

DATE 09/01/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028829

APPLICANT GLEN WILLIAMS PHONE 386.623.1912  
ADDRESS 619 SE COUNTRY CLUB ROAD LAKE CITY FL 32055  
OWNER RANDALL HORTON PHONE 961-8081  
ADDRESS 1721 E DUVAL ST LAKE CITY FL 32055  
CONTRACTOR GLEN WILLIAMS PHONE 386.623.1912  
LOCATION OF PROPERTY 90-E TO JAMES AVENUE, TL 4TH M/H ON R.

TYPE DEVELOPMENT M/H/UTILITY ESTIMATED COST OF CONSTRUCTION 0.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH FLOOR  
LAND USE & ZONING CI MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT 20.00 REAR 15.00 SIDE 10.00  
NO. EX.D.U. 10 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 33-3S-17-06500-000 SUBDIVISION HIGHLAND ESTATES  
LOT 15 BLOCK 2 PHASE UNIT TOTAL ACRES

IH0000972  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 10-0404-E BLK TC N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NO CHARGE BURN OUT.....SEE ATTACHED FIRE REPORT. 1 FOOT ABOVE ROAD.  
REPLACING M/H TO BE PLACED IN SAME LOCATION AS PREVIOUS MH.  
PRE. M/H INSPCTION MUST HAVE CORRECTIONS BEFORE POWER IS GRANTED. Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00  
INSPECTORS OFFICE CLERKS OFFICE

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

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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



**PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION**

**For Office Use Only** (Revised 1-10-08)      Zoning Official BK 01-09-10      Building Official 7.c. 8-24-10

AP# 1008-33      Date Received 8/20      By JW      Permit # 28829

Flood Zone X      Development Permit N/A      Zoning CI      Land Use Plan Map Category Comm.

Comments Replacing MH to be place in same location as previous MH.  
fire report on file - no charge

FEMA Map# N/A      Elevation N/A      Finished Floor 1 above RL      River N/A      In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0404-E      ☒ EH Release      ☒ Well letter      ☒ Existing well

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

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

IMPACT FEES: EMS \_\_\_\_\_      Fire \_\_\_\_\_      Corr \_\_\_\_\_      Road/Code \_\_\_\_\_

School \_\_\_\_\_ = TOTAL Replacing Existing MH      IC      OC      PD      FREE REPORT      9-1-10      911 SELECT ID

33-35-17  
 Property ID # 06500-000      Subdivision Highland ESTATES

▪ New Mobile Home \_\_\_\_\_      Used Mobile Home ☒      MH Size 14x66      Year 1988

▪ Applicant Glen Williams      Phone # 623-1912

▪ Address 619 SE Country Club Rd Lake City FL 32025

▪ Name of Property Owner Randy Horton      Phone# 386-365-7997

▪ 911 Address 191 SE James Ave L.C. FL 32055

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

▪ Name of Owner of Mobile Home Randy Horton      Phone # 386-365-7997

Address 191 SE James Ave Lot 15, L.C. FL 32025

▪ Relationship to Property Owner NEHE

▪ Current Number of Dwellings on Property 11 units

▪ Lot Size 50 X 100      Total Acreage 5 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

▪ Driving Directions to the Property 90 East To James St. IL 4th  
lot on Rt #4015

▪ Name of Licensed Dealer/Installer Glen Williams      Phone # 386-623-1912

▪ Installers Address 619 SE Country Club Rd Lake City FL 32025

▪ License Number TA 00000972      Installation Decal # 303830

*Spoke to Glen on  
 - 9-7-10 L.H.*



# PERMIT WORKSHEET

page 1 of 2

Installer Mike Walker License # TH0000972  
 Manufacturer Horton Length x Width 11' x 6'  
 Name of Owner of this Mobile Home Kenny Horton  
 Phone 386 865 2997  
 Address 1315 S.E. County Rd 945 Lake City FL 32055  
 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

Installer's initials AW

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

New Home ☐ Used Home ☒ Year 1988  
 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 # 303630  
 Triple/Quad ☐ Serial # A712316

PIER SPACING TABLE FOR USED HOMES

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

\* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 18" 18 1/2"  
 Perimeter pier pad size 16 x 16

