DATE 06/24/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027906

APPLICANT CAROLYN PARLATO PHONE 963-1373

ADDRESS 7161 152ND ST WELLBORN FL 32094

OWNER WILLIAM SHEDDAN PHONE 209-0869

ADDRESS 589 NW UNION PARK RD WELLBORN FL 32094

CONTRACTOR MICHAEL PARLATO PHONE 963-1373

LOCATION OF PROPERTY 90W, TR CR 137, TR CR 250, TR UNION PARK RD, 5TH PLACE
ON LEFT (DOUBLE GATES)

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. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 11-3S-15-00157-106 SUBDIVISION _____

LOT ____ BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 4.00

		IH0000336		
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	09-341	CS	WR	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 14.9 SPECIAL FAMILY LOT, ONE FOOT ABOVE THE ROAD
NO CHARGE, BURN OUT WITH FIRE REPORT ON FILE

Check # or Cash _____

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by (footer/Slab)

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 _____ 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 Ags 6/22/09 Building Official WR 6/23/09

AP# 0906-36 Date Received 6/12/09 By G Permit # 27906

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

Comments 14.9 family lot

NO Charge - burn-out - fire report included

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

☑ Site Plan with Setbacks Shown ☑ EH # 09-0341-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 _____

☑ Pre. MH - out of county

☑ In County

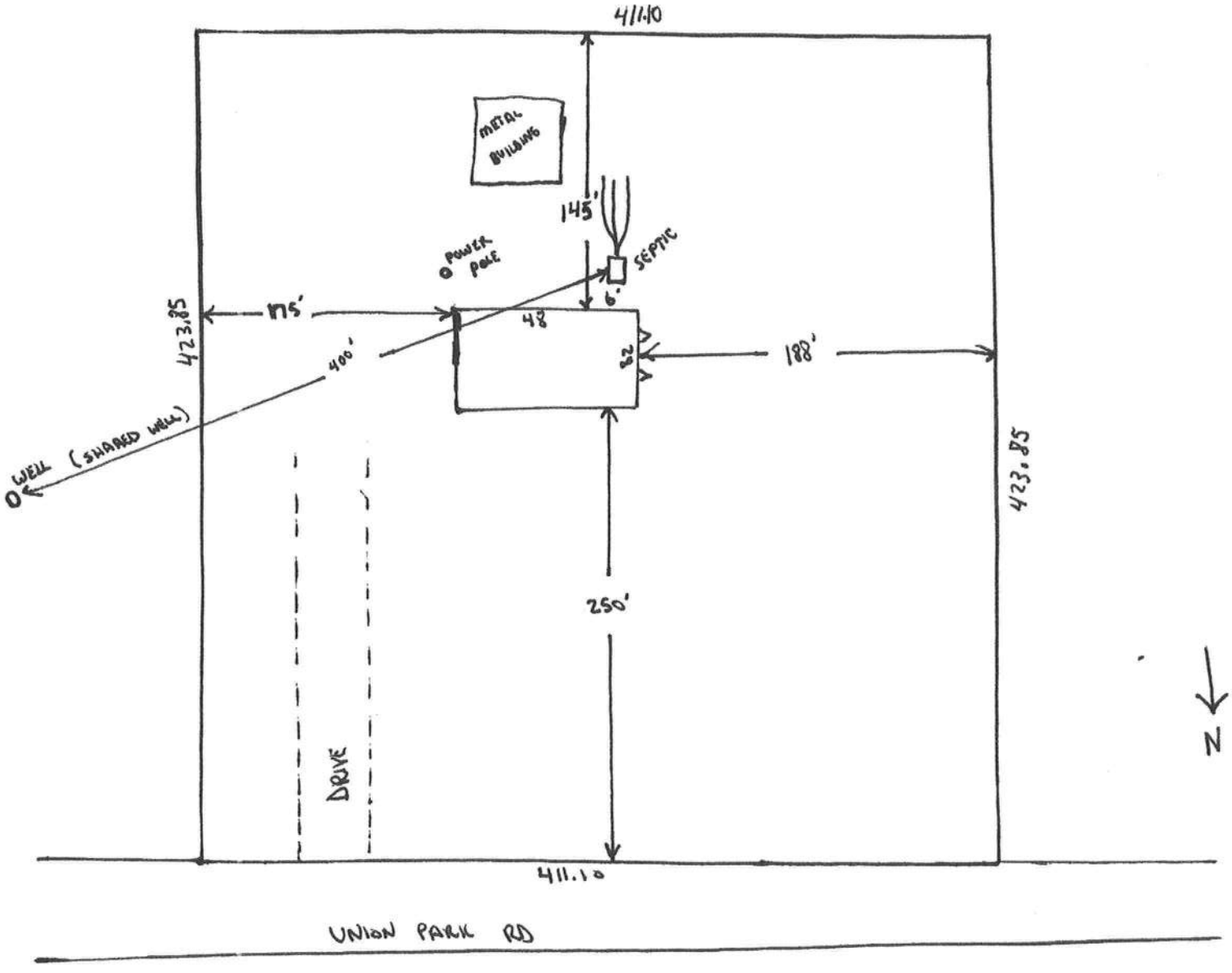
Union Park

Property ID # 11-3S-15-00157-106 Subdivision _____

