DATE 03/25/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027710

APPLICANT WENDY GRENNELL PHONE 497-2311

ADDRESS P.O. BOX 39 FT. WHITE FL 32038

OWNER JOHN LEDDLE/BRENDA HUTSON PHONE 386 438-5193

ADDRESS 145 SE BRITT PLACE LAKE CITY FL 32024

CONTRACTOR CHESTER KNOWLES PHONE 755-6441

LOCATION OF PROPERTY 41S, TL ALFRED MARKHAM RD., TL BRANDON, TR BRITT PLACE, 2ND LOT ON LEFT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING A-3 MAX. HEIGHT

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

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

PARCEL ID 35-4S-17-09033-149 SUBDIVISION BRENT HEIGHTS

LOT 9 BLOCK PHASE UNIT TOTAL ACRES 0.53

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor
		IH0000509	Wendy Grennell

Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident
EXISTING	09-167	CS	HD	N

COMMENTS: ONE FOOT ABOVE THE ROAD, NO CHARGE, FIRE REPORT ATTACHED

Check # or Cash

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by

Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by

Framing date/app. by Insulation date/app. by

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

Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by Pool date/app. by

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by

Reconnection date/app. by RV date/app. by Re-roof date/app. by

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

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

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

INSPECTORS OFFICE Gale Tedder CLERKS OFFICE CH

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

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED 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 [illegible] 3/20/09 Building Official HD 3-20-09

AP# 0903-34 Date Received 3/19/09 By CT Permit # 37710 -

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

Comments Fire report attached - NO charge

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

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

☑ 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 _____

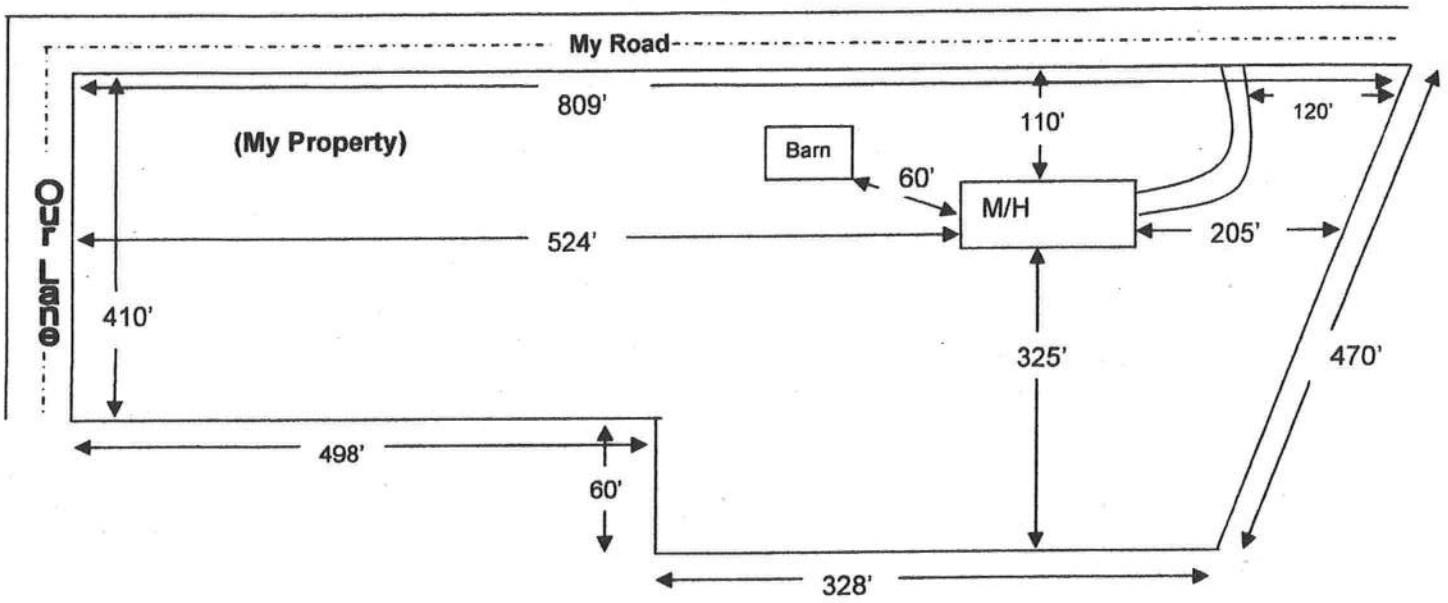
Property ID # 35-4S-17-09033-149 Subdivision Brent Heights Lot 9 BLK C

- New Mobile Home ✓ Used Mobile Home _____ MH Size 28x60 Year 08
- Applicant Wendy Brennell / Dale Burd / Rocky Ford Phone # 386-497-2311
- Address PO Box 39 Ft White FL 32038
- Name of Property Owner John Leddle Phone# 386-438-5193
- 911 Address 145 SE Britt Place Lake City FL 32024
- Circle the correct power company - FL Power & Light - **Clay Electric**
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home John Leddle + Brenda Hutson Phone # 386-438-5193
  Address 145 SE Britt Place Lake City FL 32024
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0 - Burnout
- Lot Size 135' x 171' Total Acreage .533
- Do you : Have **Existing Drive** (Currently using) or **Private Drive** (Blue Road Sign) or need **Culvert Permit** (Putting in a Culvert) or **Culvert Waiver** (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (owe)
- Driving Directions to the Property Hwy 41 South to CR 133C (Alfred Mathews Rd) turn (L) to Brandon turn (L) to Britt Place turn (R) 2nd lot on (L)
- Name of Licensed Dealer/Installer Chester Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 ; Lake City FL 32024
- License Number IH0000509 Installation Decal # 302040