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

ANCHORS

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

FRAME TIES

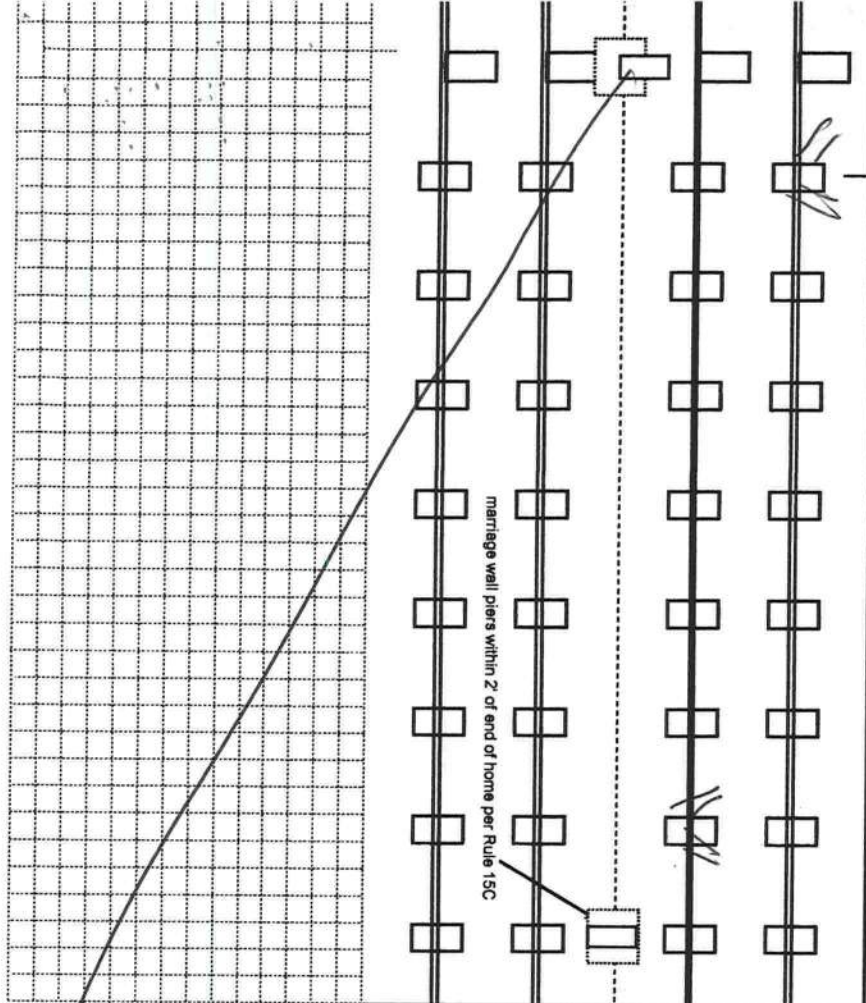
within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
 Manufacturer O. Walker  
 Longitudinal Stabilizing Device w/ Lateral Arms  
 Manufacturer

OTHER TIES

Sidewall  
 Longitudinal Marriage wall  
 Shearwall  
 Number



POCKET PENETROMETER TEST

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

x 170 x 170 x 170

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 170 x 170 x 170

TORQUE PROBE TEST

The results of the torque probe test is 395 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

**Note:** A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

AW Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

John W. Allen

Date Tested

8-18-10

Electrical

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

Plumbing

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

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

Site Preparation

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ Other \_\_\_\_\_

Fastening multi wide units

Floor: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Walls: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
Roof: Type Fastener: \_\_\_\_\_ Length: \_\_\_\_\_ Spacing: \_\_\_\_\_  
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials \_\_\_\_\_

Type gasket \_\_\_\_\_

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

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes \_\_\_\_\_ NO \_\_\_\_\_  
Dryer vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_  
Range downflow vent installed outside of skirting. Yes \_\_\_\_\_ N/A \_\_\_\_\_  
Drain lines supported at 4 foot intervals. Yes \_\_\_\_\_  
Electrical crossovers protected. Yes \_\_\_\_\_  
Other: \_\_\_\_\_

