Fire to M/H NO CHARGE ☑ Fire Report

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BK 26 June 2013 Building Official TH 6/25/13

AP# 1306-71 Date Received 6/20/13 By LH Permit # 31247

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

Comments Meets definition of Mobile Home Park

FEMA Map# _____ Elevation _____ Finished Floor Above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0370 ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter ☑ App Fee Pd ☐ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☑ Out County ☐ In County

Road/Code _____ School _____ = TOTAL Suspended March 2009 ☑ Ellisville Water Sys

Property ID # 19-7S-17-10024-112 Subdivision SASSAFRAS ACRES

- New Mobile Home _____ Used Mobile Home ✓ MH Size 14'x52' Year 2001
- Applicant CARL RIHELD Phone # 386-454-3229
- Address 27110 NW 203 PL, HIGH SPRINGS, FL 32643
- Name of Property Owner POSSUM GLEN ENTERPRISES LLC CARL RIHELD, MANAGER Phone# 386-454-3229
- 911 Address 252 SW Possum Glen, Fort White Fl 32038
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home POSSUM GLEN ENTERPRISES LLC CARL RIHELD, MANAGER Phone # 386-454-3229
  Address 27110 NW 203 PLACE, HIGH SPRINGS, FL 32643
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 2, 1 BURNED + IS BEING REPLACED TOTAL OF 3 DWELLINGS on PROPERTY
- Lot Size 4.42 ACRES Total Acreage 4.42 ACRES
- 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, PREVIOUS HOME BURNED AND DEMOLISHED
- Driving Directions to the Property FROM FT WHITE TAKE 27 TOWARD HIGH SPRINGS, RIGHT ON BOBCAT, LEFT ON POSSUM GLEN, DRIVE TO END OF POSSUM GLEN SITE ON RIGHT
- Name of Licensed Dealer/Installer Vic Edwards Phone # 352 283 1510
- Installers Address PO Box 3266 High Springs, FL 32655
- License Number IH 1025 1851 Installation Decal # 166033

Left message 7-1-13
Spoke to Carl on 7-2-13
Left message on 7/11/13

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Vic Ethredge License # ID 10251851

911 Address where home is being installed. 27110 NW 203 PL High Springs, FL 32643

Manufacturer Fleetwood Spring Hill Length x width 14 X 52

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 VE

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

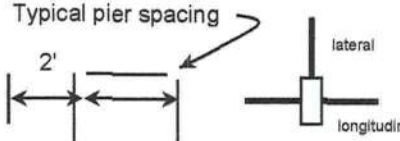
Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☐ Wind Zone III ☐

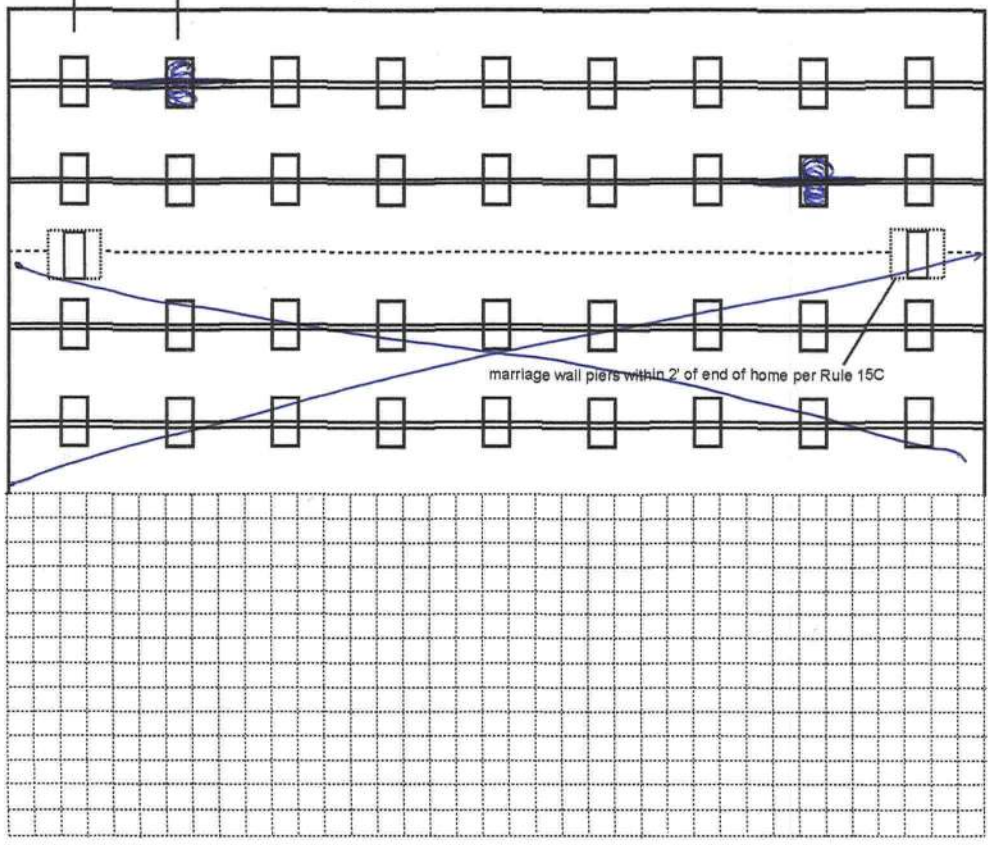
Double wide ☐ Installation Decal # 166633

Triple/Quad ☐ Serial # GAFL107A48029 GAFL107B48029

Typical pier spacing



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



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 20x20

Perimeter pier pad size N/A

Other pier pad sizes (required by the mfg.) 16x16 DOORS

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

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 Tie Down Industries

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer ____

OTHER TIES

	Number
Sidewall	24
Longitudinal	
Marriage wall	
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

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

X 1000 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 340 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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Vic Ethevidaz

Date Tested 6-19-13

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. _____

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, 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 _____
Pg. _____