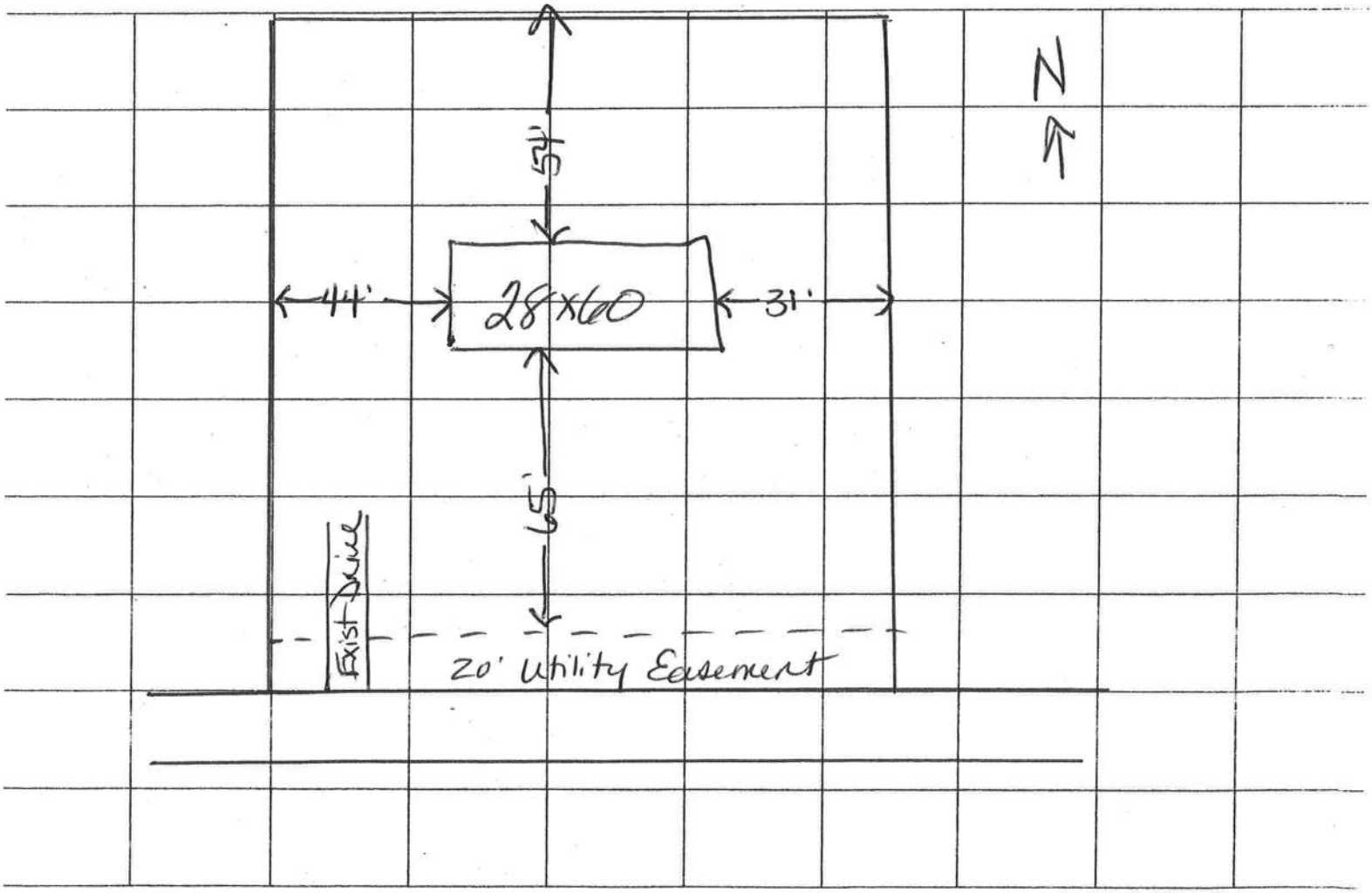
- JW spoke w/ Wendy 3-20-09

- This called Wendy - left message 3.20.09

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. <u>This site plan can also be used for the 911 Addressing department if you include the distance from the driveway to the nearest property line.</u>



IMPACT FEE OCCUPANCY AFFIDAVIT

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

STATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME, the undersigned authority, personally appeared Brenda Hutson who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit regarding property identified below as:

(a) Parcel No.: 35-4S-17-09033-149
(b) Legal description (may be attached): Lot 9 Block C Brent Heights

2. Based upon Affiant's personal knowledge, a non-residential building or a residential dwelling has existed on the above referenced property. Said building or dwelling unit was last occupied on 9/3/2008 (date.) Burn-out

3. This Affidavit is made and given by Affiant with full knowledge that the facts contained herein are accurate and complete, and with full knowledge that the penalties under Florida law for perjury include conviction of a felony of the third degree.

Further Affiant sayeth naught.