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

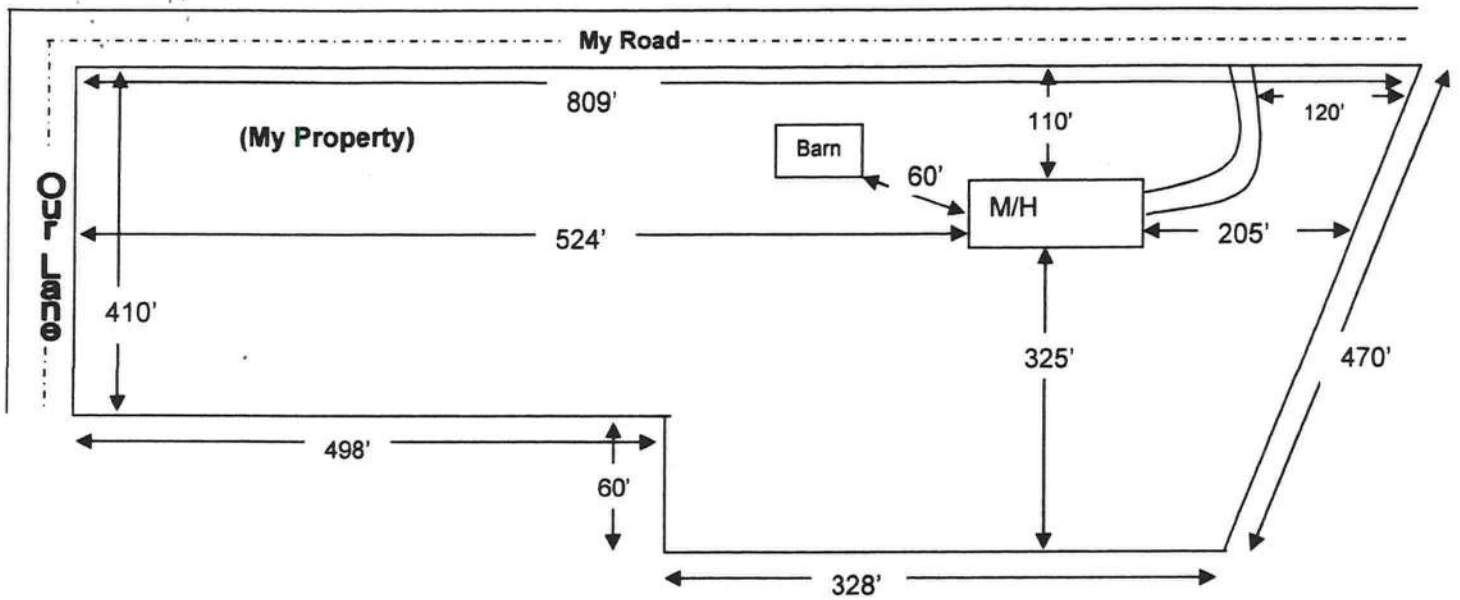
Installer Signature

John W. Allen

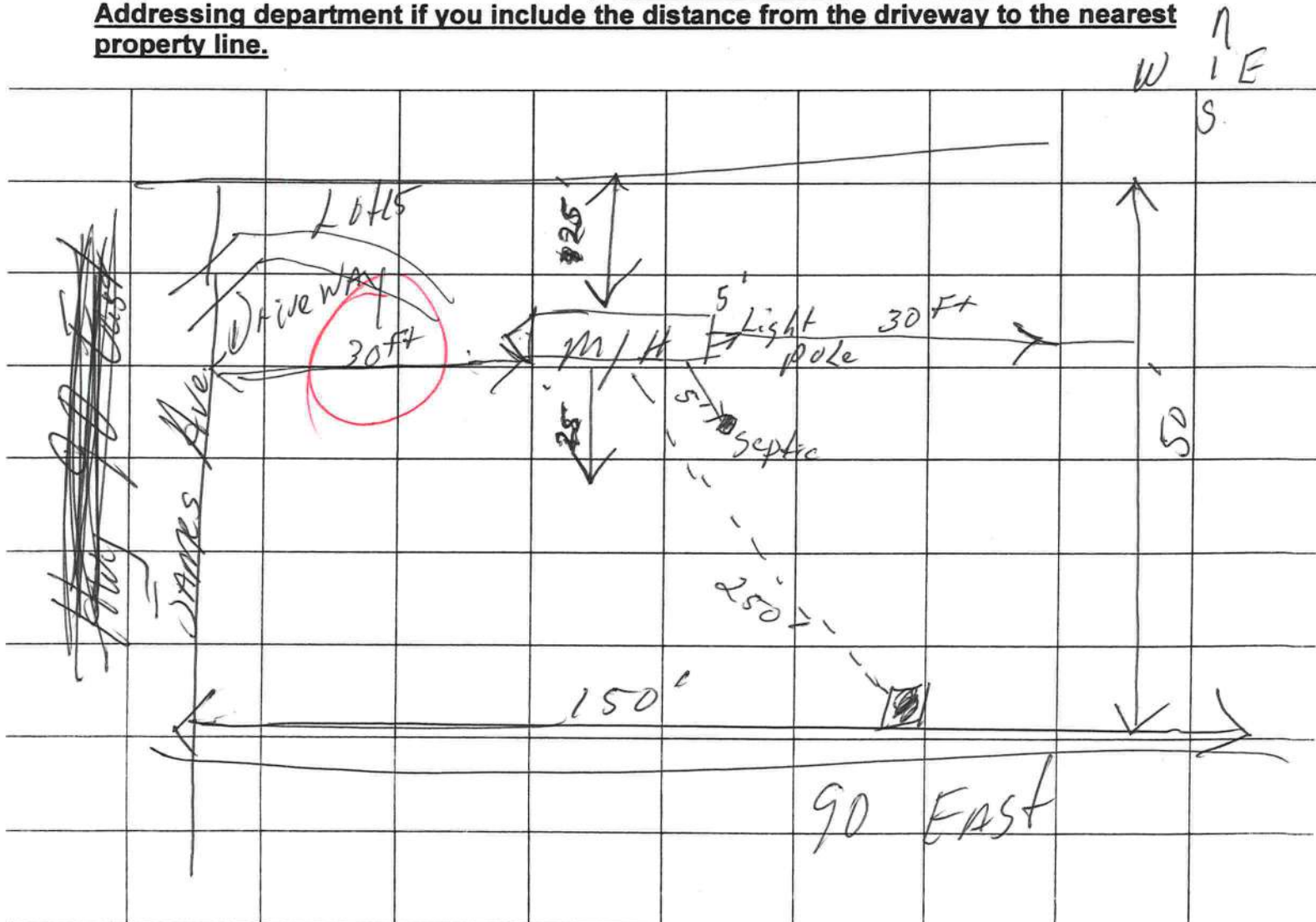
Date 8-18-10



## 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.**







06285

6285

06283

3

N

06516

06515

06514

06513

06517

06518

06520

06519

06521

06522

06523-000

06524-000

NE JAMES AVE

NE CRAIG AVE

HIGHLAND ESTATES

06502

06503

06504

06506

06507

06510-000

06500

06501

06508

1

2

3

13

14

15

12

12

11

13

14

4

06526

3

06525

2

1

06538

3

2

1

06537



**Order Form**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date \_\_\_\_\_

Date of Issue 08/09/2010

LEO 66-0336  
 Interest in case of good people & nobody more  
 By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

