

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only		(Revised 7-1-15)	Zoning Official _____	Building Official _____
AP# _____	Date Received _____	By _____	Permit # _____	
Flood Zone _____	Development Permit _____	Zoning _____	Land Use Plan Map Category _____	
Comments _____				
FEMA Map# _____	Elevation _____	Finished Floor _____	River _____	In Floodway _____
<input type="checkbox"/> Recorded Deed or <input type="checkbox"/> Property Appraiser PO <input type="checkbox"/> Site Plan <input type="checkbox"/> EH # _____ <input type="checkbox"/> Well letter OR <input type="checkbox"/> Existing well <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Installer Authorization <input type="checkbox"/> FW Comp. letter <input type="checkbox"/> App Fee Paid <input type="checkbox"/> DOT Approval <input type="checkbox"/> Parent Parcel # _____ <input type="checkbox"/> STUP-MH _____ <input type="checkbox"/> 911 App <input type="checkbox"/> Ellisville Water Sys <input type="checkbox"/> Assessment _____ <input type="checkbox"/> Out County <input type="checkbox"/> In County <input type="checkbox"/> Sub VF Form				

Property ID # 34-35-16-02507-001 Subdivision Lake City Hols Lot# 14

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x52 Year 2021
- Applicant H&L Customer Service, LLC Phone # (386) 984-9334
- Address 301 SW Faul Ct, Lake City, FL, 32024
- Name of Property Owner Susan Murray Phone# (386) 288-8547
- 911 Address 270 Divider Ter, Lake City, FL, 32055
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Susan Murray Phone # (876) 288-8547
 Address 270 Divider Ter, Lake City, FL, 32055
- Relationship to Property Owner self.
- Current Number of Dwellings on Property 0
- Lot Size 0.94 Acres Total Acreage 0.94 Acres
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes -
- Driving Directions to the Property Turn (L) onto NE Madison St, Turn (L) onto N Marion Ave
Turn (R) onto W Duval St, Turn (R) onto NW Lake City Ave, Turn (R) onto
NW Apple Ln, Turn (L) onto NW Divider Terr, Destination is on your
(L)
- Name of Licensed Dealer/Installer Robert Sheppard Phone # (386) 623-2203
- Installers Address 6355 SE CR 245, Lake City, FL, 32025
- License Number TH/1025386 Installation Decal # 72071

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE (386) 623-2203

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

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

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

ELECTRICAL	<div>Print Name <u>Glenn Whittington</u> Signature <u>Glenn Whittington</u></div> <div>License #: <u>EC 13002952</u> Phone #: <u>(386) 972-1701</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>
MECHANICAL/ A/C <input checked="" type="checkbox"/>	<div>Print Name <u>Charles Thomas</u> Signature <u>Charles Thomas</u></div> <div>License #: <u>CAC 1817820</u> Phone #: <u>(419) 680-2023</u></div> <div>Qualifier Form Attached <input type="checkbox"/></div>

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



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

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, Robert Sheppard, give this authority and I do certify that the below
Installers Name

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

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Heide Morrison	H Morrison	H&L Customer Service
Lamanda Mote	Lamanda Mote	H&L Customer Service

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

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

Robert Sheppard
License Holders Signature (Notarized)

14/1025326
License Number

07/16/20
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) personally known on this 16th day of July, 2020.

NOTARY'S SIGNATURE

(Seal/Stamp)