Brenda Hutson

Print: Brenda Hutson

Address: 145 SE Britt Place
Lake City FL 32024

SWORN TO AND SUBSCRIBED before me this 18 day of March, 2009 by Brenda Hutson who is personally known to me or who has produced Drivers License as identification.

DALE R. BURD
Comm# DD0559297
Expires 7/16/2010
Florida Notary Assn. Inc

(NOTARY SEAL)

Notary Public, State of Florida

My Commission Expires:

>> Print as PDF <<

```
LOT 9 BLOCK C BRENT HEIGHTS        LEDDLE JOHN E                  35-4S-17-09033-149                Columbia Cou
S/D. ORB 746-1514, 778-055,        P O BOX 2182
WD 1111-2781                       EATON PARK, FL 33840                          PRINTED  3/05/2009 10:43
                                                                                 APPR     10/03/2005 DF
```

BUSE		AE?	HTD AREA	.000	INDEX	35417.02	BRENT HGHT	PUSE	000
MOD	BATH		EFF AREA	31.332	E-RATE	.000	INDX	STR 35- 4S-17E	
EXW	FIXT		RCN				AYB	MKT AREA 02	
%	BDRM		%GOOD		BLDG VAL		EYB	(PUD1	
RSTR	RMS							AC	.533
RCVR	UNTS		FIELD CK:					NTCD	
%	C-W%		LOC: 145 BRITT PL SE LAKE CITY					APPR CD	
INTW	HGHT							CNDO	
%	PMTR							SUBD	
FLOR	STYS							BLK	
%	ECON							LOT	
HTTP	FUNC							MAP#	
A/C	SPCD								
QUAL	DEPR							TXDT 003	
FNDN	UD-1								
SIZE	UD-2							BLDG TRA	
CEIL	UD-3								
ARCH	UD-4								
FRME	UD-5								
KTCH	UD-6								
WNDO	UD-7								
CLAS	UD-8								
OCC	UD-9								
COND	%							PERMIT	
SUB A-AREA % E-AREA SUB VALUE								NUMBER DESC	
								10327 M H	
								SALE	
								BOOK PAGE DATE	
								1111 2781 1/15/200	
								GRANTOR LENVIL DICKS	
								GRANTEE JOHN E LIDDLE	
TOTAL								GRANTOR	
								GRANTEE	

EXTRA FEATURES — FIELD CK:

AE	BN	CODE	DESC	LEN	WID	HGHT	QTY	QL	YR	ADJ	UNITS	UT	PRICE	ADJ UT PR	SPCD %

AE	LAND CODE	DESC	ZONE TOPO	ROAD UTIL	UD1 UD2	UD3 UD4	FRONT BACK	DEPTH DT	ADJUSTMENTS	UNITS	UT	PRICE	ADJ UT PI
Y	000000	VAC RES	RSFMH1 0007 0002 0003				135	172	1.00 1.00 1.00 1.00	1.000	LT	16650.000	16650.(
Y	009947	SEPTIC	00						1.00 1.00 1.00 1.00	1.000	UT	750.000	750.(

L001 - 0.53 AC.
2009

Columbia County Property Appraiser

DB Last Updated: 3/5/2009

2009 Preliminary Values

Tax Record | Property Card | Interactive GIS Map | Print

Parcel: 35-4S-17-09033-149

Owner's Name	LEDDLE JOHN E		
Site Address	BRITT		
Mailing Address	P O BOX 2182 EATON PARK, FL 33840		
Use Desc. (code)	VACANT (000000)		
Neighborhood	35417.02	**Tax District**	3
UD Codes	MKTA02	**Market Area**	02
Total Land Area	0.533 ACRES		
Description	LOT 9 BLOCK C BRENT HEIGHTS S/D. ORB 746-1514, 778-055, WD 1111-2781		

GIS Aerial

Property & Assessment Values

Mkt Land Value	cnt: (2)	$17,400.00	**Just Value**	$17,400.00
Ag Land Value	cnt: (0)	$0.00	**Class Value**	$0.00
Building Value	cnt: (0)	$0.00	**Assessed Value**	$17,400.00
XFOB Value	cnt: (0)	$0.00	**Exempt Value**	$0.00
Total Appraised Value		$17,400.00	**Total Taxable Value**	$17,400.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
1/15/2007	1111/2781	WD	V	U	03	$10,200.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
			NONE			

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
			NONE			

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	1.000 LT - (.533AC)	1.00/1.00/1.00/1.00	$16,650.00	$16,650.00
009947	SEPTIC (MKT)	1.000 UT - (.000AC)	1.00/1.00/1.00/1.00	$750.00	$750.00

Columbia County Property Appraiser

DB Last Updated: 3/5/2009

1 of 1

PERMIT WORKSHEET

PERMIT NUMBER

Installer Jessie L. "Chester" Knowles License # IH0000509

Address of home being installed 145 SE Britt Place, Lake City FL 32024

Manufacturer Fleetwood Length x width 28X60

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 JBK

New Home [X] Used Home [ ]

Home installed to the Manufacturer's Installation Manual [X]