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

Weatherproofing

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

Miscellaneous

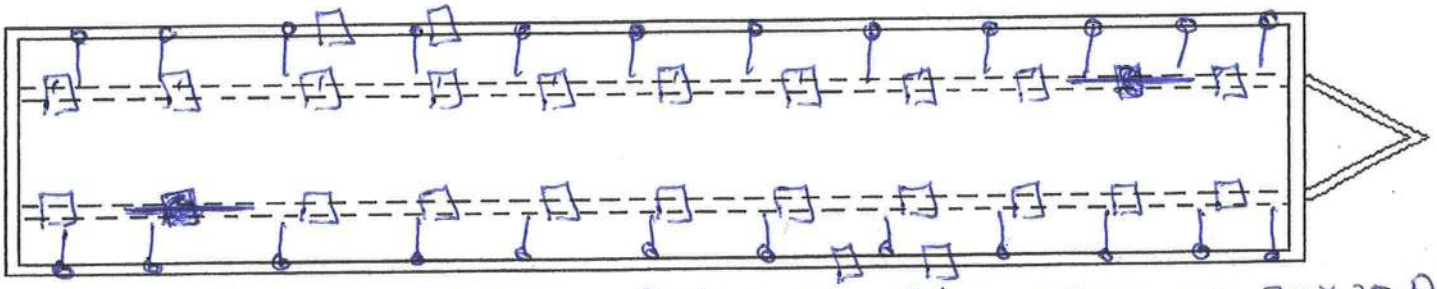
Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes ✓ N/A _____
Range downflow vent installed outside of skirting. Yes ✓ N/A _____
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes N/A
Other : _____

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

Installer Signature _____ **Date** 6-19-13

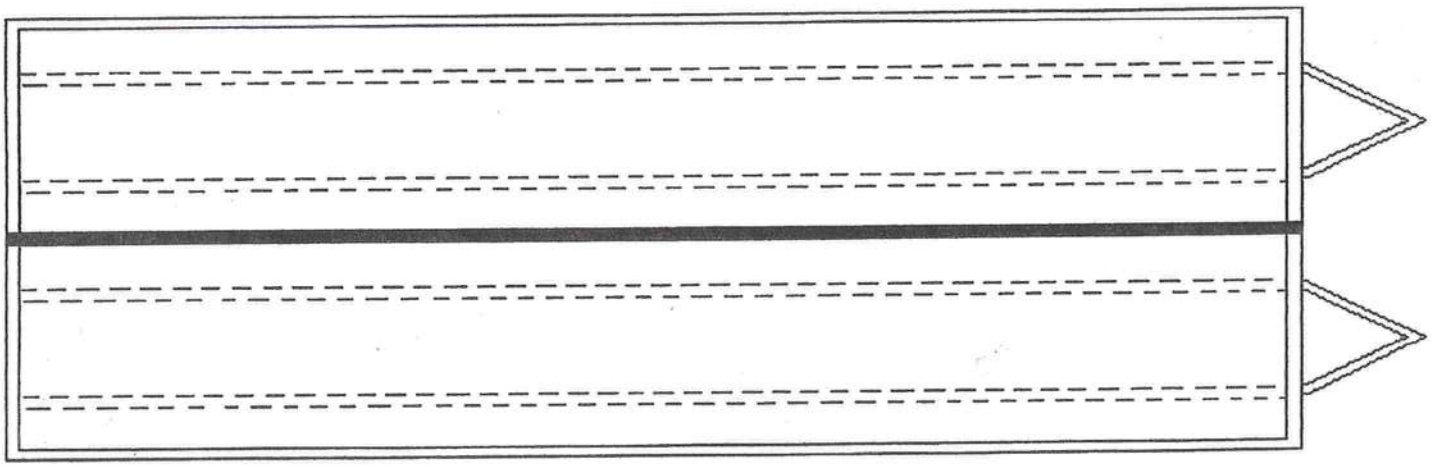
Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



1000 lb Soil on PAD - Piers on 5' centers on 20x20 ABS
340 Torq lb - 4' Anchors on 5' 4" centers
Longitudal Stabilizers By Tie Down Industries

DOUBLE WIDE MOBILE HOME



ANCHOR PIER PIER FOOTING

Show all pier (with size of piers & pads) and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 7/2/2013 **DATE ISSUED:** 7/11/2013

ENHANCED 9-1-1 ADDRESS:

252 SW POSSUM GLN

FORT WHITE FL 32038

PROPERTY APPRAISER PARCEL NUMBER:

19-7S-17-10024-112

Remarks:

ADDRESS FOR REPLACEMENT STRUCTURE ON PARCEL. 1 OF 3 LOCATIONS ON PARCEL. NOTE: OLD ADDRESS THIS SITE WAS LISTED AS 253 SW POSSUM GLN, CORRECTED TO 252 SW POSSUM GLN AS THIS WAS ODD / EVEN NUMBER ERROR.

Address Issued By: SIGNED:/ RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2585

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1306-71 CONTRACTOR Vic Edwards PHONE 6-19-13

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. 386-365-3229

ELECTRICAL	Print Name CARL RITHERD License #: OWNER	Signature Phone #: 386-365-3229
MECHANICAL/ A/C	Print Name CARL RITHERD License #: OWNER AAA Mobile Home	Signature Phone #:
PLUMBING/ GAS	Print Name Vic Edwards License #: IH 1025 1851	Signature Phone #: 3522831510

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

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

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, Vic Etheridge, 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
CARL RICHARD	Carl Richard	Duo Dent 4 Owner

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

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

Vic Etheridge — IH 1025 1851 — 6-20-13
License Holders Signature (Notarized) — License Number — Date