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

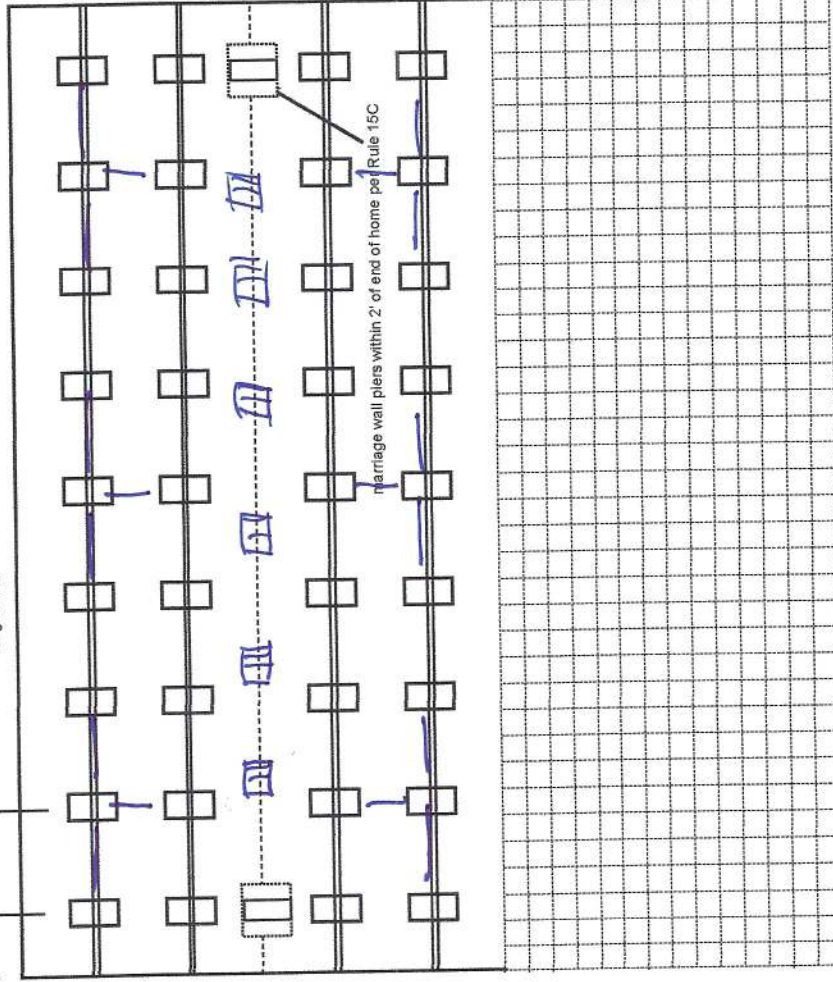
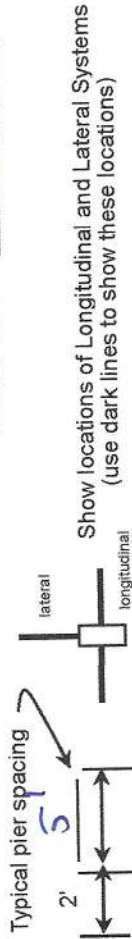
Installer: Robert Shepard License # 74/1025386

Address of home being installed: 220 Divides Ter
Lake City, FL 32055

Manufacturer: Champion Length x width: 28x52

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: RS



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 # 72071

Triple/Quad ☐ Serial # F1241-00p-h-010351643

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'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25
Perimeter pier pad size 16x16
Other pier pad sizes (required by the mfg.) 17x25

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

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 _____

4 ft ☒ 5 ft

ANCHORS

FRAME TIES

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

OTHER TIES

Number 26
Sidewall 6
Longitudinal 8
Marriage wall 4
Shearwall

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer diver 1101

Mobile Home Permit Worksheet

Application Number: _____

Date: _____

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

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

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 270 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 require anchors with 4000 lb. holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

07/13/20

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 27

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: Lags Length: 5 Spacing: 16
Walls: Type Fastener: screws Length: 4 Spacing: 16
Roof: Type Fastener: Lags Length: 6 Spacing: 16
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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

Installer's initials RS

Type gasket Foam

Pg. 22

Installed:

Between Floors Yes ☒

Between Walls Yes ☒

Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 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: _____