- New Mobile Home _____ Used Mobile Home ✓ MH Size 28X48 Year 1999
- Applicant Carolyn A. Paulato Phone # 386-963-1373
- Address 7161 152nd St. Wellborn, FL 32094
- Name of Property Owner William Sheddan Phone# 209-0869
- 911 Address 589 NW Union Park Road Wellborn, FL 32094
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home William Sheddan Phone # 209-0869
  Address 589 NW Union Park Road Wellborn, FL 32094
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size 411 x 423 Total Acreage 4
- 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 (Burnout) (pd)
- Driving Directions to the Property 90 West to CR 137 Turn (R) / go to CR 250 Turn (R) / go to Union Park Rd. Turn (R) / Follow to 5th place on the left "Double Gates"
- Name of Licensed Dealer/Installer Michael S. Paulato Phone # 386-963-1373
- Installers Address 7161 152nd St. Wellborn, FL 32094
- License Number IH0000336 Installation Decal # 303520

JW left message for Mr. C. on 6.23.09

SHEDDAN


411.10
METAL BUILDING
145'
POWER POLE
SEPTIC
6'
75'
423.85
48
32
188'
400'
WELL (SHARED WELL)
423.85
250'
DRIVE
411.10
UNION PARK RD
N

PERMIT WORKSHEET

PERMIT NUMBER

Installer Michael J. Rueloto License # IH0000336

Address of home being installed 589 NW Wesley Park Rd. Wellborn, FL 32094

Manufacturer Fleetwood Length x width (28x48)

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 MR

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

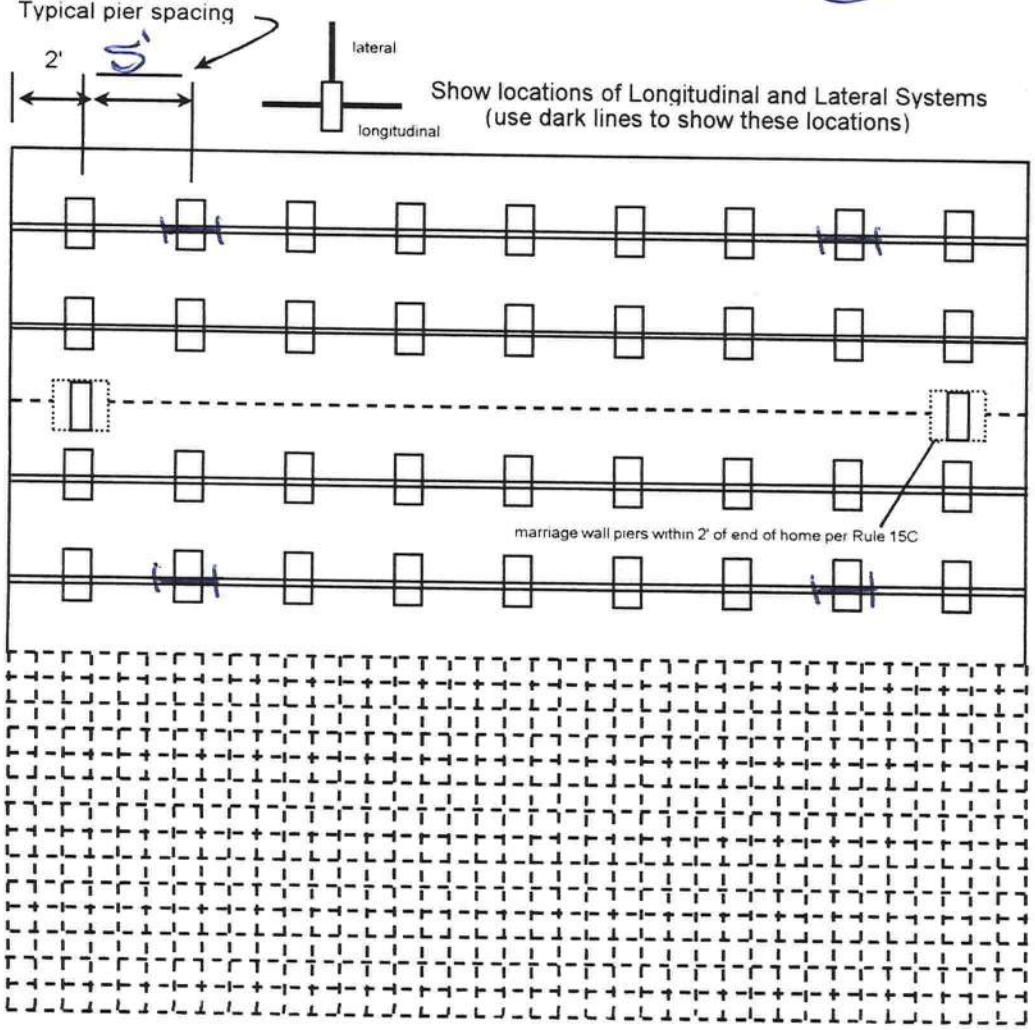
Home is installed in accordance with Rule 15-C ☑