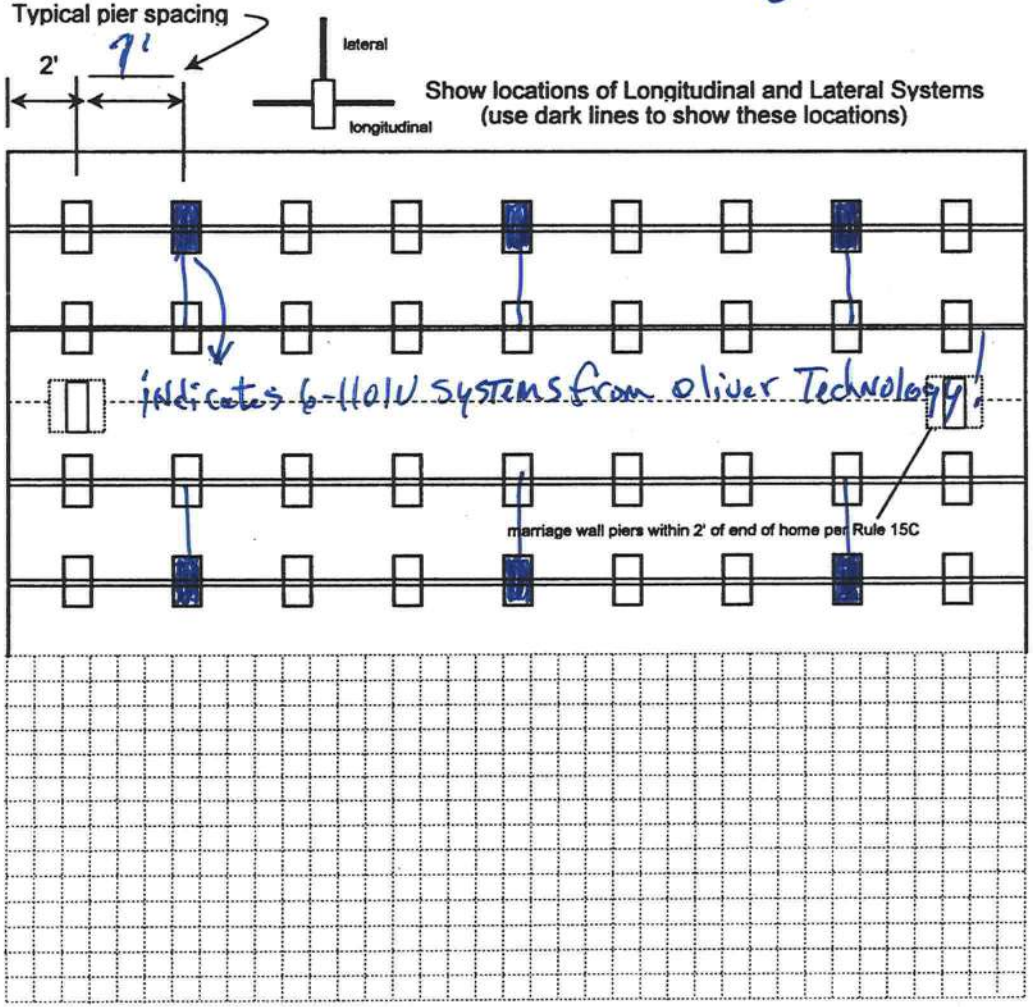
Home is installed in accordance with Rule 15-C [ ]

Single wide [ ] Wind Zone II [X] Wind Zone III [ ]

Double wide [X] Installation Decal # 302040

Triple/Quad [ ] Serial # TG321AB

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 23 1/4 X 31 1/4

Perimeter pier pad size

Other pier pad sizes (required by the mfg.) 16X16

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
18' 4"	23 1/4 X 31 1/4 / 16X16

POPULAR PAD SIZES

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

ANCHORS

4 ft ✓ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Technology

OTHER TIES

	Number
Sidewall	22 ✓
Longitudinal	11 OLV
Marriage wall	MIN 2
Shearwall	2

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 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 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is N/A using 1000 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.

JLC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. "Chester" Knowles

Date Tested 3-17-09

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

Debris and organic material removed ✓.
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 20"
Walls: Type Fastener: SCREWS Length: 4" Spacing: 24"
Roof: Type Fastener: STRAPS Length: 12 ga. 1/2 Spacing: 48" plus
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. Ridge Cap.

Gasket (weatherproofing requirement)