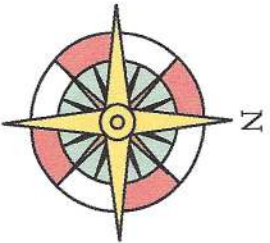
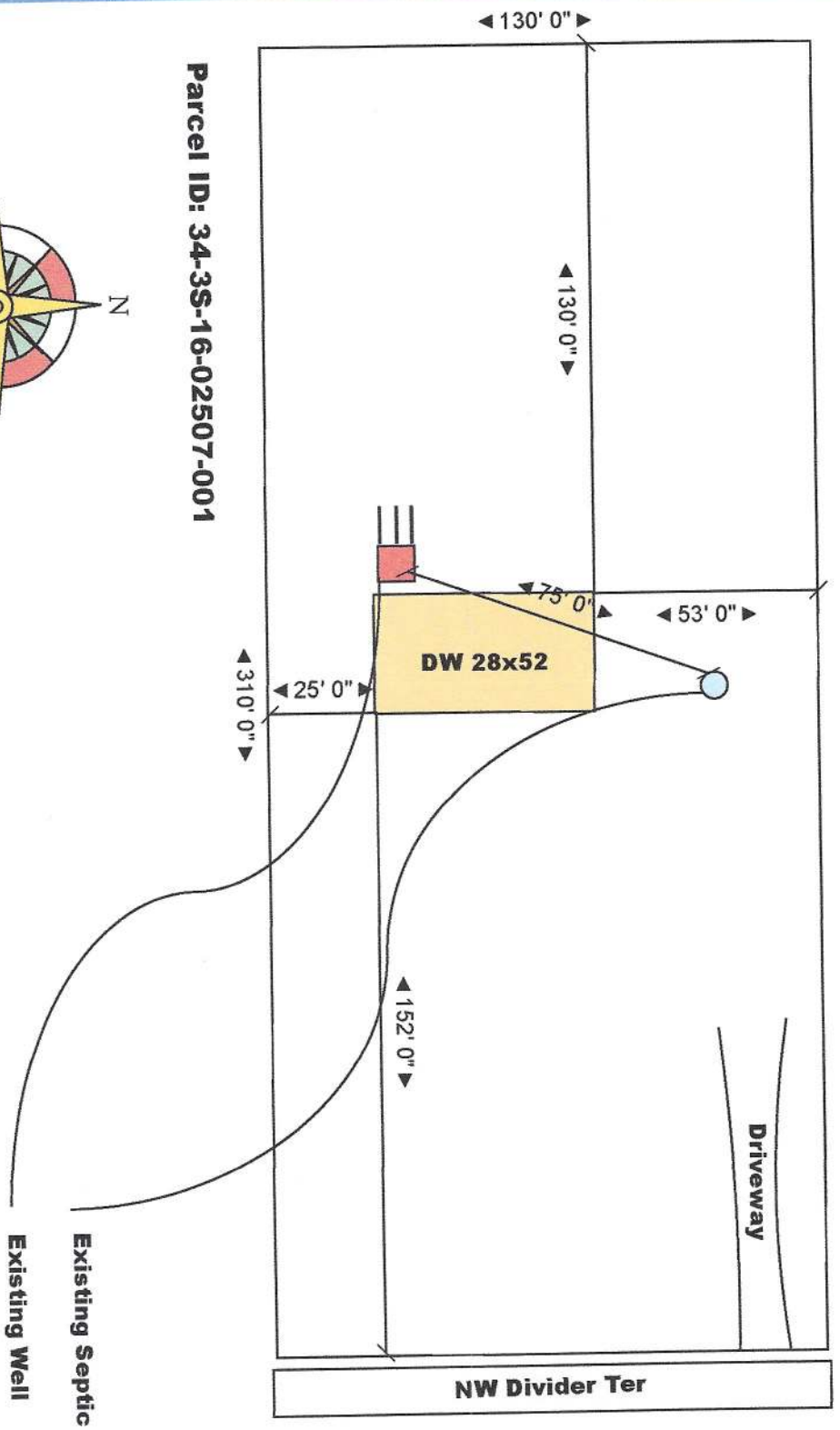
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Robert Sheppard