WHELOUGH JACKSON HORTON  
1515 SE CR 245  
LAKE CITY, FL 32055

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information on the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.dmv.state.fl.us/tm/titl.html>

Identification Number: 271231G Year: 1988 Make: HORT Body: HS 66" J.T.D.S.P. Vessel Regs. No. 45867452 Title Number: 45867452  
 Lien Release: Interest in the described vehicle hereby released  
 Prev. State: FL Color: DAK Primary Brand: FL Secondary Brand: DAK No. of Brands: 2 Use: PRIVATE Prev. Issue Date: 06/18/2010 Title: 08/09/2010  
 Odometer Status or Vessel Manufacturer's O.D. Use: 08/09/2010 Date of Issue: 08/09/2010 Date: 08/09/2010

Registered Owner  
RANDOLPH JACKSON HORTON  
1315 SE CR 245  
LAKE CITY, FL 32055

1st Lienholder  
NONE

DIVISION OF MOTOR VEHICLES

**RELEASES**

FLORIDA:

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford  
Director

Julie L. Jones  
Executive Director

Control Number 093900964  
29 / 1 93900964

Transcript of the hearing held on 11/11/11 at the residence of the witness.

1. Federal income tax identification number of the seller and the seller's date of birth. The seller's name, selling price and date sold in connection with this transaction. The seller's comments on the selling price. Seller's name may result in fines and/or imprisonment.

*Synthesizing Virtual Teams and Processes*: Nussbaumer

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

Seller Must Have Selling Price

Senior Most Zinger D. to Saddle

1. *Neurospora crassa* (strain 74-22-112) was grown on minimal medium (19) in the dark at 25°C. Cells were harvested at 10 h after the start of the growth cycle.

\_\_\_\_\_

and I hereby certify that the facts are true to the best of my knowledge.

ANICAL LIMITS. ☐ A & NOT THE ACTUAL MEASUREMENTS.

UNDER PENALTIES OF PERJURY, I DEPOSE THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE FACTS AND CIRCUMSTANCES OF THE MATTER HEREIN SET FORTH.

$$= \frac{1}{2} \ln \left( \frac{1 + \sqrt{1 - 4\alpha\beta}}{1 - \sqrt{1 - 4\alpha\beta}} \right) = \frac{1}{2} \ln \left( \frac{1 + \sqrt{1 - 4\alpha\beta}}{1 - \sqrt{1 - 4\alpha\beta}} \right)$$

SELLER'S Name:

## Significance

CONFIDENTIAL

S. J. H. H. H.

**Donna Knepp**

**Print Here**

Selling Dealer's License Number: \_\_\_\_\_

348

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NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

## SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER \_\_\_\_\_

CONTRACTOR [Signature]PHONE 386-123-7972

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.**

<b>ELECTRICAL</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386.365.7997</u>
<b>MECHANICAL/ A/C</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>[Signature]</u> Phone #: <u>"</u>
<b>PLUMBING/ GAS</b>	Print Name <u>Randy Horton</u> License #:	Signature <u>[Signature]</u> Phone #: <u>"</u>
<b>ROOFING</b>	Print Name <u>[Signature]</u> License #:	Signature <u>[Signature]</u> Phone #: <u>"</u>
<b>SHEET METAL</b>	Print Name <u>[Signature]</u> License #:	Signature <u>[Signature]</u> Phone #: <u>"</u>
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name <u>[Signature]</u> License #:	Signature <u>[Signature]</u> Phone #: <u>"</u>
<b>SOLAR</b>	Print Name <u>[Signature]</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386/365-7997</u>

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

**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.



CODE ENFORCEMENT DEPARTMENT  
COLUMBIA COUNTY, FLORIDA  
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

SENT 9.20.10  
JTB  
COUNTY THE MOBILE HOME IS BEING MOVED FROM Kilgus Co.  
OWNERS NAME Randy Horton PHONE 386-961-8081 CELL 352-365-799  
INSTALLER Glen Williams PHONE 386 CELL 352-623-1912  
INSTALLERS ADDRESS 619 S.E. Country Club Road

MOBILE HOME INFORMATION

MAKE Horton YEAR 88 SIZE 14 x 66  
COLOR Brown SERIAL No. 47M3167  
WIND ZONE II SMOKE DETECTOR ✓  
INTERIOR:  
FLOORS plywood  
DOORS Woods  
WALLS Sheetrock  
CABINETS Wood  
ELECTRICAL (FIXTURES/OUTLETS) Both  
EXTERIOR:  
WALLS / SIDING Masonite  
WINDOWS Yes  
DOORS Storm Door  
STATUS:  
APPROVED ✓ NOT APPROVED \_\_\_\_\_  
NOTES \_\_\_\_\_