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 303520

Triple/Quad ☐ Serial # 831625 A/B

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 17x22

Perimeter pier pad size 17x22

Other pier pad sizes (required by the mfg.) 34x22

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
N/A	34x22

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 Yes

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer 1101 by Oliver

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	N/A
Longitudinal	N/A
Marriage wall	N/A
Shearwall	N/A

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

X 2000 X 2000 X 2000

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 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 280 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Michael J. Pavlato

Date Tested 6-15-09

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. Yes

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: 10c	Length: 3 1/8x6"	Spacing: 20"
Walls:	Type Fastener: screw	Length: 3"	Spacing: 24"
Roof:	Type Fastener: 10c	Length: 3 1/8x6"	Spacing: 20"

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, 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

Type gasket foam
Pg. N/A

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

Weatherproofing

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

Miscellaneous

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

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

Installer Signature _____ **Date** 6-16-09

This Instrument Prepared by & return to:
Name KIM WATSON, an employee of TITLE OFFICES, LLC
Address 1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025
04Y-01168W
Parcel I D # 00157-102

Inst [redacted] Date:03/02/2004 Time:15:13
Doc Stamp-Deed : 0.70
DC P.DeWitt Cason,Columbia County B:1008 P:1770

SPACE ABOVE THIS LINE FOR PROCESSING DATA | SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 24th day of February, A.D. 2004, by CINDY L. BARKEVICH, N/K/A CINDY L. BLANTON, A MARRIED PERSON, hereinafter called the grantor, to **SHARON S. DAVIS, N/K/A SHARON S. SHEDDAN, JOINED BY HER HUSBAND WILLIAM E. SHEDDAN,** whose post office address is 589 NW UNION PARK RD., WELLBORN, FL 32094, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of $10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of FLORIDA**, viz:

SEE EXHIBIT "A" ATTACHED AND MADE A PART HEREOF

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTOR.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature

MARTHA BRYAN
Printed Name

Witness Signature

Beaina Simpkins
Printed Name

Cindy L. Barkevich
Cindy L Blanton L.S
CINDY L. BLANTON
Address: 587 NW Union Park Road
Wellborn FL, 32094

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 24th day of February, 2004, by CINDY L. BLANTON, who is known to me or who has produced [redacted] as identification.

Martha Bryan
MY COMMISSION # DD035534 EXPIRES
August 10, 2007

Notary Public
My commission expires _____

04Y-01108KW

Exhibit A

A PART OF LANDS DESCRIBED IN OFFICIAL RECORDS BOOK 861, PAGE 2422, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:
COMMENCE AT THE NORTHEAST CORNER OF THE NORTHWEST ¼ OF SOUTHWEST ¼ OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 15 EAST, COLUMBIA COUNTY, FLORIDA, AND RUN THENCE NORTH 89°36'17" W, ALONG THE NORTH LINE OF SAID NW¼ OF SW¼, 338.15 FEET TO THE POINT OF BEGINNING; THENCE CONTINUE N 89°36'17" W, 411.10 FEET; THENCE S 01°21'18" W, 423.85 FEET; THENCE S 89°36'17" E, 411.10 FEET; THENCE N 01°21'18" E, 423.85 FEET TO THE POINT OF BEGINNING. SAID LANDS BEING SUBJECT TO COUNTY ROAD RIGHT OF WAY ALONG THE NORTH SIDE THEREOF.

Inst:2004004694 Date:03/02/2004 Time:15:13
Doc Stamp-Deed : 0.70
DC,P.DeWitt Cason,Columbia County B:1008 P:1771

Prepared By: Dale C. Ferguson
Attorney at Law
P.O. Box 111
Lake City, Florida 32056-0111

OR 0861 PG 2422

QUIT CLAIM DEED

OFFICIAL RECORDS

THIS QUIT CLAIM DEED, Executed this 2nd day of July, 1998, by WESLEY D. DAVIS, SR., a single person, party of the first part, to SHARON S. DAVIS, a single person, whose post office address is Rt. 2, Box 240-A, Wellborn, FL 32094, party of the second part;

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten and No/100 ($10.00) Dollars, in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, does hereby remise, release and quit claim unto the said party of the second part, forever, all the right, title, interest, claim and demand which the said party of the first part has in and to the following described lot, piece or parcel of land, situate, lying and being in Columbia County, Florida, to-wit:

Begin at the Northeast corner of the NW 1/4 of the SW 1/4, Section 11, Township 3 South, Range 15 East, Columbia County, Florida, and run thence S 1 degree 21'53" West along the East line of said NW 1/4 of SW 1/4, 656.25 feet, thence N 89 degrees 36'15" West 931.01 feet, thence N 1 degree 15'33" East parallel to the West line of said Section 11, 656.25 feet to the North line of said SW 1/4, thence S 89 degrees 36'17" East along said North line, 932.22 feet to the Point of Beginning. Said lands being subject to County road right of way along the North side thereof. Containing 14.03 acres, more or less.