Date

07/13/20

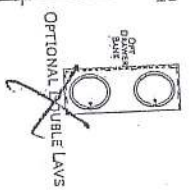
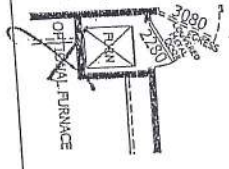
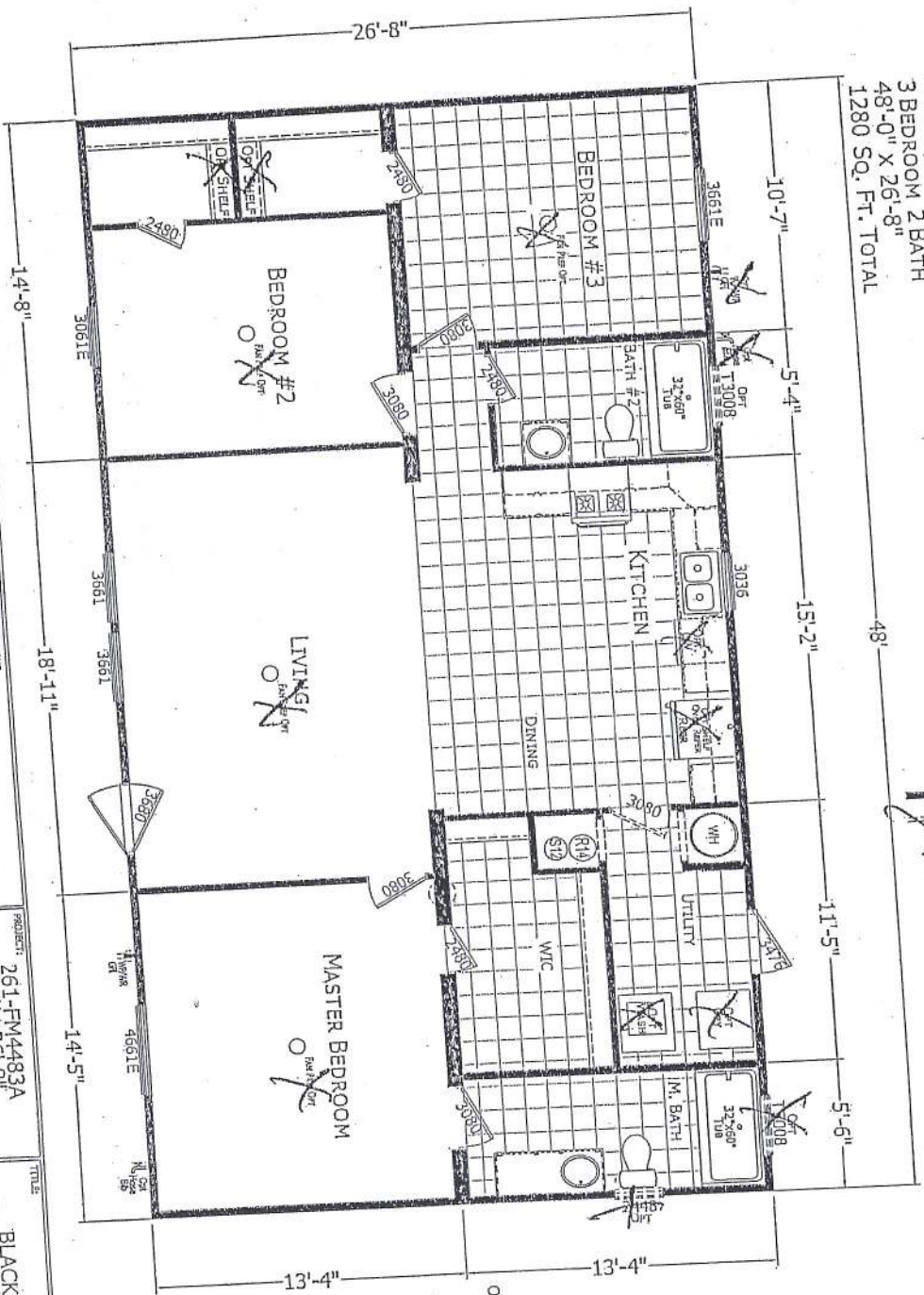


