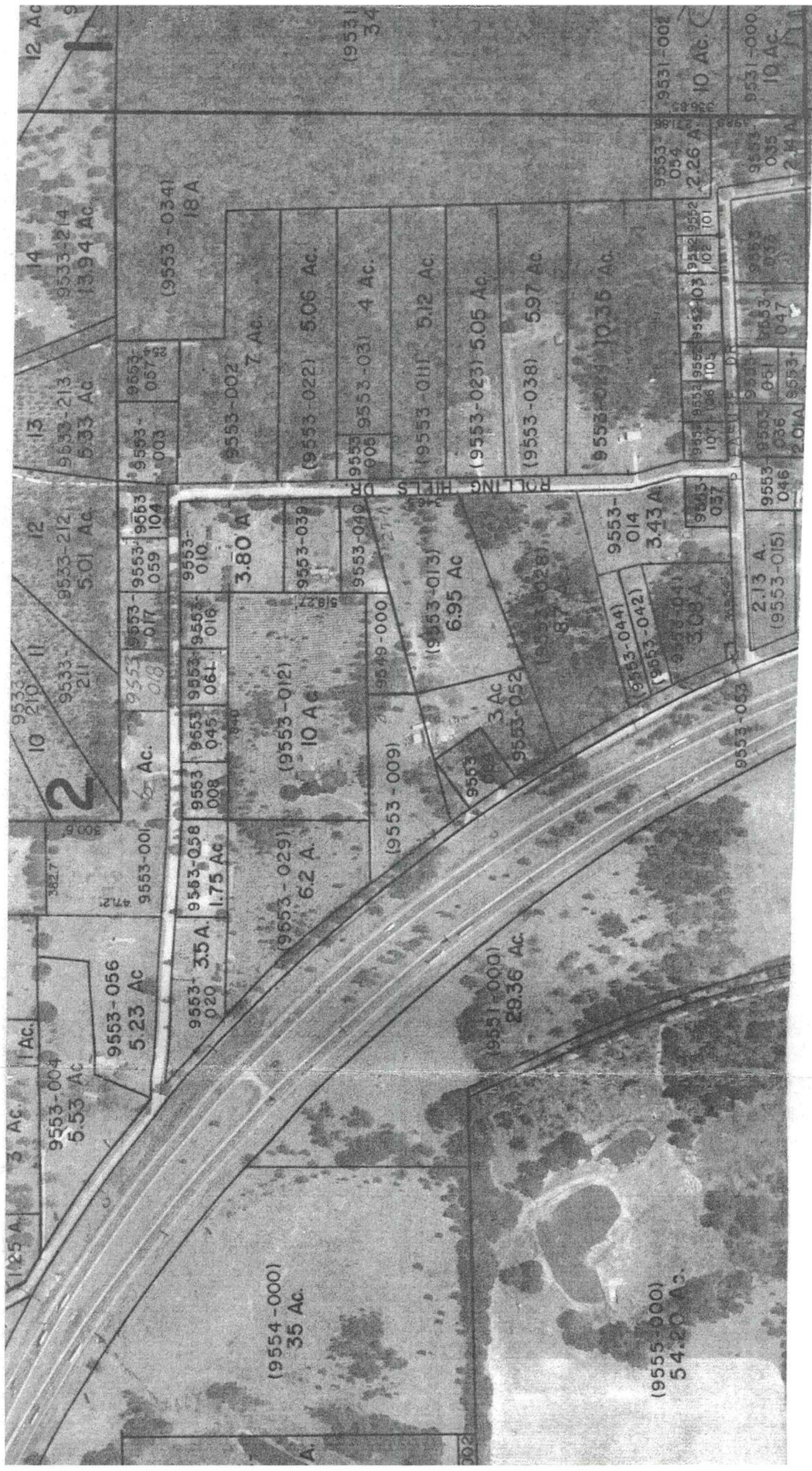
STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 9th day of September 2002, by RENEE R. HESTON, successor trustee of the Rucker Family Trust. She produced driver's license as identification.

(Notarial Seal) Michelle Vaughn
Commission # CC 956240
Expires Aug. 17, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Michelle Vaughn
Notary Public
My Commission Expires:

This Instrument Prepared By
EDDIE M. ANDERSON, P.A.
P. O. Box 1179
Lake City, Florida 32056-1179



12 Ac

14
9533-214
13.94 Ac

13
9533-213
5.33 Ac

12
9533-212
5.01 Ac

10
9533-210
2.11 Ac

2

1 Ac
9553-004
5.53 Ac

3 Ac
9553-003
5.23 Ac

3.80 A

6.2 A
(9553-029)

10 A
(9553-012)

6.95 AC
(9553-013)

18 A
(9553-034)

7 Ac
(9553-002)

5.06 Ac
(9553-022)

4 Ac
(9553-008)

5.12 Ac
(9553-011)

5.05 Ac
(9553-023)

5.97 Ac
(9553-038)

10.36 Ac
(9553-024)

2.26 A
9553-054

2.4 A
9553-035

10 AC
9531-008

10 AC
9531-000

2.47
9553-047

2.01 A
9553-046

3.43 A
9553-014

3.03 A
9553-041

2.13 A
(9553-015)

28.36 Ac
(9551-000)

54.20 Ac
(9555-000)

35 Ac
(9554-000)

3 Ac
9553-052

8.1 A
(9553-028)

3.43 A
9553-014

3.03 A
9553-041

2.13 A
(9553-015)

28.36 Ac
(9551-000)

54.20 Ac
(9555-000)

35 Ac
(9554-000)