SUBJECT to taxes assessed on and after January 1, 1998.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said party of the first part, either in law or equity, to the only proper use, benefit and behoof of the said party of the second part forever.

IN WITNESS WHEREOF, the said party of the first part has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

Dale C. Ferguson

"Witnesses"

Wesley D. Davis, Sr. (SEAL)
WESLEY D. DAVIS, SR.

P.O. Box 832
Lake City, FL 32056

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY, FL

1998 JUL -7 PM 4:18

CLERK OF CIRCUIT COURT

Documentary Stamp .70
Intangible Tax
P. DeWitt Cason
Clerk of Court
By JC

98-10916

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 2nd day of July, 1998, by Wesley D. Davis, Sr., who is personally known to me or who have produced ~~a~~ personal knowledge identification and who did not take an oath.

(Notarial Seal)

Notary Public

KAREN M. WRIGHT
MY COMMISSION # CC 704496
EXPIRES: January 17, 2002
Bonded Thru Notary Public Underwriters

Commission No.

My commission expires:

OR 0861 PG2423
OFFICIAL RECORDS

Columbia County Property Appraiser

DB Last Updated: 4/27/2009

Parcel: 11-3S-15-00157-106

2009 Preliminary Values

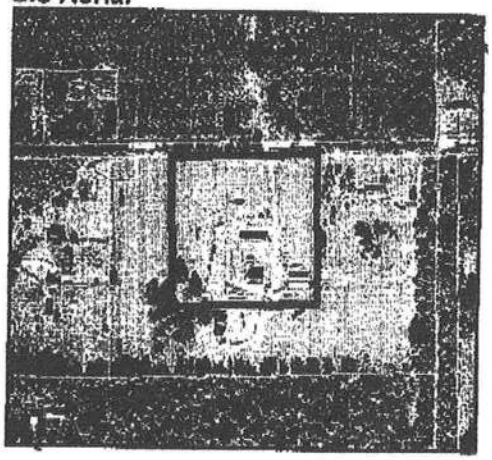
Tax Record | Property Card | Interactive GIS Map | Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	SHEDDAN SHARON S & WILLIAM E		
Site Address	UNION PARK		
Mailing Address	328 SW THORNE LN FT WHITE, FL 32038		
Use Desc. (code)	IMPROVED A (005000)		
Neighborhood	011315.00	**Tax District**	3
UD Codes	MKTA01	**Market Area**	01
Total Land Area	4.000 ACRES		
Description	BEG NE COR OF NW1/4 OF SW1/4, RUN W 338.15 TO POB, CONT W 411.10 FT, S 423.85 FT, E 411.10 FT, N 423.85 FT TO POB. (AKA PART OF PRCL'S A & B BETHEA ACRES UNREC) ORB 788-610, 861-2422, CASE# 98-137-DR ORB 863-173, JTWRS WD 879-2596, 1008-1770.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	$14,004.00
Ag Land Value	cnt: (1)	$600.00
Building Value	cnt: (1)	$9,434.00
XFOB Value	cnt: (2)	$10,600.00
Total Appraised Value		$34,638.00

Just Value	$58,046.00
Class Value	$34,638.00
Assessed Value	$34,638.00
Exemptions	$0.00
Total Taxable Value	County: $34,638.00 | City: $34,638.00 Other: $34,638.00 | School: $34,638.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vimp	Sale Qual	Sale RCode	Sale Price
7/2/1998	861/2422	QC	I	U	01	$0.00
3/22/1994	788/610	CD	V	U	13	$16,660.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	2001	Minimum (01)	2052	2052	$9,434.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0285	SALVAGE	2005	$1,000.00	0000001.000	0 x 0 x 0	(000.00)
0030	BARN,MT	2007	$9,600.00	0001600.000	40 x 40 x 0	AP (050.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	0000001.000 AC	1.00/1.00/1.00/1.00	$12,004.20	$12,004.00
006200	PASTURE 3 (AG)	0000003.000 AC	1.00/1.00/1.00/1.00	$200.00	$600.00