Parcel ID: 34-3S-16-02507-001

Site:	270 Divider Ter, Lake City	Drawing:	80270	Project:	0000270	Drawn:	Heide M	Notes:	H&L Customer Service, LLC 301 SW Faul Ct Lake City, FL 32024 386-984-9334
Title:	Susan Murray	Scale:	1"=40'	Date:	07/15/20	Rev:	A		

QT-049952

261-FM4483A
 3 BEDROOM 2 BATH
 48'-0" X 26'-8"
 1280 SQ. FT. TOTAL



CHAMPION
 HOME BUILDERS

720 W. 3RD STREET, SUITE 1000, TOMBALL, TX 77454
 PHONE: 281-351-1234

PROJECT: 261-FM4483A
 48' X 26'-8"
 3 BD 2 BTH
 DATE: 03-12-78
 SCALE: 3/16" = 1'-0"

TITLE: BLACKLINE
 PLUMBING: PM4483A

SHEET: L-101
 PROPRIETARY AND CONFIDENTIAL
 THIS DRAWING IS THE PROPERTY OF CHAMPION HOME BUILDERS AND IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF CHAMPION HOME BUILDERS.

103491

Serial Number - JEN

PROJECT: 261-FM4483A
48' x 26'-8"
3 BD 2 BTH

TITLE: PIER
FOUNDATION
PLAN

SHEET: PR-101

MODIFICATIONS

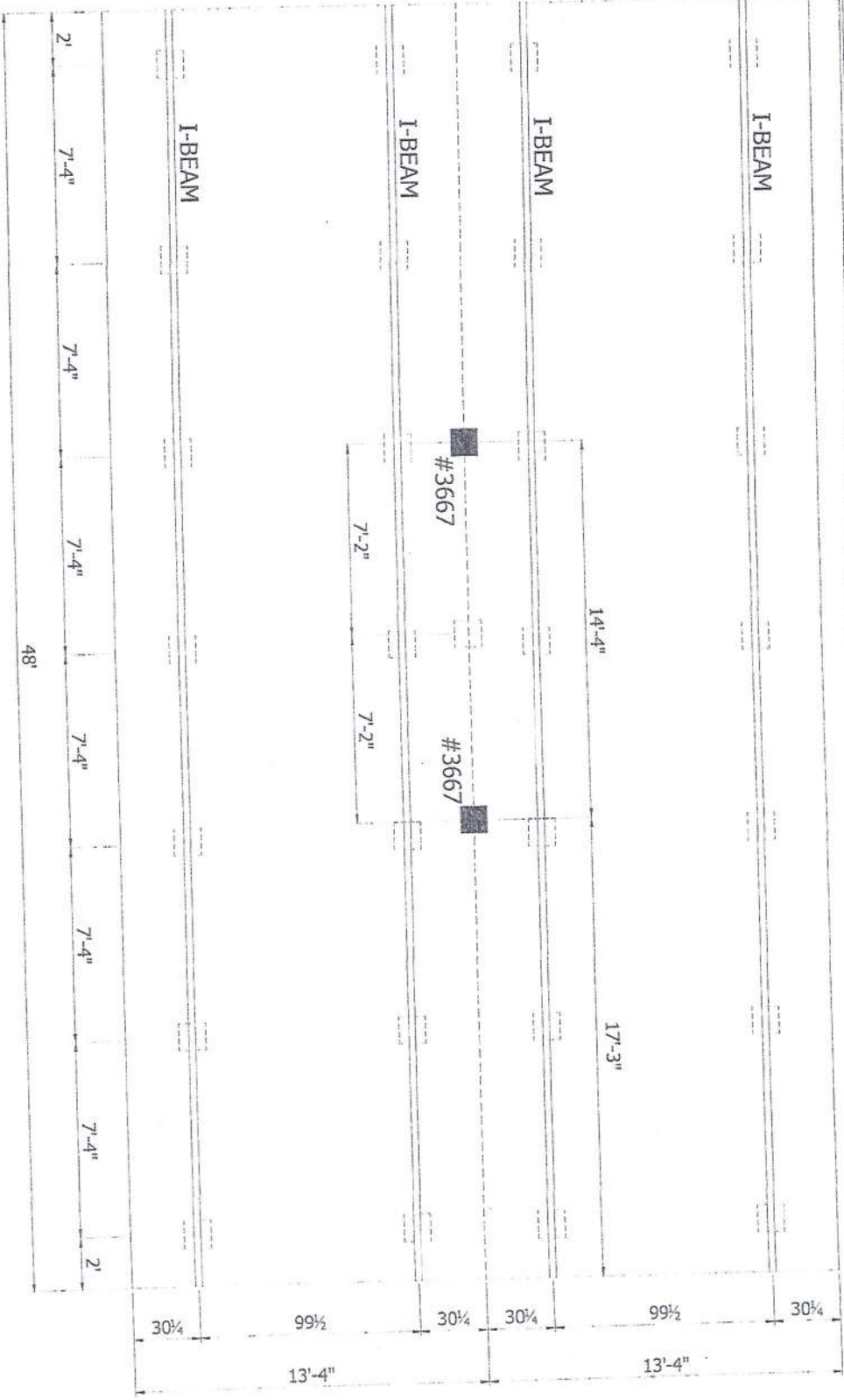
DATE: 03-12-20

FILENAME: 103491-FM4483A

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL
PROPERTY OF CHAMPION HOME BUILDERS
COPYING OR REPRODUCTION IS PROHIBITED

COLUMN BLOCKING
SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
BLOCKING

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED
SIDEWALLS AND EXTERIOR WALL OPENINGS 48"
OR GREATER, WILL REQUIRE BLOCKING ON EACH SIDE.



H&L Customer Service, LLC
301 SW Faul Court, Lake City, Florida 32024

LIMITED POWER OF ATTORNEY

I Susan Murray, do hereby authorize H&L Customer Service, LLC and it's members, Heide Morrison and/or Lamanda Mote, to act fully on my behalf in all aspects of applying for permits, pulling permits, and picking up permits as needed for the installation of a new mobile home located at the below address;

270 NW Divider Terrace
Lake City, FL 32055

In Columbia County, Florida.

Susan D Murray

Signature

7/15/20

Date

State of Florida

County of Columbia

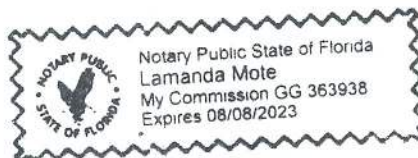
This Instrument was signed or acknowledged before me on this 15th day of July 2020 by Susan Murray. If ID provided, type of state issued ID provided personally known.

Lamanda Mote
Notary Public

Seal:

My Commission Expires:

08/08/2023



Ironwood Homes

4109 US HWY. 90 WEST

Lake City, FL 32024

OFFICE [386]7521452 FAX [386]7521371

Wed
Supp

DATE OF BIRTH
BUYER
CO-BUYER

BUYER(S) susan doranne murray		PHONE 3862888547	DATE 7/1/2020
ADDRESS 270 nw divider terrace lake city florida 32055		SALES PERSON randy mims	
DELIVERY ADDRESS 270 nw divider terrace lake city florida 32055			
MAKE & MODEL champion 4483a	YEAR 2021	BEDROOMS 3br/2ba	FLOORSIZE L W 28x48
SERIAL NUMBER f1261-00p-h-a103516a/b		HITCHSIZE L W 28x52	
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR flint	
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

This insulation information was furnished by the manufacturer and is disclosed in compliance with the Federal trade Commission Rule 16CFR, Sec. 460.16.