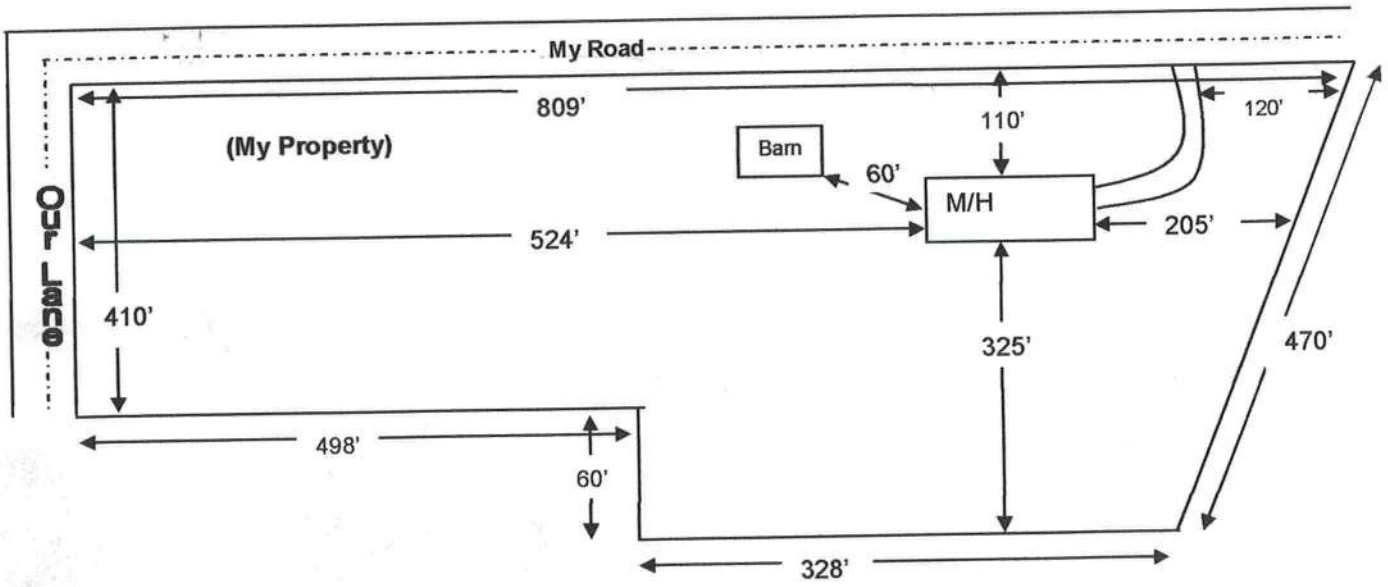
NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Alachua

The above license holder, whose name is John Victor Etheridge, personally appeared before me and is known by me or has produced identification (type of I.D.) FLDL# E363478432600 on this 20 day of June, 2013.

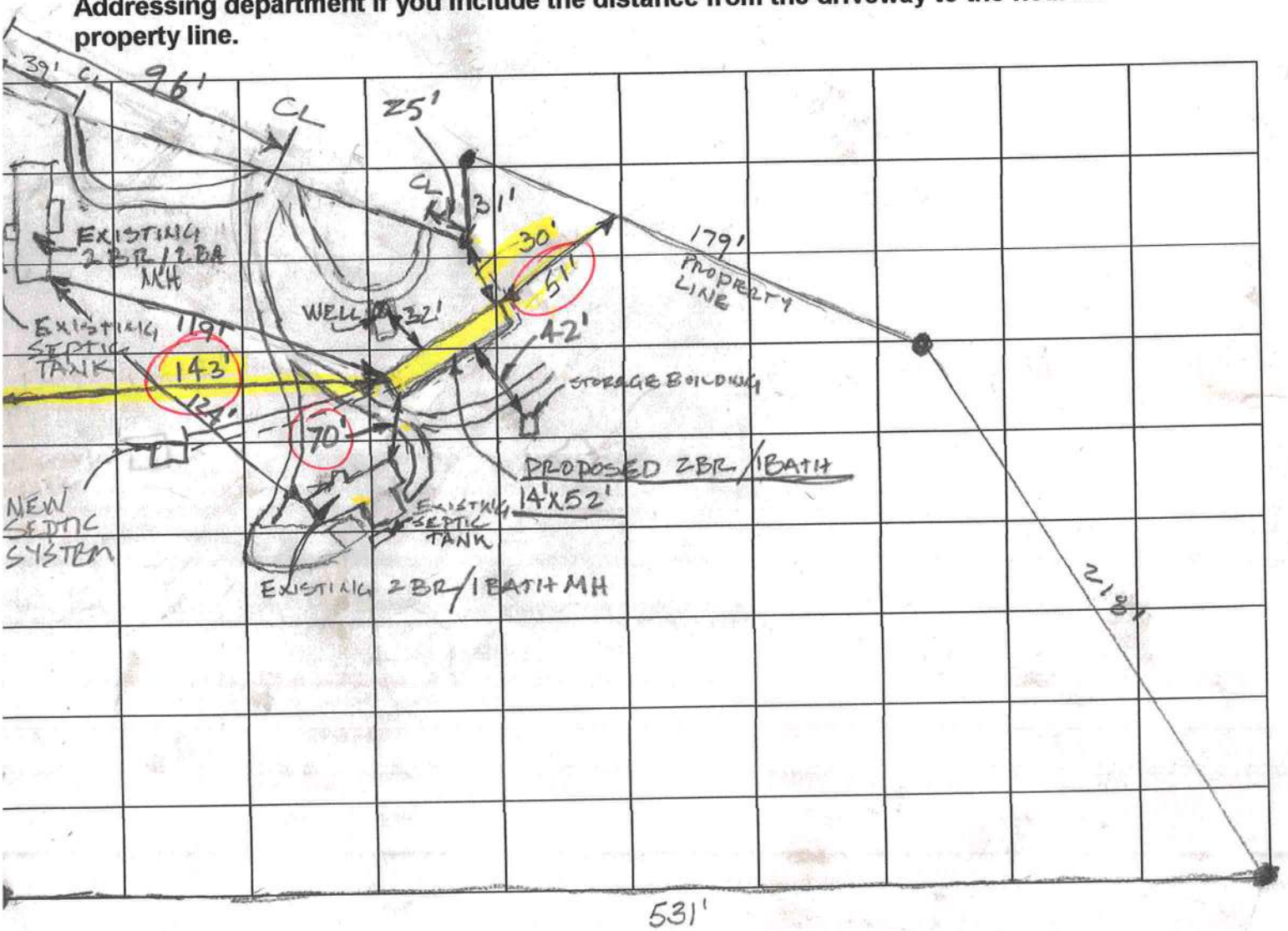
Dixie Wilkerson
NOTARY'S SIGNATURE (Seal/Stamp)