Columbia County Property Appraiser

DB Last Updated: 4/27/2009

2009 Preliminary Values

Parcel: 11-3S-15-00157-102 HX

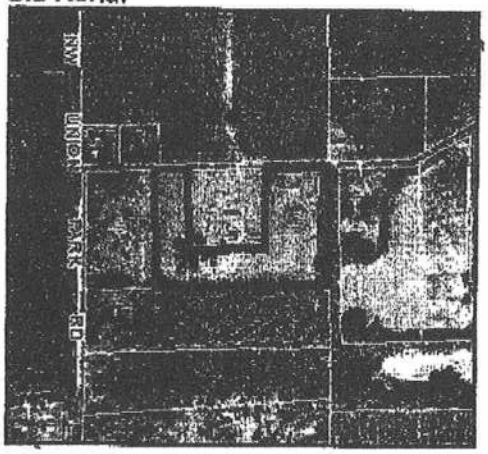
Tax Record | Property Card | Interactive GIS Map | Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	DAVIS SHARON S &		
Site Address	UNION PARK		
Mailing Address	CINDY L BARKEVICH (JTWRS) 587 NW UNION PARK RD WELLBORN, FL 32094		
Use Desc. (code)	IMPROVED A (005000)		
Neighborhood	011315.00	**Tax District**	3
UD Codes	MKTA01	**Market Area**	01
Total Land Area	10.030 ACRES		
Description	BEG NE COR OF NW1/4 OF SW1/4, RUN S 656.25 FT, W 931.01 FT, N 656.25 FT, E 932.22 FT TO POB. EX 4 AC DESC IN 1008-1770 (AKA PART OF PRCLS A & B BETHEA ACRES S/D UNREC) ORB 788-610, 861-2422, CASE# 98-137-DR ORB 863-173, JTWRS WD 879-2596,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	$14,004.00
Ag Land Value	cnt: (1)	$1,806.00
Building Value	cnt: (1)	$31,268.00
XFOB Value	cnt: (1)	$200.00
Total Appraised Value		$47,278.00

Just Value		$101,060.00
Class Value		$47,278.00
Assessed Value		$47,021.00
Exemptions	(code: HX)	$25,000.00
Total Taxable Value		County: $22,021.00 | City: $22,021.00 Other: $22,021.00 | School: $22,021.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vimp	Sale Qual	Sale RCode	Sale Price
7/2/1998	861/2422	QC	I	U	01	$0.00
3/22/1994	788/610	CD	V	U	13	$16,660.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1996	Vinyl Side (31)	1344	1464	$31,268.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	2005	$200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	0000001.000 AC	1.00/1.00/1.00/1.00	$12,004.20	$12,004.00
006200	PASTURE 3 (AG)	0000009.030 AC	1.00/1.00/1.00/1.00	$200.00	$1,806.00
009910	MKT.VAL.AG (MKT)	0000009.030 AC	1.00/1.00/1.00/1.00	$0.00	$55,588.00
009945	WEL../SEPT (MKT)	0000001.000 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00

FDID *	State *	Incident Date *	Station	Incident Number *	Exposure *		
29091	FL	04 17 2008	43	08-0001485	000	☐ Change ☐ No Activity	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
589	NW	Union Park	RD	

Apt./Suite/Room	City	State	Zip Code
	Wellborn	FL	32094 -

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)	04	17	2008	05:02:00
☒	Arrival * (ARRIVAL required, unless canceled or did not arrive)	04	17	2008	05:24:00
☐	Controlled (CONTROLLED Optional, Except for wildland fires)				
☒	Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	04	17	2008	13:05:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B	01	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	0005	0009
EMS		
Other	0001	

☐ 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 $ ____ , 100 , 000 ☐
Contents $ ____ , 030 , 000 ☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 100 , 000 ☐
Contents $ ____ , 030 , 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	001	

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 evacuation 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/cared 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

Local Option

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

[X] 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
	William	E	Sheddan, Jr.	

Number	Prefix	Street or Highway	Street Type	Suffix
589	NW	Union Park	RD	

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

Wellborn

State: FL | Zip Code: 32094

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

K2 Owner [ ] Same as person involved? Then check this box and skip the rest of this section.

Local Option

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

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

Mr.,Ms., Mrs.	First Name	MI	Last Name	Suffix
	William		Sheddan	

Number	Prefix	Street or Highway	Street Type	Suffix
589	NW	Union Park	RD	

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

Wellborn

State: FL | Zip Code: 32094

L Remarks

Local Option

We were dispatched to a structure fire. While enroute dispatch advised us that there was a possibility that someone was still inside the structure. Upon our arrival we found a double wide mobile home fully involved with roof structure gone as well as part of the exterior walls. Pulled two 1 3/4" lines from Engine 42 and started attack on the fire. Also set up dump tank for water shuttle from Tanker 42 and Tanker 40.

While firefighters were doing fire suppression Lt. Arness Thomas spoke with the victims husband. He advised where the victim might be. Fire crews found the victim underneath the mobile home on the ground. Apparently the victim fell through the floor during the fire. Called for the State Fire Marshall's office to respond to the scene.