NON-TAXABLE ITEMS	
Standard 1 year Warranty 1/7/10 upgrade \$1000	Closing Costs Appraisal Fee Insurance 1 year Survey
Land Improvement Cost:	Permits/siteplan \$0.00
Delivery Freight w/100 miles INCLUDED	Dirt Pad/moistBar included \$0.00
Florida State Code Set Up INCLUDED	Well(Up To 100 Ft)
Water/Sewer 20 ft. INCLUDED	well(Over 100 Ft)
2 Code Steps(wood) INCLUDED	Over 20 Ft Plumb
Skirting(Standard Vinyl/wt) INCLUDED	3rd Step Or Porch
A/c packaged Heat/Cool INCLUDED	200 Amp upgrade
Heat Pump Upgrade \$1000	Septic(In Ground)
Skirting Upgrade Rock Vinyl	Septic(Elevated)
Elec Connections INCLUDED	Power Pole
	Subfeed In Ground
TOTAL \$0.00	

PROPOSED DELIVERY DATE	KEY NUMBERS
BASE PRICE OF UNIT	\$73,500.00
OPTIONAL EQUIPMENT (Taxable)	
Other (taxable)	
SUB-TOTAL	\$73,500.00
SALES TAX 6%	\$4,460.00
NON-TAXABLE ITEMS	\$0.00
TAG & TITLE FEES	\$250.00
COUNTY SURTAX	inc
1. CASH PURCHASE PRICES	\$78,210.00
TRADE IN ALLOWANCE	\$
LESS BAL. DUE ON ABOVE	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$25,500.00
CASH AS AGREED	\$
2. LESS TOTAL CREDITS	\$ 52,710.00
SUB-TOTAL	\$
SALES TAX(not included above)	
3. UNPAID BAL OF CASH SALE PRICE	\$ \$52,710.00

REMARKS:

NO VERBAL AGREEMENTS WILL BE HONORED.

Initial: SDM

Connect water & sewer within 20 ft. to existing facilities
Customer responsible for any gas or electrical hookups
Wheels & Axles deleted from sale price of home. Will lend for a local move
Customer responsible for releveling of home after intial setup.
Cannot be responsible for settling of land.

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.			
DESCRIPTION OF TRADE-IN	YEAR	SIZE	
MAKE	MODEL	BEDROOMS	
TITLE NO.	SERIAL	COLOR	
AMOUNT OWING TO WHOM	NO.		

ANY DEBT BUYER OWES ON THE TRADE-IN IS TO BE PAID BY THE ☐ DEALER ☐ BUYER

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS CONTRACT. Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described trailer, manufactured home or vehicle: the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.
BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER HAS READ A UNDERSTANDS THE BACK OF THIS AGREEMENT

Ironwood Homes	DEALER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent	
By <u>[Signature]</u>	APPROVED

SIGNED X <u>[Signature]</u>	BUYER
SOCIAL SECURITY NO. _____	
SIGNED X _____	BUYER
SOCIAL SECURITY NO. _____	

Columbia County Property Appraiser

Jeff Hampton

2020 Working Values

updated: 6/5/2020

Parcel: << 34-3S-16-02507-001 >>

Owner & Property Info

Result: 2 of 2

Owner	MURRAY SUSAN D 150 SE WHEAT DR LAKE CITY, FL 32025		
Site	270 DIVIDER TER, LAKE CITY		
Description*	LOT 14 BLOCK A WEST LAKE CITY HILLS S/D. ORB 849-1850, 853-102 & WD 1193-1140		
Area	0.94 AC	S/T/R	34-3S-16E
Use Code**	MOBILE HOM (000200)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2019 Certified Values		2020 Working Values	
Mkt Land (2)	\$13,970	Mkt Land (2)	\$13,970
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$42,096	Building (1)	\$40,702
XFOB (4)	\$2,900	XFOB (4)	\$2,900
Just	\$58,966	Just	\$57,572
Class	\$0	Class	\$0
Appraised	\$58,966	Appraised	\$57,572
SOH Cap [?]	\$2,112	SOH Cap [?]	\$0
Assessed	\$56,854	Assessed	\$57,572
Exempt	HX H3 \$31,854	Exempt	\$0
Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$31,854	Total Taxable	county:\$57,572 city:\$57,572 other:\$57,572 school:\$57,572

Aerial Viewer Pictometry Google Maps

☒ 2019 ☐ 2016 ☐ 2013 ☐ 2010 ☐ 2007 ☐ 2005 ☒ Sales


Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
4/26/2010	\$103,500	1193/1140	WD	I	Q	01
2/5/1998	\$13,700	853/0125	WD	V	Q	
12/1/1997	\$10,000	849/1850	WD	V	Q	

Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	MOBILE HME (000800)	1999	2356	2436	\$42,096

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	1998	\$1,200.00	1.000	0 x 0 x 0	(000.00)
0060	CARPORT F	1998	\$1,260.00	360.000	18 x 20 x 0	AP (030.00)
0296	SHED METAL	1998	\$280.00	80.000	8 x 10 x 0	AP (030.00)
0296	SHED METAL	1993	\$160.00	80.000	8 x 10 x 0	AP (060.00)

Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000200	MBL HM (MKT)	1.000 LT - (0.940 AC)	1.00/1.00 1.00/1.00	\$10,720	\$10,720
009945	WELL/SEPT (MKT)	1.000 UT - (0.000 AC)	1.00/1.00 1.00/1.00	\$3,250	\$3,250

Search Result: 2 of 2

© Columbia County Property Appraiser | Jeff Hampton | Lake City, Florida | 386-758-1083

by: GrizzlyLogic.com



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 34-3S-16-02507-001 | MOBILE HOM (000200) | 0.94 AC
 LOT 14 BLOCK A WEST LAKE CITY HILLS S/D. ORB 849-1850, 853-102 & WD 1193-1140

Owner: MURRAY SUSAN D
 150 SE WHEAT DR
 LAKE CITY, FL 32025
Site: 270 DIVIDER TER, LAKE
 CITY

Sales Info
 4/26/2010 \$103,500 1 (Q)
 2/5/1998 \$13,700 V (Q)
 12/1/1997 \$10,000 V (Q)

2020 Working Values

Mkt Lnd	\$13,970	Appraised	\$57,572
Ag Lnd	\$0	Assessed	\$57,572
Bldg	\$40,702	Exempt	\$0
XFOB	\$2,900		
Just	\$57,572	Total	county:\$57,572
		Taxable	city:\$57,572
			other:\$57,572
			school:\$57,572

NOTES:

Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

Permits

PUBLIC RECORDS REQUEST

Florida Statute 119.011

"Public Records means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business of any agency."

Florida Statute 119-07

"Every person who has custody of a public record shall permit the record to be inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or the custodian's designee."

Most County records are promptly available to the public upon request. However, to ensure file content is not compromised, files will not be loaned out and may not be removed from the county department or office.

The information listed below is requested (**but not required**) to expedite your request and document public records request activity.

SUBJECT OR NAME OF FILE(S) OR RECORD(S) TO BE REVIEWED:

1. 270 NW Divider Terrace
2. _____

TIME PERIOD: From 06/30/2019
Month, Day, Year

To 06/30/2019
Month, Day, Year

COPIES REQUESTED: YES ☒ NO ☐

COPY ENTIRE FILE: YES ☒ NO ☐

LIST RECORD(S) TO BE COPIED BELOW:

1. 19-003953
2. _____
3. _____

THE CONTACT INFORMATION BELOW IS NOT REQUIRED

If you wish to be contacted when the records are available, please include the appropriate information.

NAME: SUSCIN D. MURRAY

ADDRESS: 270 NW Divider Terrace, Lake City FL 32055

TELEPHONE NUMBER: 386 288 8547 E-MAIL: suscin.murray85@gmail.com

SIGNATURE: SUSCIN D. MURRAY

INTERNAL USE ONLY:

Tracking Number _____ Department & Contact Person _____

Date: _____ Time: _____

Date Completed: _____ Time: _____

A Delete Change No Activity <div style="display: flex; justify-content: space-between;"> <div> 29091 FL 06 30 2019 043 0000825 000 </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> NFIRS-1 Basic </div> </div>	
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid </div> <div> 270 NW DIVIDER TER <small>Number/Milepost Prefix Street or Highway Street Type Suffix</small> LAKE CITY FL 32055 <small>City State ZIP Code</small> </div> </div>	
C Incident Type <input type="checkbox"/> <div> 121 Fire in mobile home us... <small>Incident Type</small> </div>	E1 Dates and Times <small>Midnight is 0000</small> <div style="display: flex; justify-content: space-between;"> <div> 06 30 2019 1848 <small>Month Day Year Hour Min</small> </div> <div> 2 D43 <small>Shift or Platoon Alarms District</small> </div> </div>
D Aid Given or Received <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given </div> <div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Their FID: Their State: Their Incident Number: </div> </div> </div>	E2 Shifts and Alarms <small>Local Option</small> <div style="display: flex; justify-content: space-between;"> <div> 07 01 2019 0039 <small>Arrival</small> </div> <div> 07 01 2019 0039 <small>Controlled</small> </div> </div>
F Actions Taken <input type="checkbox"/> <div> 11 Extinguishment by fire service personnel <small>Primary Action Taken (1)</small> 12 Salvage & overhaul <small>Additional Action Taken (2)</small> </div>	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. <div style="display: flex; justify-content: space-between;"> <div> Suppression EMS Other </div> <div> G2 Estimated Dollar Losses and Values <div style="display: flex; justify-content: space-between;"> <div> Property \$ 000 050 000 Contents \$ 000 005 000 </div> <div> PRE-INCIDENT VALUE: Optional Property \$ 000 050 000 Contents \$ 000 005 000 </div> </div> </div> </div>
Completed Modules <div> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11 </div>	H1 Casualties <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-between;"> <div> Deaths Injuries </div> <div> H2 Detector <small>Required for confined fires</small> 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown </div> </div>
H3 Hazardous Materials Release <input checked="" type="checkbox"/> None <div> 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal <small>(Please complete the HazMat form.)</small> </div>	I Mixed Use Property <input type="checkbox"/> Not mixed <div> 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use </div>
J Property Use <input type="checkbox"/> None <div> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field </div>	<div> 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard </div>