DIXIE WILKERSON
MY COMMISSION # FF 025570
EXPIRES: June 16, 2017
Bonded Thru Notary Public Underwriters

SITE PLAN EXAMPLE / WORKSHEET



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



TFIELD HOMES OF GEORGIA
5 KELLOGG DRIVE
. BOX 1050
GLAS, GA. 31534

MC# 07

f Manufacture

HUD label No.(s)
GEO1300278

1-10-01

Manufacturer's Serial Number(s) and Model Unit Designation
TFIELD CLASSIC 2522S

L107A48029-WW22

n Approval by (D.A.P.I.A.) RADCO

is manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

ictory installed equipment includes:

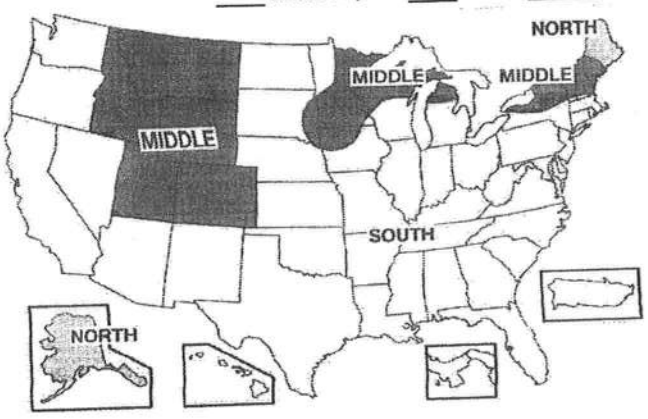
ipment	Manufacturer	Model Designation
Heating	COLEMAN	OMIT
Cooking	MAYTAG	MER4110AAW
igerator	MAYTAG	MTB1742ARW
r Heater	RHEEM	7130S
e Detector	FIREX	1275E

E CONSTRUCTED FOR X ZONE I X ZONE II ___ ZONE III ___ EXP. "D"

ome has not been designed for the higher wind pressure and anchoring provisions required for /coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, s the home and its anchoring and foundation system have been designed for the increased ements specified for Exposure D in ANSI/ASCE 7 - 88.

ome has ( ) has not (X) been equipped with storm shutters or other protective coverings for ws and exterior door openings. For homes designed to be located in Wind Zones II and III, have not been provided with shutters or equivalent covering devices, it is strongly recommended ne home be made ready to be equipped with these devices in accordance with the method mended in manufacturers printed instructions.

Design roof load zone map: ___ North 40 psf X South 20 psf
___ Middle 30 psf ___ Other _____ psf



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within Uo value Zone

1,2 . (See map at bottom)

Heating equipment manufacturer and model (See list at left).
The listed heating equipment has the capacity to maintain an average 70 degrees Fahrenheit temperature in this home at outdoor temperatures of N/A degrees Fahrenheit
To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 ½%) is not higher than N/A degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

☐ **Air conditioner provided at factory (Alternate I)**

Air conditioner manufacturer and model (see list at left).

Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuring an orientation of the front (hitch end) of the home facing _____. On this basis the system is designed to Maintain an indoor temperature of 75°F when outdoor temperatures are _____ °F dry bulb and _____ °F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

☒ **Air conditioner not provided at factory (Alternate II)**

The air distribution system of this home is suitable for the installation of central air conditioning. The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 33,000 B.T.U. /hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.
Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	"U"	.09
Ceiling and roofs of light color	"U"	.04
Ceilings and roofs of dark color	"U"	.04
Floors	"U"	.05
Air ducts in floor	"U"	N/A
Air ducts in ceiling	"U"	.21
Air ducts installed outside the home	"U"	0.23

The following are the duct areas in this home:

Air ducts in floor	N/A	sq. ft.
Air ducts in ceiling	62	sq. ft.
Air ducts outside the home	0	sq. ft.

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

PERMIT NO. 12-0378
DATE PAID: 8/9/12
FEE PAID: 310.00
RECEIPT #: 1970595
AP 1080091

PPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

PPLICANT: Possum Glen Enterprises

GENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

AILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

O BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED Y A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE PPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR LATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

ROPERTY INFORMATION

OT: 112 BLOCK: na SUB: Sassafras Acres S/D PLATTED: 3/1/12

ROPERTY ID #: 19-7S-17-10024-112 ZONING: Res I/M OR EQUIVALENT: [Y (N)]

ROPERTY SIZE: 4.78 ACRES WATER SUPPLY: [PRIVATE PUBLIC [X]<=2000GPD [ ]>2000GPD

S SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)] DISTANCE TO SEWER: ____ FT

ROPERTY ADDRESS: 253 SW Possum Glen, Fort White, FL, 32038

IRECTIONS TO PROPERTY: 47 South, TL on US 27, TR on SW Bobcat, TL on Possum Glen, To end on right

UILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

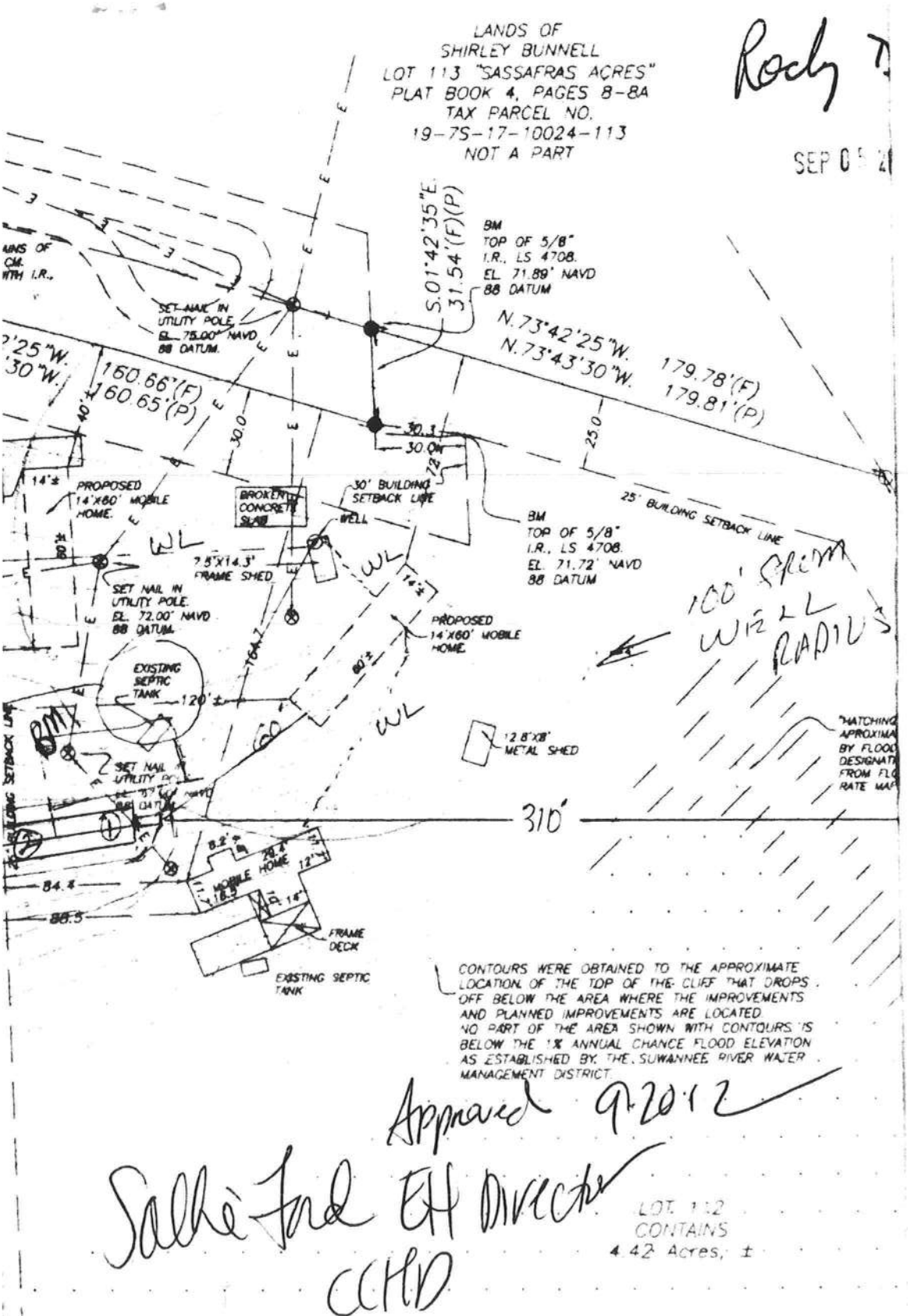
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	697	
2				Held for 2nd level
3				review approval, rec'd 9.2012

[N] Floor/Equipment Drains [N] Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 8/7/2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

#12-0370


LANDS OF
SHIRLEY BUNNELL
LOT 113 "SASSAFRAS ACRES"
PLAT BOOK 4, PAGES 8-8A
TAX PARCEL NO.
19-7S-17-10024-113
NOT A PART
Rocky T
SEP 0
S.01°42'35"E.
31.54'(F)(P)
BM
TOP OF 5/8"
I.R., LS 4708.
EL. 71.89' NAVD
88 DATUM
N.73°42'25"W.
N.73°43'30"W.
179.78'(F)
179.81'(P)
SET NAIL IN
UTILITY POLE
EL. 75.00' NAVD
88 DATUM.
160.66'(F)
160.65'(P)
30.0
30.1
30.0M
25.0
14'±
PROPOSED
14'X60' MOBILE
HOME.
BROKEN
CONCRETE
SLAB
30' BUILDING
SETBACK LINE
WELL
WL
7.5'X14.3'
FRAME SHED
BM
TOP OF 5/8"
I.R., LS 4708.
EL. 71.72' NAVD
88 DATUM
25' BUILDING SETBACK LINE
100' SPLIT
WELL
RADIUS
SET NAIL IN
UTILITY POLE.
EL. 72.00' NAVD
88 DATUM.
PROPOSED
14'X60' MOBILE
HOME.
EXISTING
SEPTIC
TANK
120'±
12.8'X8'
METAL SHED
HATCHING
APPROXIMA
BY FLOO
DESIGNATI
FROM FL
RATE MA
310'
SETBACK LINE
SET NAIL
UTILITY
8.2'
28.4'
HOME
12'
MOBILE
16.5'
14'
84.4'
88.5'
FRAME
DECK
EXISTING SEPTIC
TANK
CONTOURS WERE OBTAINED TO THE APPROXIMATE
LOCATION OF THE TOP OF THE CLIFF THAT DROPS
OFF BELOW THE AREA WHERE THE IMPROVEMENTS
AND PLANNED IMPROVEMENTS ARE LOCATED.
NO PART OF THE AREA SHOWN WITH CONTOURS IS
BELOW THE 1% ANNUAL CHANCE FLOOD ELEVATION
AS ESTABLISHED BY THE SUWANNEE RIVER WATER
MANAGEMENT DISTRICT.
Approved 9.20.12
Sallie Ford EH Director
CCHD
LOT 112
CONTAINS
4.42 Acres, ±
DOTS REPRESENT APPROXIMATE AREA
AFFECTED BY FLOOD ZONE "AE"
DESIGNATION AS SCALED FROM
FLOOD INSURANCE RATE MAPS.

Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 19-7S-17-10024-112

<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 2 of 2

Owner & Property Info

Owner's Name	POSSUM GLEN ENTERPRISES LCC		
Mailing Address	27110 NW 203 PLACE HIGH SPRINGS, FL 32643		
Site Address	253 SW POSSUM GLN		
Use Desc. (code)	MOBILE HOM (000202)		
Tax District	3 (County)	**Neighborhood**	19717
Land Area	4.780 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
LOT 112 SASSAFRAS ACRES S/D. ORB 319-422, WD 1094-1686, CORR WD 1213-960, WD 1213-961,			

Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	$20,814.00
Ag Land Value	cnt: (5)	$0.00
Building Value	cnt: (3)	$12,048.00
XFOB Value	cnt: (4)	$4,236.00
Total Appraised Value		$37,098.00
Just Value		$37,098.00
Class Value		$0.00
Assessed Value		$37,098.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $37,098 Other: $37,098 | Schl: $37,098

2013 Working Values

NOTE:
2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
4/19/2011	1213/960	WD	V	U	11	$100.00
4/19/2011	1213/961	WD	I	Q	01	$49,000.00
2/7/2005	1094/1686	WD	V	U	01	$1,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1985	MINIMUM (01)	672	896	$4,551.00
2	MOBILE HME (000800)	1985	MINIMUM (01)	600	801	$4,056.00
3	MOBILE HME (000800)	1985	BELOW AVG. (03)	552	682	$3,292.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	2006	$600.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	2006	$600.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	2007	$2,640.00	0000880.000	20 x 44 x 0	(000.00)
0040	BARN,POLE	2007	$396.00	0000132.000	12 x 11 x 0	(000.00)

Land Breakdown

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS www.sunbiz.org

Detail by Entity Name

Florida Limited Liability Company

POSSUM GLEN ENTERPRISES LLC

Filing Information

Document Number	L11000037068
FEI/EIN Number	451284744
Date Filed	03/28/2011
State	FL
Status	ACTIVE

Principal Address

27110 NORTHWEST 203RD PLACE
HIGH SPRINGS, FL 32643

Mailing Address

27110 NORTHWEST 203RD PLACE
HIGH SPRINGS, FL 32643

Registered Agent Name & Address

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Manager/Member Detail

Name & Address

Title MGR

RIHERD, CARL D
27110 NORTHWEST 203RD PLACE
HIGH SPRINGS, FL 32643

Title MGR

RIHERD, CONSTANCE C
27110 NORTHWEST 203RD PLACE
HIGH SPRINGS, FL 32643

Title S

RIHERD, CONSTANCE C

1306-71

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Bradford

OWNERS NAME POSSUM CREEK ENTERPRISES LLC CAIZE RIHELD, MANAGER PHONE 3866454 3229 CELL

INSTALLER Vic Edwardz PHONE 352 2831510 CELL Same

INSTALLERS ADDRESS P.O. Box 3266 High Springs, FL 32655

MOBILE HOME INFORMATION

MAKE FLEETWOOD WESTFIELD CLASSIC 25228 YEAR 2001 SIZE 14 X 52

COLOR BEIGE SERIAL No. GAFL107A48029-WW22

WIND ZONE II SMOKE DETECTOR OPERATIONAL

INTERIOR:
FLOORS SOLID NO DAMAGE

DOORS OPERABLE,

WALLS SOLID, STRUCTURALLY SOUND

CABINETS OPERABLE

ELECTRICAL (FIXTURES/OUTLETS) PANEL IN GOOD CONDITION, ALL FIXTURES, SWITCHES + OUTLETS OPERABLE

EXTERIOR:
WALLS / SIDDING STRUCTURALLY SOUND, WEATHERTIGHT, NOT LOOSE, COULD BE CLEANED

WINDOWS OPERABLE

DOORS OPERABLE, LOCKS OPERATE

INSTALLER: APPROVED ✓ NOT APPROVED

INSTALLER OR INSPECTORS PRINTED NAME Vic Edwardz

Installer/Inspector Signature [signature] License No. IH10251851 Date 6-19-13

NOTES: House in Great Shape

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 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [signature] Date 6/20/13

To: Laurie Hodson, Columbia County Building and Zoning

FAX 386-758-2160

From: Carl Riherd, Owner/Manager Possum Glen Enterprises LLC

Re: Fire Report to show home burned down. Permit # 1306-71.

I have attached a copy of the Fire report for 232 SW Possum Glen. Thank you for your Help. Carl Riherd.

Columbia County Fire Department
, LAKE CITY, FL 32056
Phone: Fax:

IMAGETREND FIRE BRIDGE

NFIRS-1 Basic

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	12 / 01 / 2011	46	CCFR11CAD009955	0

B Location Type

X Street address
Intersection
In front of
Rear of
Adjacent to
Directions
US National Grid

Check this box to indicate that the address for the incident as provided on the Wildland Fire Module is Section B, "Alternative Location Specification." Use only for wildland fires.