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

Installer's initials JLC

Type gasket FACTORY ROLL FOAM
Pg. 15C-1

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

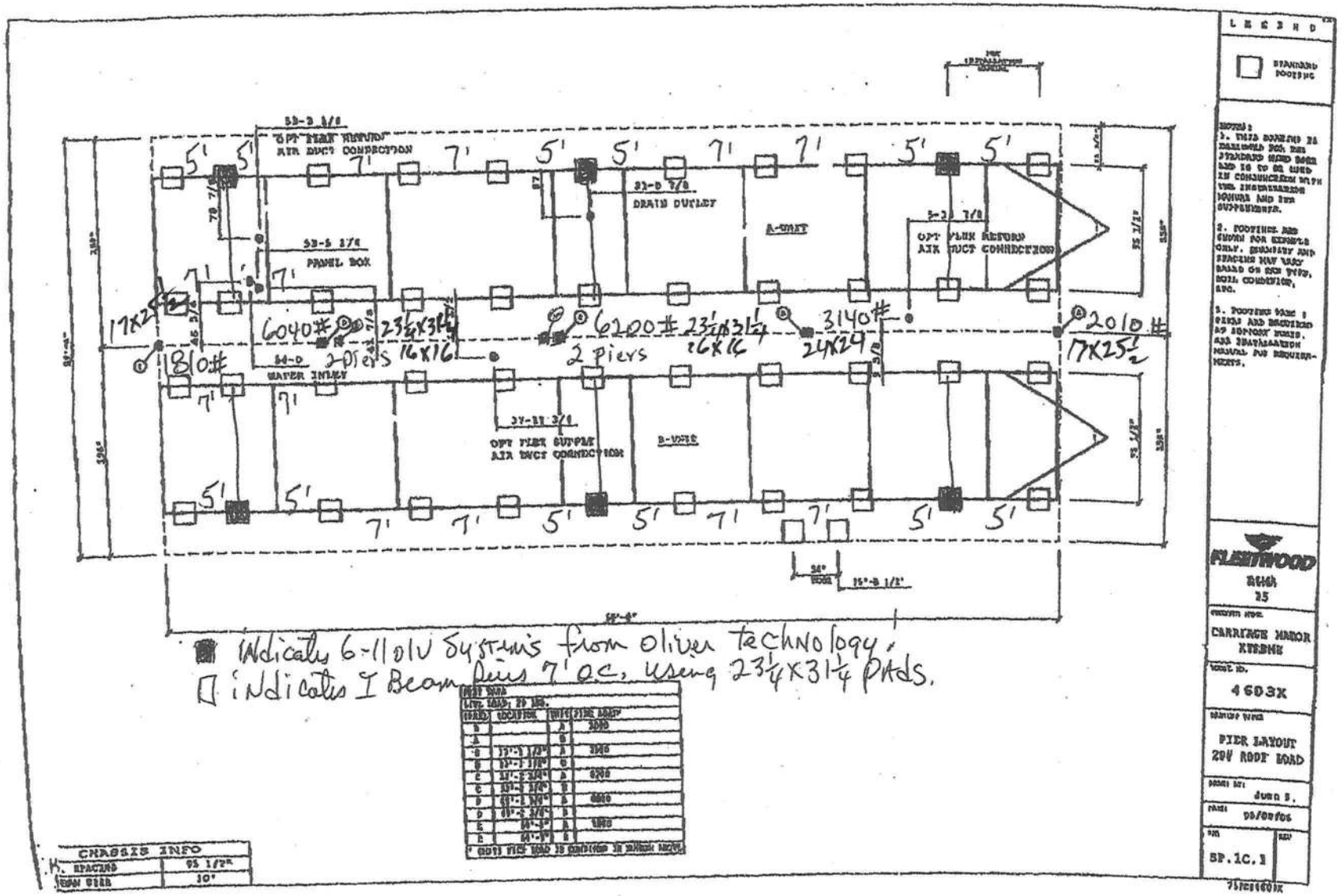
Miscellaneous

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 : 15C-1 May NOT have page # in Manual

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Jessie L. Chester Knowles Date _____

28X60 (4603X)



■ Indicates 6-1101V Systems from Oliver Technology.
□ Indicates I Beam piers 7' o.c. using 23¼X31¼ PADS.

PIER DATA (LIVE LOAD: 20 LBS.			
PIER	LOCATION	TYPE	PIER LOAD*
A		A	2000
A		B	
B		A	3000
B		B	
C		A	6000
C		B	
D		A	6000
D		B	
E		A	1000
E		B	