NFIRS-1 Revision 01/01/05

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). 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

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

☒ Check this box if same address as incident location (Section B). 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

L

Remarks:

GREGORY CASSADY
July 1, 2019 05:46:46

Station 43, and 48 were dispatched to said location for a reported structure fire. CF-9 asked for a third station while responding. Dispatch stated that the porch was fully involved. E-43 went on scene with a large double wide mobile home with heavy smoke pushing from the eaves. Crews deployed attack lines and began an offensive attack. Crews were able to save a service dog that trapped inside the home. After several offensive attempts crews were unable to make knockdown due to the extreme temperatures and fire being in the attic space. Crews were ordered out of the structure and a defensive attack was made to decrease the risk of roof failure and temperatures. Crews made another attempt offensively and were able to begin knockdown. Crews used approximately 24,000 gallons of water and countless air bottles. (4) personnel was called in for additional manpower. SFO was notified and red cross for members of the family. Homeowner was unsure of the insurance information at the time of the fire. Crews returned to stations to service equipment.

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

M Authorization

Check box if same as Officer in charge. ☒

Officer in charge ID

CF9

Signature

Position or rank

Assignment

Month

Day

Year

06

30

2019

Member making report ID

CF9

Signature

Position or rank

Assignment

Month

Day

Year

06

30

2019

2
Property Owner:
Susan Murray

Claim #: 20191971

Property Information:
270 NW Divider Ter
Lake City, FL 32055

Policy #: MHO2015000220

Dear Susan,

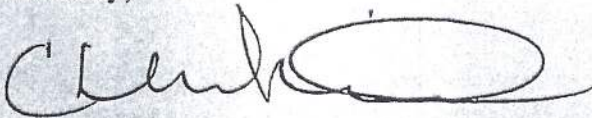
Thank you for trusting The Avatar Property & Casualty Insurance Company ("Avatar") to protect your assets under the policy listed above. This letter confirms that Avatar has accepted coverage on the above referenced claim in the amount of \$91,200.00.

Per your request, we have attached a General Release to this letter. Enclosed please find a **General Release and Hold Harmless Agreement ("General Release")** with Avatar in exchange for \$91,200.00.

Please review, sign, notarize and return all pages of the General Release to our office within 10 business days from the date of this letter to avoid delay in payment of your claim.

Thank you for trusting Avatar to protect your assets under the policy listed above. If you have any questions regarding this letter or any of the information above, please do not hesitate to contact us.

Sincerely,



Christopher McGuire
Claims Department
Avatar Insurance
813-514-0333

THIS IS A RELEASE. READ CAREFULLY

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2
STATE OF FLORIDA

COUNTY OF Columbia

BEFORE ME, this 25th day of September, 2019, came SUSAN MURRAY known to me to be the individuals who executed this Agreement and General Release, and acknowledged that he fully understands its contents and freely executed same for the sole consideration therein expressed.

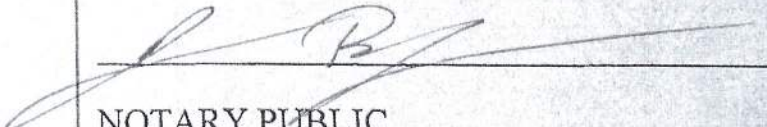
Personally known

Produced Identification

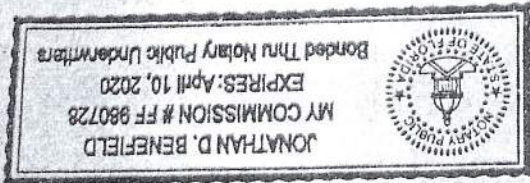
Driver's License

Type of Identification Produced

Driver's License


NOTARY PUBLIC

Jonathan Benefield
Printed Name of Notary



THIS IS A RELEASE: READ CAREFULLY

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