INSTALLER OR INSPECTORS PRINTED NAME Glen Williams  
Installer/Inspector Signature [Signature] License No. 114070972 Date 8-18-10

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 8-29-10



<b>A</b>		MM DD YYYY		Station		Incident Number		Exposure		NFIRS -1 Basic	
FDID: 29091		State: FL		Incident Date: 07 11 2010		48		10-0002550		000	
		Delete									
		Change									
		No Activity									

<b>B Location*</b>		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.	
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		191 NE James AVE Number/Milepost Prefix Street or Highway Street Type Suffix Lake City FL 32025 Apt./Suite/Room City State Zip Code Cross street or directions, as applicable	

<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>		<b>E2 Shift &amp; Alarms</b>	
121 Fire in mobile home used as Incident Type		Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date: Alarm 07 11 2010 00:37:00 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival 07 11 2010 00:39:00 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 07 11 2010 04:15:00		Local Option A 01 1 Shift or Alarms District Platoon	

<b>D Aid Given or Received*</b>		<b>E3 Special Studies</b>	
1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Local Option Special Study ID# Special Study Value	

<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>	
11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0003 0005 EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. Property \$ 015,000 Contents \$ 020,000 PRE-INCIDENT VALUE: Optional Property \$ 015,000 Contents \$ 020,000	

<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>	
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	

<b>J Property Use*</b>		<b>Structures</b>		<b>Outside</b>	
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	

539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	
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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	
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NFIRS-1 Revision 03/11/99



**K1. Person/Entity Involved**

Local Option

Business name (if applicable)

386 - 344 - 4073  
Area Code Phone Number☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
	Jamie		Starling	
Number	Prefix	Street or Highway	Street Type	Suffix
191	NE	James	AVE	
Post Office Box	Apt./Suite/Room	City		
		Lake City		
State	Zip Code			
FL	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)

386 - 961 - 8081  
Area Code Phone Number☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
	Randy		Horton	
Number	Prefix	Street or Highway	Street Type	Suffix
1721	E	Duval	ST	
Post Office Box	Apt./Suite/Room	City		
		Lake City		
State	Zip Code			
FL	32025			

**L Remarks**

Local Option

We were dispatched to a single wide mobile home structure fire. Upon arrival we found the home approximately 3/4 involved. Lake City Fire Department had lines and began attack. We assisted with firefighting and supplied water. We extinguished the fire and began mop up. Power company shut off the power. Fire Marshal was notified. We used foam to help with the hot spots. Fire Marshal arrived and began his investigation. Scene was left with Fire Marshal. We completed assignment and returned to station.

**L Authorization**

0019	Crawford, Jeffrey	SC		07	13	2010
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if same as Officer making report ID in charge.	0019	Crawford, Jeffrey	SC		07	13	2010
		Signature	Position or rank	Assignment	Month	Day	Year



<b>A</b> FDID: <u>29091</u> *		State: <u>FL</u> *		Incident Date: <u>07</u> <u>11</u> <u>2010</u> *		Station: <u>48</u>		Incident Number: <u>10-0002550</u> *		Exposure: <u>000</u> *		NFIRS -2 Fire	
<b>B Property Details</b>  <b>B1</b> <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  <b>B2</b> <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved  <b>B3</b> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre						<b>C On-Site Materials</b> <input type="checkbox"/> None or Products Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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="width: 50%;">           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>							
<b>D Ignition</b>  <b>D1</b> <u>24</u> <u>Cooking area, kitchen</u> Area of fire origin *  <b>D2</b> <u>UU</u> <u>Undetermined</u> Heat source *  <b>D3</b> <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin  <b>D4</b> <u>          </u> <u>          </u> Type of material first ignited      Required only if item first ignited code is 00 or <70						<b>E1 Cause of Ignition</b> <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				<b>E3 Human Factors Contributing To Ignition</b> 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			
<b>F1 Equipment Involved In Ignition</b> <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>						<b>F2 Equipment Power</b> <u>          </u> <u>          </u> Equipment Power Source  <b>F3 Equipment Portability</b> 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.				<b>G Fire Suppression Factors</b> Enter up to three codes. <input type="checkbox"/> None <u>          </u> <u>          </u> Fire suppression factor (1)  <u>          </u> <u>          </u> Fire suppression factor (2)  <u>          </u> <u>          </u> Fire suppression factor (3)			
<b>H1 Mobile Property Involved</b> <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						<b>H2 Mobile Property Type &amp; Make</b> <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				<b>Local Use</b> <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			