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
232	SW	POSSUM	GLN	

Apt./Suite/Room	City	State	Zip Code
	FORT WHITE	FL	32038

Cross Street, Directions or National Grid, as applicable

Census Tract

C Incident Type

121 Fire in mobile home used as fixed residence

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N X None

Their FDID | Their State | Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	12	01	2011	10:23:08
Arrival (ARRIVAL required, unless canceled or did not arrive)	12	01	2011	10:32:19
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	12	01	2011	12:12:12

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
C	1	46

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken

11 Extinguishment by fire service personnel

Primary Action Taken (1)

G1 Resources

X Check this box and fast this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	2	4
EMS	0	0
Other	1	1

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

None

LOSSES: Required for all fires if known. Optional for non-fires.
Property $ 7,000
Contents $

PRE-INCIDENT VALUE: Optional
Property $ 7,000
Contents $

Completed Modules

X Fire-2
X Structure Fire-3
Civilian Fire Cas.-4
Fire Service Cas.-5
EMS-6
HazMat-7
WildLand Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties

☒ None

Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.
1 Detector alerted occupants
2 Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN Not mixed use

J Property Use

Structures

131	Church, mosque, synagogue, temple, chapel	341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
161	Restaurant or cafeteria	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
162	Bar or nightclub	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
213	Elementary school, including kindergarten	419 X	1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	Multifamily dwelling	615	Electric-generating plant
241	Adult education center, college classroom	439	Boarding/rooming house, residential hotels	629	Laboratory or science lababoratory
311	24-hour care Nursing homes, 4 or more persons	449	Hotel/motel, commercial	700	Manufacturing, processing
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse

Outside

124	Playground	936	Vacant lot	961	Construction site
655	Crops or orchard	938	Graded and cared-for plots of land	984	Industrial plant yard - area
669	Forest, timberland, woodland	946	Lake, river, stream		
807	Outside material storage area	951	Railroad right-of-way		
819	Dump, sanitary landfill	960	Street, other		
931	Open land or field	961	Highway or divided highway		
		962	Residential street, road or residential driveway		

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

Property Use: 419 (Code) — 1 or 2 family dwelling (Property Use Description)

K1 Person/Entity Involved

Local Option

Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) | Area Code: 386 | Phone Number: 454-3229

Mr., Ms., Mrs.: Mr. | First Name: Tim | MI | Last Name: Gay | Suffix

Number: 253 | Prefix: SW | Street or Highway: POSSUM | Street Type: GLN | Suffix

Post Office Box | Apt./Suite/Room | City: FORT WHITE

State: FL | Zip Code: 32038

K2 Owner

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

Local Option

Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): Possum Glen Enterprise LL | Area Code | Phone Number

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

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

Post Office Box | Apt./Suite/Room | City: Not Applicable

State: Not Applicable | Zip Code

L Remarks

Local Option

We were dispatched to a structure fire. Upon our arrival we found a single wide mobile home with heavy smoke showing from all sides. We advised dispatch of our findings and set up command. Command advised dispatch of two firefighters entering structure in offensive mode after 360 degree check completed. Tanker 45 on scene and manpower assisted with attack. Interior advised of no fire in structure. Command advised to check under the home. Fire was located under the entire home. Command was turned over to 1201. 1302 assisted with attack and gaining access to fire. Fire Chief Atkinson arrived on scene and command was turned over to him. Water was on the fire and fire was controlled and hot spots were accessed. Chief Atkinson advised fire out and mop up mode started. Mop up completed and Red Cross arrived on scene. Command was terminated and all units completed assignment and returned to station.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
MCCA01	JAMES MCCABE	Driver Eng	46-South Columbia	12	01	2011
Member making report ID	**Signature**	**Position or rank**	**Assignment**	**Month**	**Day**	**Year**
MCCA01	JAMES MCCABE	Driver Eng	46-South Columbia	12	01	2011

NFIRS-2 Fire

A 29091 (FDID) | FL (State) | 12 / 01 / 2011 (Incident Date) | 46 (Station) | CCFR11CAD009955 (Incident Number) | 0 (Exposure)

B Property Details

B1 1 — Not Residential

Estimate number of residential living units in building of origin whether or not all units became involved

B2 1 — Buildings not involved

Number of buildings involved

B3 ___ . ___ ☒ None ☐ Less than one acre

Acres burned (outside fires)

C On-Site Materials or Products

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

On-site material (1)

On-site material (2)

On-site material (3)

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

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
N None
U Undetermined

- Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
N None
U Undetermined

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
N None
U Undetermined

D Ignition

D1 71 — Substructure area or space, crawl space

Area of fire origin

D2 UU — Undetermined

Heat Source

D3 UU — Undetermined

Item first ignited

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 this box if this is an exposure report

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

UU — Undetermined

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ None

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

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

Serial

Model

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors

☒ None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

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

Mobile property model

License Plate Number — State — VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

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

Arson report attached
Police report attached
Coroner report attached
Other reports attached

NFIRS-3 Structure Fire

A | 29091 (FDID) | FL (State) | MM: 12 | DD: 01 | YYYY: 2011 (Incident Date) | 46 (Station) | CCFR11CAD009955 (Incident Number) | 0 (Exposure)

J1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of the form.
0 Structure type, other
1 Enclosed building
2 X Fixed portable or mobile structure
3 Open structure
4 Air-supported structure
5 Tent
6 Open platform
7 Underground structure work area
8 Connective structure

J2 Building Status
0 Building status, other
1 Under construction
2 X In normal use
3 Idle, not routinely used
4 Under major renovation
5 Vacant and secured
6 Vacant and unsecured
7 Being demolished
U Undetermined

J3 Building Height
Count the roof as part of the highest story.
1 Total number of stories at or above grade
0 Total number of stories below grade

J4 Main Floor Size
1,000 Total square feet
OR
Length in feet BY Width in feet

J1 Fire Origin
1 Story of fire origin (Below Grade)

J2 Fire Spread
If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).
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.
1 Number of stories w/minor damage (1 to 24% flame damage)
Number of stories w/significant damag (25 to 49% flame damage)
Number of stories w/heavy damag (50 to 74% flame damage)
Number of stories w/extreme damag (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread
Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.
K1 Item contributing most to flame spread
K2 Type of material contributing most to flame spread (Required only if item contributing code is 00 or <75)

L1 Presence of Detectors
(in area of the fire)
1 Present
N None present
U X Undetermined

L2 Detector Type
0 Detector type, other
1 Smoke
2 Heat
3 Combination smoke and heat in a single unit
4 Sprinkler, water flow detection
5 More than one type present
U Undetermined