Cause of the fire is under investigation by the fire marshall's office. Scene turned over to the marshall, all units cleared and returned to station.

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
0087	Thomas, James Arness	SC		04	18	2008

Check Box if same as Officer in charge. [X]

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
0087	Thomas, James Arness	SC		04	18	2008

FDID * | State * | Incident Date * | Station | Incident Number * | Exposure * | Change / No Activity | 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 UU Undetermined
Area of fire origin *

D2 UU Undetermined
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

UU Undetermined
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 involved

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

Mobile 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

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

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
0 [ ] Other
U [ ] Undetermined

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

Structure Fire

, 001 , 900 — Total square feet

OR

Length in feet BY 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
0 [ ] 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

Fold * State * Incident Date * Station Incident Number * Exposure * Change Casualty

B Injured Person * 1 ☐ Male 2 ☒ Female

First Name: Sharon | MI: Su | Last Name: Sheddan | Suffix:

C Casualty Number *: 1

D Age or date of birth *

Age: 37 ☐ Months (for Infants)

OR

Month: | Day: | Year:

E1 Race

1 ☒ White
2 ☐ Black
3 ☐ Am. Indian, Eskimo
4 ☐ Asian
0 ☐ Other, multi-racial
U ☐ Undetermined

E2 Ethnicity

☐ Hispanic

F Affiliation

1 ☐ Civilian
2 ☐ EMS, not fire department
3 ☐ Police
0 ☐ Other

G Date & Time of Injury (Midnight is 0000.)

Month: 4 | Day: 17 | Year: 2008 | Hour: | Minutes:

H Severity *

1 ☐ Minor
2 ☐ Moderate
3 ☐ Severe
4 ☐ Life threatening
5 ☒ Death

I Cause of Injury

1 ☒ Exposed to fire products including flame heat, smoke, & gas
2 ☐ Exposed to toxic fumes other than smoke
3 ☐ Jumped in escape attempt
4 ☐ Fell, slipped or tripped
5 ☐ Caught or trapped
6 ☐ Structural collapse
7 ☐ Struck by/or contact with object
8 ☐ Overexertion
9 ☐ Multiple causes
0 ☐ Other
U ☐ Undetermined

J Human Factors Contributing to Injury

☐ None
Check all applicable boxes

1 ☐ Asleep
2 ☐ Unconscious
3 ☐ Possibly impaired by alcohol
4 ☐ Possibly impaired by other drug
5 ☐ Possibly mentally disabled
6 ☐ Physically disabled
7 ☐ Physically restrained
8 ☐ Unattended person

K Factors Contributing to Injury

☐ None
Enter up to three contributing factors

Contributing factor (1):
Contributing factor (2):
Contributing factor (3):

L Activity When Injured

1 ☐ Escaping
2 ☐ Rescue attempt
3 ☐ Fire control
4 ☐ Return to fire before control
5 ☐ Return to fire after control
6 ☐ Sleeping
7 ☐ Unable to act
8 ☐ Irrational act
0 ☐ Other
U ☐ Undetermined

M1 Location at Time of Incident

1 ☐ In area of origin and not involved
2 ☐ Not in area of origin & not involved
3 ☐ Not in area of origin, but involved
4 ☐ In area or origin and involved
U ☐ Undetermined

M2 General Location at Time of Injury

Check ONE Box. If undetermined, leave blank and skip to Section N.

1 ☐ In area of fire origin — Skip To Section N
2 ☐ In building, but not in area
3 ☐ Outside, but not in area — Skip to Section M5

M3 Story at Time of Incident

Complete ONLY if injury occurred INSIDE

Story at START of incident: | ☐ Below Grade

M4 Story Where Injury Occurred

Story where injury occurred, if different from M3: | ☐ Below Grade

M5 Specific Location at Time of Injury

Complete ONLY if casualty NOT in area of origin

Specific location at time of injury:

N Primary Apparent Symptom

01 ☐ Smoke only, asphyxiation
11 ☐ Burns & smoke inhalation
12 ☐ Burns only
21 ☐ Cut, laceration
33 ☐ Strain or sprain
96 ☐ Shock
98 ☐ Pain only

Look up code only if the symptom is NOT found above

Primary apparent symptom:

O Primary Area of Body Injured

1 ☐ Head
2 ☐ Neck & shoulder
3 ☐ Thorax
4 ☐ Abdomen
5 ☐ Spine
6 ☐ Upper extremities
7 ☐ Lower extremities
8 ☐ Internal
9 ☐ Multiple body parts

P Disposition

☐ Transported to emergency care facility

Remarks Local option

NFIRS-4 Revision 11/17/98

FDID * | State * | Incident Date * | Station | 08-0001485 Incident Number * | 000 Exposure * | ☐ Delete ☐ Change | Apparatus or Resources