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input type="checkbox"/> Enclosed Building 2 <input checked="" 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	<b>I2 Building Status *</b> 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	<b>I3 Building Height</b> 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>	<b>I4 Main Floor Size *</b> <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;">120</div></div> <div>Total square feet</div> </div> <p style="text-align: center; font-weight: bold;">OR</p> <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>	<b>NFIRS-3 Structure Fire</b>	
<b>J1 Fire Origin *</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">001</div> <div><input type="checkbox"/> Below Grade</div> </div> Story of fire origin	<b>J3 Number of Stories Damaged By Flame</b> 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="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="display: flex; justify-content: space-between;"> <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>		<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <b>Skip To Section L</b> <b>K1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Item contributing most to flame spread <b>K2</b> <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		
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	<b>L1 Presence of Detectors *</b> (In area of the fire) N <input checked="" type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to section M</div> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined				
<b>L2 Detector Type</b> 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		<b>L3 Detector Power Supply</b> 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 type="checkbox"/> Undetermined			
<b>L4 Detector Operation</b> 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 type="checkbox"/> Undetermined		<b>L5 Detector Effectiveness</b> 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			
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete rest of Section M</div> 1 <input type="checkbox"/> Present		<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined			
<b>M3 Automatic Extinguishment System Operation</b> 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		<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of sprinkler heads operating			
<b>M5 Automatic Extinguishment System Failure Reason</b> 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		NFIRS-3 Revision 01/19/99			



<b>A</b>	<div>29091</div> <small>FDID *</small>	<div>FL</div> <small>State *</small>	<div>7 11</div> <small>Incident Date *</small>	<div>2010</div> <small>MM DD YYYY</small>	<div>48</div> <small>Station</small>	<div>10-0002550</div> <small>Incident Number *</small>	<div>000</div> <small>Exposure *</small>	<div><input type="checkbox"/> Delete <input type="checkbox"/> Change</div>	<b>NFIRS - 9 Apparatus or Resources</b>

B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> <div>Month Day Year Hour Min</div>	Sent <div>X</div>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID <div>CF5</div> Type <div>10</div>	Dispatch <input checked="" type="checkbox"/> <div>7 11 2010 00:37</div> Arrival <input checked="" type="checkbox"/> <div>7 11 2010 00:39</div> Clear <input checked="" type="checkbox"/> <div>7 11 2010 04:15</div>	<div>X</div>	<div>1</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div>73</div> <div></div> <div></div> <div></div>
2 ID <div>E48</div> Type <div>11</div>	Dispatch <input checked="" type="checkbox"/> <div>7 11 2010 00:37</div> Arrival <input checked="" type="checkbox"/> <div>7 11 2010 00:39</div> Clear <input checked="" type="checkbox"/> <div>7 11 2010 04:15</div>	<div>X</div>	<div>2</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div>73</div> <div>74</div> <div>75</div> <div>76</div>
3 ID <div>T42</div> Type <div>24</div>	Dispatch <input checked="" type="checkbox"/> <div>7 11 2010 00:37</div> Arrival <input checked="" type="checkbox"/> <div>7 11 2010 00:39</div> Clear <input checked="" type="checkbox"/> <div>7 11 2010 04:15</div>	<div>X</div>	<div>2</div>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div>73</div> <div>74</div> <div>75</div> <div>76</div>
4 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>
5 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>
6 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>
7 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>
8 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>
9 ID <div></div> Type <div></div>	Dispatch <input type="checkbox"/> <div></div> Arrival <input type="checkbox"/> <div></div> Clear <input type="checkbox"/> <div></div>	<div></div>	<div></div>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<div></div> <div></div> <div></div> <div></div>

<b>Type of Apparatus or Resources</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Ground Fire Suppression</p> <p>11 Engine</p> <p>12 Truck or aerial</p> <p>13 Quint</p> <p>14 Tanker &amp; pumper combination</p> <p>16 Brush truck</p> <p>17 ARF (Aircraft Rescue and Firefighting)</p> <p>10 Ground fire suppression, other</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow</p> <p>22 Tractor</p> <p>24 Tanker or tender</p> <p>20 Heavy equipment, other</p> <p>Aircraft</p> <p>41 Aircraft: fixed wing tanker</p> <p>42 Helitanker</p> <p>43 Helicopter</p> <p>40 Aircraft, other</p> </div> <div style="width: 30%;"> <p>Marine Equipment</p> <p>51 Fire boat with pump</p> <p>52 Boat, no pump</p> <p>50 Marine apparatus, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support</p> <p>62 Light and air unit</p> <p>60 Support apparatus, other</p> <p>Medical &amp; Rescue</p> <p>71 Rescue unit</p> <p>72 Urban Search &amp; rescue unit</p> <p>73 High angle rescue unit</p> <p>75 BLS unit</p> <p>76 ALS unit</p> <p>70 Medical and rescue unit, other</p> </div> <div style="width: 30%; border: 1px solid black; padding: 5px;"> <p>More Apparatus? Use Additional Sheets</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"></div> <div style="width: 30%;"> <p>Other</p> <p>91 Mobile command post</p> <p>92 Chief officer car</p> <p>93 HazMat unit</p> <p>94 Type 1 hand crew</p> <p>95 Type 2 hand crew</p> <p>99 Privately owned vehicle</p> <p>00 Other apparatus/resource</p> <p>NN None</p> <p>UU Undetermined</p> </div> <div style="width: 30%;"></div> </div>		

<b>A</b>	FDID <b>29091</b>	State <b>FL</b>	Incident Date <b>7/11/2010</b>	Station <b>48</b>	Incident Number <b>10-0002550</b>	Exposure <b>000</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 Personnel</b>
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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.