* 1000 PIER LOAD IS CONSIDERED AS MINIMUM ANCHOR

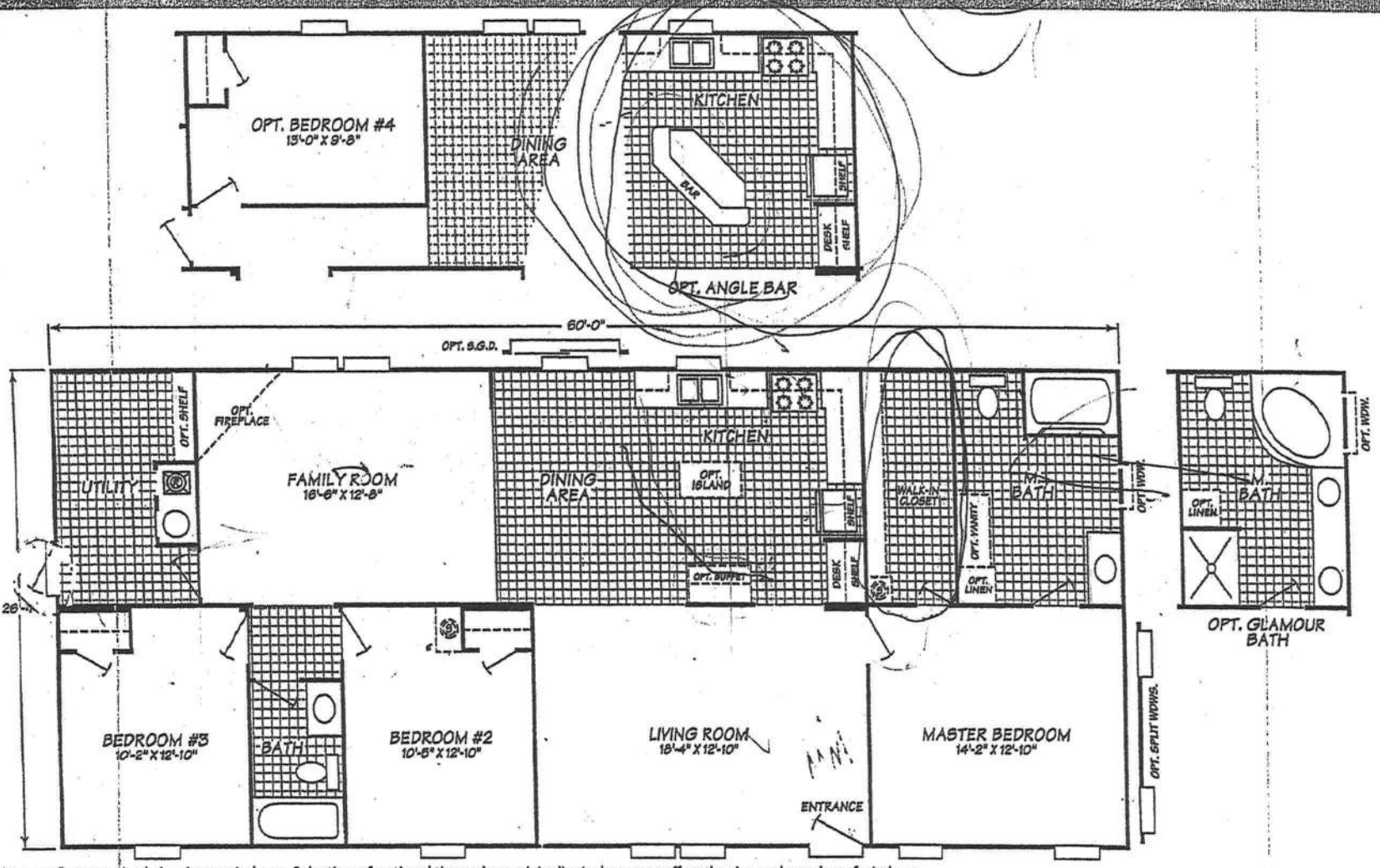
May. 14. 2007 -2:38PM FLEETWOOD REDMON

10

FLEETWOOD HOMES Carriage Manor Xtreme Series Model 4603X

3 Bedrooms • 2 Baths • 1,579 Square Feet

Hutson



Windows shown reflect standard aluminum windows. Selection of optional thermal pane (vinyl) windows may affect the size and number of windows.

Fleetwood Homes reserves the right to change colors, prices, specifications, models, dimensions and materials without notice. Rendering and diagrams are meant to be representative and, in keeping with Fleetwood's policy of constant updating and improvement, may vary from the actual home. All dimensions are nominal and approximated. Square footage is measured from exterior wall to exterior wall, and is an approximate figure. Length indicated in floorplans is floor length only. The length of the hitch is not included. (Add four feet to arrive at transportable length.) Ask your retailer for specifics. PRICES AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE OR OBLIGATION.

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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

I, Jessie L. "Chester" Knowles, license number IH – 0000509 do herby state that the installation of the manufactured home for (applicant) Dale Burd, Rocky Ford or Wendy Grennell for (customer name) John Leddle/Brenda Hutson **in** Columbia **County will be done under my supervision.**

Jessie L. "Chester" Knowles
Signature

Sworn to and subscribed before me this 18 **day of** March, **20**09

Personally Known: ✓
Produced ID (Type): _____

Notary Public:

DALE R. BURD
Comm# DD0559297
Expires 7/16/2010
Florida Notary Assn. Inc
(stamp)

LIMITED POWER OF ATTORNEY

I, Jessie L. "Chester" Knowles License IH – 0000509 authorize Dale Burd, Rocky Ford or Wendy Grennell to be my representative and act on my behalf in all aspects of applying for a MOBILE HOME PERMIT to be installed any of the following Counties; Alachua, Baker, Bradford, Clay, Citrus, Columbia, Dixie, Duval, Gilchrist, Hamilton, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Madison, Marion, Nassau, Pasco, Putnam, Sarasota, Suwannee Taylor, Union, Volusia & Wakulla. This Power of attorney is valid thru 12/12/2010.

Jessie L. "Chester" Knowles
(Signature)

3-17-09
(Date)

Sworn and subscribed before me this 17 **day of** March **, 2009.**
Personally Known: ✓
Produced ID (Type): _____

Notary Public

DALE R. BURD
Comm# DD0559297
Expires 7/16/2010
Florida Notary Assn. Inc

(stamp)

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *		
29091	FL	09 03 2008	45	08-0003437	000	☐ Delete ☐ Change ☐ No Activity	NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract: ____ - ____

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

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
145	SE	Britt	PL	

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

Cross street or directions, as applicable:

C Incident Type *

121 Fire in mobile home used as Incident Type

D Aid Given or Received *

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

Their FDID: ____ Their State: ____
Their Incident Number: ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	09	03	2008	02:50:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	09	03	2008	03:03:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	09	03	2008	05:22:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
C	02	1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

11 Extinguishment by fire — Primary Action Taken (1)

12 Salvage & overhaul — Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

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

	Apparatus	Personnel
Suppression	0004	0011
EMS		
Other	0004	

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

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

		None
Property $	060,000	☐
Contents $	015,000	☐

PRE-INCIDENT VALUE: Optional

Property $	060,000	☐
Contents $	015,000	☐

Completed Modules

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

H1 * Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

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

H3 Hazardous Materials Release

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

I Mixed Use Property

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

J Property Use * Structures

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

Outside

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

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

Property Use 419 — 1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

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

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

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

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

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

State | Zip Code

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

K2 Owner

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

Local Option

Business name (if Applicable) | 386 | 754 | 6817

Area Code | Phone Number

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

Mr.,Ms., Mrs. | Brenda | MI | Todd | Suffix

145 | Number | SE | Prefix | Britt | Street or Highway | PL | Street Type | Suffix