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 CF2 Type 92	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	1	☐ Suppression ☐ EMS ☒ Other	73
2 ID E40 Type 11	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	2	☒ Suppression ☐ EMS ☐ Other	73 74 75 76
3 ID E42 Type 11	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	1	☒ Suppression ☐ EMS ☐ Other	73 74 75 76
4 ID QR42 Type 12	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	1	☒ Suppression ☐ EMS ☐ Other	73 74 75
5 ID T42 Type 24	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	2	☒ Suppression ☐ EMS ☐ Other	73 74 75 76
6 ID T43 Type 24	Dispatch ☒ 4 17 2008 05:02 Arrival ☒ 4 17 2008 05:24 Clear ☒ 4 17 2008 13:05	X	2	☒ Suppression ☐ EMS ☐ Other	73 74 75 76
7 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
8 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
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

FDID * | State * | Incident Date * | 43 Station | 08-0001485 Incident Number * | 000 Exposure * | Delete | Change | 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 CF2 Type 92	Dispatch X 4 17 2008 05:02 Arrival X 4 17 2008 05:24 Clear X 4 17 2008 13:05	Sent X	1	☐ Suppression ☐ EMS ☒ Other	73

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
0016	Cason, James	AC	X	58	11	12	

2 ID E40 Type 11	Dispatch X 4 17 2008 05:02 Arrival X 4 17 2008 05:24 Clear X 4 17 2008 13:05	Sent X	2	☒ Suppression ☐ EMS ☐ Other	73 74 75 76

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
0087	Thomas, James	SC	X	11	12	81	86
TURN01	Turner, Michael	FF	X	58	11	12	

3 ID E42 Type 11	Dispatch X 4 17 2008 05:02 Arrival X 4 17 2008 05:24 Clear X 4 17 2008 13:05	Sent X	1	☒ Suppression ☐ EMS ☐ Other	73 74 75 76

Personnel ID	Name	Rank or Grade	Attend X	Action Taken	Action Taken	Action Taken	Action Taken
0011	Buchner, Brian	FF	X	58	11	12	

FDID * | State * | Incident Date * | Station | Incident Number * 08-0001485 | Exposure * 000 | Delete | Change | 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 QR42 Type 12	Dispatch [X] 4 17 2008 05:02 Arrival [X] 4 17 2008 05:24 Clear [X] 4 17 2008 13:05	Sent [X]	1	[X] Suppression [ ] EMS [ ] Other	73 74 75

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0054	Killebrew, Dennis	BC	X	58	11	12	

2 ID T42 Type 24	Dispatch [X] 4 17 2008 05:02 Arrival [X] 4 17 2008 05:24 Clear [X] 4 17 2008 13:05	Sent [X]	2	[X] Suppression [ ] EMS [ ] Other	73 74 75 76

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0007	Bertram, Jason	FF	X	58	11	12	
MCC001	McCook, Joshua	FF	X	11	12		

3 ID T43 Type 24	Dispatch [X] 4 17 2008 05:02 Arrival [X] 4 17 2008 05:24 Clear [X] 4 17 2008 13:05	Sent [X]	2	[X] Suppression [ ] EMS [ ] Other	73 74 75 76

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0021	Crews, Ronnie	FF	X	58	11	12	
0031	Duren, Scott	FF	X	11	12		

faxed 6/22/09

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6/22/09 BY CS IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME William Sheddan PHONE _____ CELL 209-0869

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME LK. Jeffrey Rd. to Union Park Rd - left 5th on left.

MOBILE HOME INSTALLER Michael Perlato PHONE 963-1373 CELL 623-1322

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 99 SIZE 28 x 48 COLOR Cream

SERIAL No 83625 A/B

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

INSPECTION STANDARDS

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

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

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

STATUS

APPROVED P WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Chris D. Pruitt 402 6-23-09

Sent 6/17/09

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME William Sheddan PHONE N/A CELL 209-0869

INSTALLER Michael J. Rolato PHONE 963-1373 CELL 623-1322

INSTALLERS ADDRESS 7161 152nd St. Wellborn, FL 32094

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1999 SIZE 28 X 48

COLOR Cream SERIAL No. 83625 A/B

WIND ZONE II SMOKE DETECTOR yes

INTERIOR:

FLOORS plywood (good)

DOORS ✓

WALLS ✓

CABINETS ✓

ELECTRICAL (FIXTURES/OUTLETS) ✓

EXTERIOR:

WALLS / SIDDING Vinyl Siding

WINDOWS need some new screens

DOORS Fair

STATUS:

APPROVED ✓ NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Michael J. Rolato