<b>1</b>	ID <b>CF5</b>	Dispatch <input checked="" type="checkbox"/> <b>7/11/2010 00:37</b>	Arrival <input checked="" type="checkbox"/> <b>7/11/2010 00:39</b>	Clear <input checked="" type="checkbox"/> <b>7/11/2010 04:15</b>	Sent <input checked="" type="checkbox"/>	Number of People <b>1</b>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<b>73</b>  
Type <b>10</b>								

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0001	Atkinson, Tres	FC	X	58	11	12	

<b>2</b>	ID <b>E48</b>	Dispatch <input checked="" type="checkbox"/> <b>7/11/2010 00:37</b>	Arrival <input checked="" type="checkbox"/> <b>7/11/2010 00:39</b>	Clear <input checked="" type="checkbox"/> <b>7/11/2010 04:15</b>	Sent <input checked="" type="checkbox"/>	Number of People <b>2</b>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<b>73</b> <b>74</b> <b>75</b> <b>76</b>
Type <b>11</b>								

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0019	Crawford, Jeffrey	SC	X	11	12	81	86
TODD01	Todd, Greg	FF	X	58	11	12	

<b>3</b>	ID <b>T42</b>	Dispatch <input checked="" type="checkbox"/> <b>7/11/2010 00:37</b>	Arrival <input checked="" type="checkbox"/> <b>7/11/2010 00:39</b>	Clear <input checked="" type="checkbox"/> <b>7/11/2010 04:15</b>	Sent <input checked="" type="checkbox"/>	Number of People <b>2</b>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<b>73</b> <b>74</b> <b>75</b> <b>76</b>
Type <b>24</b>								

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0011	Buchner, Brian	FF	X	58	11	12	
0054	Killebrew, Dennis	BC	X	11	12		



**A**

MM DD YYYY

29091

FL

7

11

2010

48

10-0002550

000

☐ DeleteNFIRS - 1S  
Supplemental

FDID \*

State \*

Incident Date \*

Station

Incident Number \*

Exposure \*

☐ Change**K1 Person/Entity Involved**

Business name if applicable

386 - 697 - 7082

Phone Number

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

Palmenia

Mr., Ms., Mrs. First Name

Warren

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

Lake City

City

FL

32025

State Zip Code

**K2 Person/Entity Involved**

Business name if applicable

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

**K3 Person/Entity Involved**

Business name if applicable

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

**K4 Person/Entity Involved**

Business name if applicable

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

**K5 Person/Entity Involved**

Business name if applicable

Phone Number

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

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or highway

Street Type

Suffix

Post office box

Apt./Suite/Room

City

State

Zip Code

NFIRS-11 Revision 6/9/98

<b>A</b>	29091	FL	7	11	2010	48	10-0002550	000	<input type="checkbox"/> Delete	Insurance and \$Loss
	FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *	<input type="checkbox"/> Change		

### B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$15,000.00	\$15,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$20,000.00	\$20,000.00	\$0.00	\$0.00

### C Insurance Company

Business name if applicable		Contact Name	
Street or highway			
Post office box		City	
State	Zip Code	Phone Number	
Agent Name		<input type="checkbox"/> Buildings <input type="checkbox"/> Vehicles <input type="checkbox"/> Contents	
Policy Number		Policy Coverage	





# **COLUMBIA COUNTY**

## **911 ADDRESSING / GIS DEPARTMENT**

P. O. Box 1787, Lake City, FL 32056-1787

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:**

**33-3S-17-06500-000**

#### **Address Assignment(s):**

**191 NE JAMES AVE, LAKE CITY, FL, 32055**

#### **Note: Mobile home replacement**

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

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

Call Glen before  
going.

DATE RECEIVED 9-1-10 BY LH IS THE M/H ON THE PROP. RTY WHERE THE PERMIT WILL BE ISSUED? Yes  
OWNERS NAME Randy Horton PHONE 305-7997 CELL  
ADDRESS 177 SE James Ave Lake City FL 32055  
MOBILE HOME PARK Highland Estates #42 SUBD VISION Lot 15  
DRIVING DIRECTIONS TO MOBILE HOME  
90 E, (D) James St, 4th Lot on (D) #15  
MOBILE HOME INSTALLER Glen Williams PHONE 623-1912 CELL 5  
MOBILE HOME INFORMATION  
MAKE Horton YEAR 88 SIZE 14 x 66 COLOR Tan/Brown  
SERIAL No. 4712315  
WIND ZONE II Must be wind zone II or higher N I WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

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

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

\$50.00

Date of Payment: 8/20/10

Paid By: Glen Williams

Notes: Out of Country

Approved on 8/24/10

EXTERIOR:

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

STATUS

APPROVED ☒ WITH CONDITIONS:

NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE

Att. S. R. P.