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

FL | State | 32025 | Zip Code

L Remarks

Local Option

We were dispatched to a structure fire. Upon arrival found a fully involved double wide mobile home. Engine 45 and QR40 crews extinguished the fire with additional help from Station 46 crew. Division Chief Boozer investigated the area of origin and found that the a/c unit was plugged into an extension cord which overloaded the circuit, causing the fire. All occupants escaped the structure without injury. Red Cross was notified to assist the family. All crews mopped up the structure, completed assignment and returned to quarters.

L Authorization

0018	Cervantes, Tad	SC		09	04	2008
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

Check Box if ☒ same as Officer in charge.

0018	Cervantes, Tad	SC		09	04	2008
Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

A | 29091 FDID * | FL State * | MM 09 | DD 03 | YYYY 2008 Incident Date * | 45 Station | 08-0003437 Incident Number * | 000 Exposure * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

B Property Details

B1 0001 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (2)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

On-site material (3)
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 14 Common room, den,
Area of fire origin *

D2 13 Electrical arcing
Heat source *

D3 UU Undetermined
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

D4 Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☐ 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

☐ None

54 Equipment
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — VIN Number

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

NFIRS-2 Revision 01/19/99

I1 Structure Type *
If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
O [ ] Other
U [ ] Undetermined

I3 Building Height *
Count the ROOF as part of the highest story

001 Total number of stories at or above grade

Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

, 001 , 728
Total square feet

OR

, 032 BY , 054
Lenght in feet Width in feet

J1 Fire Origin *

001 Story of fire origin

[ ] Below Grade

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [X] Confined to building of origin
5 [ ] Beyond building of 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)

Number of stories w/ heavy damage (50 to 74% flame damage)

001 Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

[ ] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1
Item contributing most to flame spread

K2
Type of material contributing most of flame spread

Required only if item contributing code is 00 or<70

L1 Presence of Detectors *
(In area of the fire)

N [ ] None Present — Skip to section M
1 [ ] Present
U [X] Undetermined

L2 Detector Type

1 [ ] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
O [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [ ] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [ ] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness
Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [ ] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [ ] None Present
1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *
Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation
Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason
Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

columbia county

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		NFIRS - 9 Apparatus or Resources
29091	FL	9 / 3 / 2008	45	08-0003437	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date) — Month Day Year Hour Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID B45 Type 16	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	1	☐ Suppression ☐ EMS [X] Other	73 74 75
2 ID CF1 Type 92	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	1	☐ Suppression ☐ EMS [X] Other	73
3 ID CF3 Type 91	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	1	☐ Suppression ☐ EMS [X] Other	73
4 ID E45 Type 11	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
5 ID E46 Type 11	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
6 ID QR40 Type 12	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	2	☐ Suppression ☐ EMS [X] Other	73 74 75
7 ID T44 Type 24	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
8 ID T45 Type 24	Dispatch [X] 9 3 2008 02:50 Arrival [X] 9 3 2008 03:03 Clear [X] 9 3 2008 05:22	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
9 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None
UU Undetermined

NFIRS-9 Revision 11/17/98

columbia county

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	9 / 3 / 2008	45	08-0003437	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource * (Use codes listed below) | Date and Times (Check if same as alarm date) | Sent [X] | Number of People * | Use (Check ONE box for each apparatus to indicate its main use at the incident.) | Actions Taken (List up to 4 actions for each apparatus and each personnel.)

1 ID: B45 — Type: 16

	Month	Day	Year	Hours/mins
Dispatch	[X] 9	3	2008	02:50
Arrival	[X] 9	3	2008	03:03
Clear	[X] 9	3	2008	05:22

Sent [X] — Number of People: 1 — Use: ☐ Suppression ☐ EMS ☒ Other — Actions Taken: 73, 74, 75

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0086	Sullivan, Danny	FF	X	58	11	12	

2 ID: CF1 — Type: 92

	Month	Day	Year	Hours/mins
Dispatch	[X] 9	3	2008	02:50
Arrival	[X] 9	3	2008	03:03
Clear	[X] 9	3	2008	05:22

Sent [X] — Number of People: 1 — Use: ☐ Suppression ☐ EMS ☒ Other — Actions Taken: 73

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0001	Atkinson, Tres	FC	X	58	11	12	

3 ID: CF3 — Type: 91

	Month	Day	Year	Hours/mins
Dispatch	[X] 9	3	2008	02:50
Arrival	[X] 9	3	2008	03:03
Clear	[X] 9	3	2008	05:22

Sent [X] — Number of People: 1 — Use: ☐ Suppression ☐ EMS ☒ Other — Actions Taken: 73

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0009	Boozer, David	FMD	X	58	11		

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *		
29091	FL	9	3	2008	45	08-0003437	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource *

Use codes listed below

Apparatus or Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID E45 Type 11	Dispatch [X]	9	3	2008	02:50	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival [X]	9	3	2008	03:03				
	Clear [X]	9	3	2008	05:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0005	Ballance, Jeff	FF	X	58	11	12	
0093	Wehinger, Joshua	LT	X	11	12		