Installer/Inspector Signature [signature] License No. IH0000336 Date 6-16-09

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 _____ Date _____

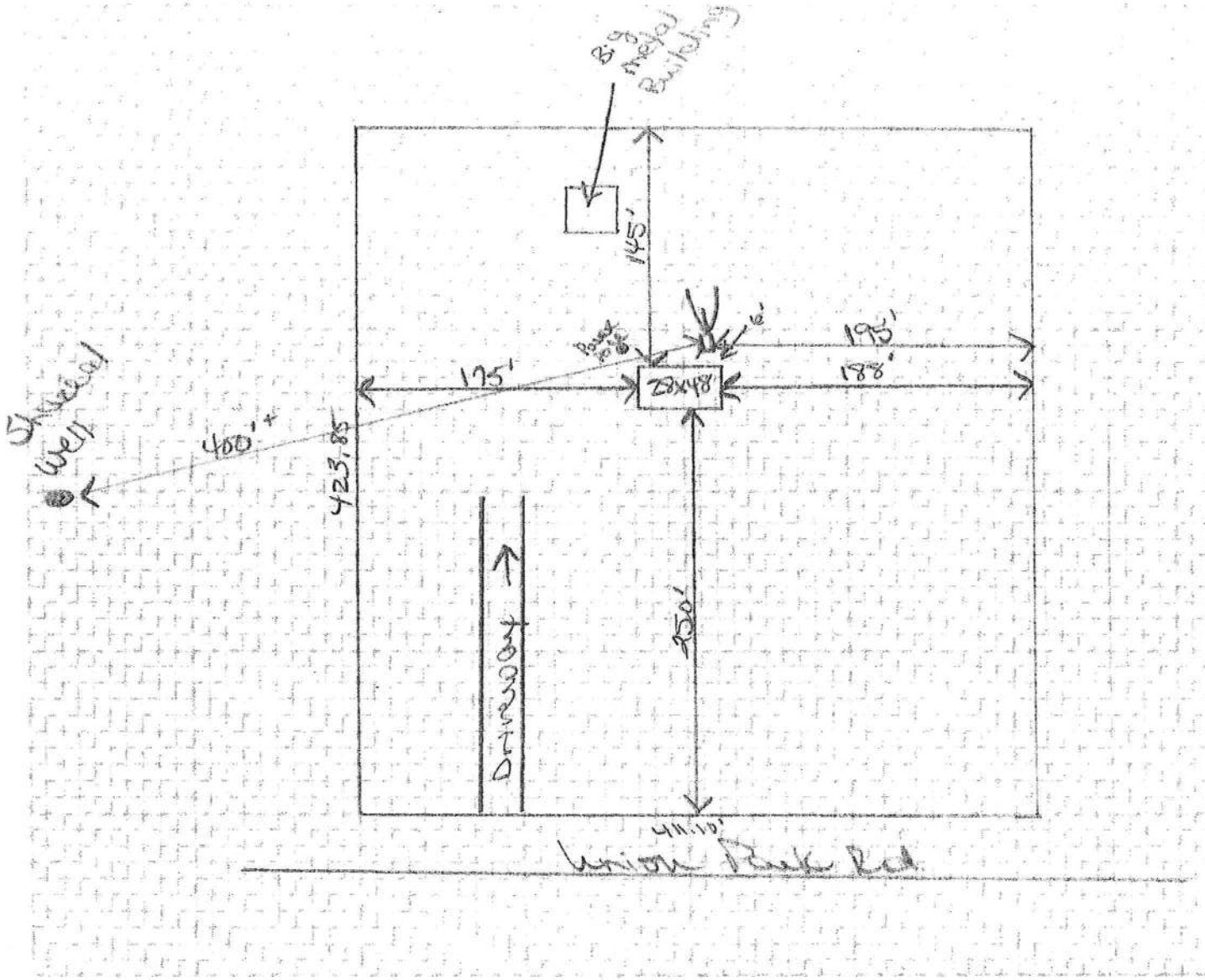
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0344

PART II - SITE PLAN

Scale: ~~Each block represents 5 feet and 1 inch = 50 feet.~~ 10' 100'



Notes: _____

Site Plan submitted by: _____ Signature _____ Title

Plan Approved ✓ Not Approved _____ Date 6-24-09

By Sallie Ford EH Director Columbia County Health Departme

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Suwannee

OWNERS NAME William Sheddon PHONE n/a CELL 209-0869

INSTALLER Michael J. Bolado PHONE 963-1373 CELL 623-1322

INSTALLERS ADDRESS 7141 152nd St. Bellboro, FL 32094

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1999 SIZE 28 x 48

COLOR Cream SERIAL No. 83625 A/B

WIND ZONE II SMOKE DETECTOR Yes

INTERIOR:
FLOORS Plywood (good)

DOORS ✓

WALLS ✓

CABINETS ✓

ELECTRICAL (FIXTURES/OUTLETS) ✓

EXTERIOR:
WALLS / SIDDING Vinyl Siding

WINDOWS need some new screens

DOORS Fair

STATUS:
APPROVED ✓ NOT APPROVED

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Michael J. Bolado

Installer/Inspector Signature [signature] License No. IH0000336 Date 6-16-09

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Code Enforcement Approval Signature [signature] Date 6-30-09