ID NUMB R 402

DATE 9-2-10

Lower Exterior Walls, Front Door Threshold  
Rotten, weak Flooring at Sliding Glass Doors.  
Rotten Around Front Door Exterior





STATE OF FLORIDA  
DEPARTMENT OF HEALTH

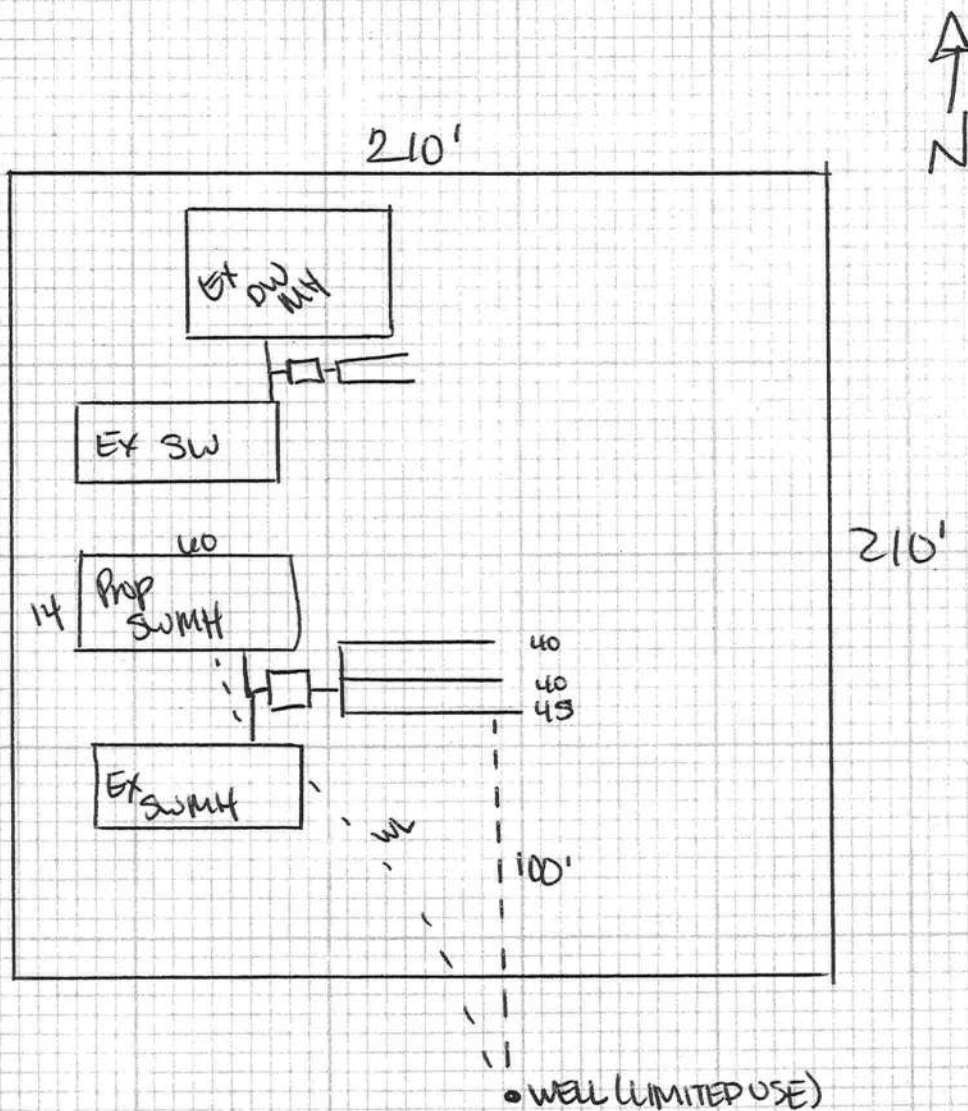
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 10-0404E

PART II - SITE PLAN

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

1 of  
2985



Notes: (see attached for property dimensions)

Site Plan submitted by: \_\_\_\_\_

Randy Fortner  
Signature

Title

Plan Approved ☒

Not Approved \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 10-0404E  
DATE PAID: 976789  
FEE PAID: 82410  
RECEIPT #: 125.88  
146.3498

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Randy Horton

AGENT: Glen Williams TELEPHONE: 386-323-1912

MAILING ADDRESS: 619 S.E. Country Club Rd.

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES.

PROPERTY INFORMATION

LOT: 15 BLOCK: 33-35-A-06500-000 SUBDIVISION: Highland Estate PLATTED: 33-35-A-06500-000

PROPERTY ID #: 206500-000 ZONING: 100x50 I/M OR EQUIVALENT: [ Y / (N) ]

PROPERTY SIZE: 2.985 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [X] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [X] N ] DISTANCE TO SEWER: 200 FT

PROPERTY ADDRESS: 191 S.E. James Ave

DIRECTIONS TO PROPERTY: 90 East To NE James Ave

Approx. 2 miles from B.Zoning on Lt.

BUILDING INFORMATION

[X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>2</u>	<u>955</u>	ORIGINAL ATTACHED
2				
3				
4				

[X] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Glen Williams DATE: 8-24-2000