2 ID E46 Type 11	Dispatch [X]	9	3	2008	02:50	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival [X]	9	3	2008	03:03				
	Clear [X]	9	3	2008	05:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0066	Moffitt, James	FF	X	58	11	12	
0089	Tompkins, Ret	FF	X	11	12		

3 ID QR40 Type 12	Dispatch [X]	9	3	2008	02:50	[X]	2	☐ Suppression ☐ EMS [X] Other	73 74 75
	Arrival [X]	9	3	2008	03:03				
	Clear [X]	9	3	2008	05:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0018	Cervantes, Tad	SC	X	11	12	81	86
ALBR01	Albritton, Jr., James	FF	X	58	11	12	

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	9 / 3 / 2008	45	08-0003437	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID T44 Type 24	Dispatch	[X] 9	3	2008	02:50	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival	[X] 9	3	2008	03:03				
	Clear	[X] 9	3	2008	05:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0073	Peeler, Walter	BC	X	58	11	12	

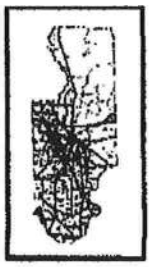
2 ID T45 Type 24	Dispatch	[X] 9	3	2008	02:50	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival	[X] 9	3	2008	03:03				
	Clear	[X] 9	3	2008	05:22				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0003	Bailey, Emory	BC	X	58	11	12	

3 ID Type	Dispatch	☐					Sent ☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

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

Leddle/Hutson App #0903-34



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:
35-4S-17-09033-149

Address Assignment(s):
145 SE BRITT PL, LAKE CITY, FL 32025

Approved Address

MAR 2 0 2009

911Addressing/GIS Dept

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

Leddle / Hutson

STATE OF FLORIDA
DEPARTMENT OF HEALTH

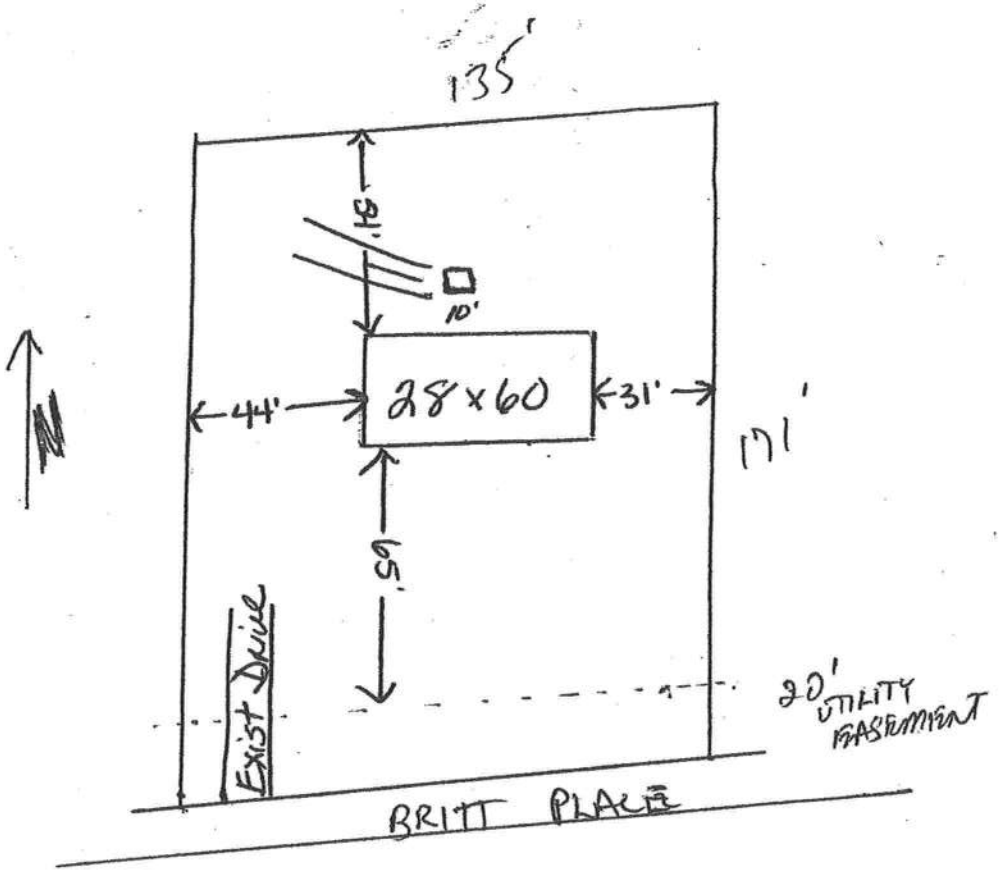
09-0167E

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_____

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

Scale: 1 inch = 50 feet.



Notes: * City Water *

Site Plan submitted by: _____ MASTER CONTRACTOR

Plan Approved ✓ Not Approved_____ Date 3-24-09

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 35-4S-17-09033-149 **Building permit No.** 000027710

Permit Holder CHESTER KNOWLES

Owner of Building JOHN LEDDLE/BRENDA HUTSON

Location: 145 SE BRITT PLACE, LAKE CITY, FL

Date: 04/08/2009

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)