L3 Detector Power Supply
0 Detector power supply, other
1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery backup
5 Plug-in with battery backup
6 Mechanical
7 Multiple detectors and power supplies
U Undetermined

L4 Detector Operation
1 Fire too small to activate detector
2 Detector operated
3 Detector failed to operate
U Undetermined

L5 Detector Effectiveness
Required if detector operated
1 Detector alerted occupants, occupants responded
2 Detector alerted occupants, occupants failed to respond
3 There were no occupants
4 Detector failed to alert occupants
U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate
0 Detector failure reason, other
1 Power failure, hardwired det. shut off, disconnect
2 Improper installation or placement of detector
3 Defective detector
4 Lack of maintenance, includes not cleaning
5 Battery missing or disconnected
6 Battery discharged or dead
U Undetermined

M1 Presence of Automatic Extinguishing System
1 Present
2 Partial System Present
N None Present
U X Undetermined

M2 Type of Automatic Extinguishing System
Required if fire was within designed range of AES
0 Special hazard system, other
1 Wet-pipe sprinkler system
2 Dry-pipe sprinkler system
3 Other sprinkler system
4 Dry chemical system
5 Foam system
6 Halogen-type system
7 Carbon dioxide system
U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range
0 Operation of AES, other
1 System operated and was effective
2 System operated and was not effective
3 Fire too small to activate system
4 System did not operate
U Undetermined

M3 Number of Sprinkler Heads Operating
Required if system operated
Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective
0 Reason system not effective, other
1 System shut off
2 Not enough agent discharged to control the fire
3 Agent discharged, but did not reach the fire
4 Inappropriate system for the type of fire
5 Fire not in area protected by the system
6 System components damaged
7 Lack of maintenance, including corrosion or heads painted
8 Manual intervention defeated the system
U Undetermined

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	12 / 01 / 2011	46	CCFR11CAD009955	0

NFIRS-9 Apparatus or Resources

B

	Apparatus or Resource	Dates and Times (Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min (Midnight is 0000)	Sent	Number of People	Apparatus 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: E46 Type: 11	Dispatch			Sent	2	Other	73:	74:
		Arrival X	12/01/11	1032			X Suppression	75:	76:
		Clear X	12/01/11	1212			EMS		
2	ID: T45 Type: 24	Dispatch			Sent	2	Other	73:	74:
		Arrival X	12/01/11	1040			X Suppression	75:	76:
		Clear X	12/01/11	1212			EMS		
3	ID: CF1 Type: 92	Dispatch			Sent	1	X Other	73:	
		Arrival X	12/01/11	1052			Suppression		
		Clear X	12/01/11	1212			EMS		

NFIRS-10 Personnel

A | FDID: 29091 | State: FL | Incident Date: MM 12 DD 01 YYYY 2011 | Station: 46 | Incident Number: CCFR11CAD009955 | Exposure: 0

B Apparatus or Resource — Dates and Times (Midnight is 0000; Check if the same date as *Alarm* date on the Basic Module (Block E1); Month/Day/Year, Hour/Min) — Sent — Number of People — Apparatus 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.)

	ID / Type		Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use	Actions Taken
1	ID: E46 / Type: 11	Dispatch					Other	73, 74, 75, 76
		Arrival X	12/01/11	1032		2	X Suppression	
		Clear X	12/01/11	1212			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
ALBR01	ALBRITTON, JAMES	FF EMT	58	11	12	
MCCA01	MCCABE, JAMES	Driver Engineer	11	12		

B Apparatus or Resource — Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1); Month/Day/Year, Hour/Min) — Sent — Number of People — Apparatus 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.)

	ID / Type		Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use	Actions Taken
2	ID: T45 / Type: 24	Dispatch					Other	73, 74, 75, 76
		Arrival X	12/01/11	1040		2	X Suppression	
		Clear X	12/01/11	1212			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
THOM01	THOMAS, AUSTIN	Firefighter	58	11	12	
WEHI01	WEHINGER, JOSHUA	Lieutenant	11	12		

B Apparatus or Resource — Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1); Month/Day/Year, Hour/Min) — Sent — Number of People — Apparatus 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.)

	ID / Type		Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use	Actions Taken
3	ID: CF1 / Type: 92	Dispatch					X Other	73
		Arrival X	12/01/11	1052		1	Suppression	
		Clear X	12/01/11	1212			EMS	

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
ATKI01	ATKINSON, AUBREY	Fire Chief	58	61	86	

1306-71

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 6-24-13 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME POSSUM GLEN ENTERPRISES LLC CARL RIHERD, MANAGER PHONE 3864543229 CELL

ADDRESS 27110 NW 203 PL HIGH SPRINGS, FL

MOBILE HOME PARK POSSUM GLEN SUBDIVISION SASSAFRAS ACRES

DRIVING DIRECTIONS TO MOBILE HOME FROM FT WHITE TAKE 27 TOWARD HIGH SPRINGS, R ON BOBCAT, L ON POSSUM GLEN, DRIVE TO END OF POSSUM GLEN, HOME ON RIGHT.

MOBILE HOME INSTALLER Vic Ethridge PHONE 3522831510 CELL SAME

MOBILE HOME INFORMATION

MAKE FLEETWOOD WESTFIELD CLASSIC 25225 YEAR 2001 SIZE 14 X 52 COLOR BEIGE

SERIAL No. GAFL107A48029-WW22

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 ___ WITH CONDITIONS:

NOT APPROVED ___ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE J. [illegible] ID NUMBER ___ DATE 6/25/13

TFIELD HOMES OF GEORGIA
5 KELLOGG DRIVE
. BOX 1050
GLAS, GA. 31534

MC# 07

of Manufacture

HUD label No.(s)
GEO1300278

1-10-01

Manufacturer's Serial Number(s) and Model Unit Designation
TFIELD CLASSIC 2522S

L107A48029-WW22

gn Approval by (D.A.P.I.A.) RADCO

his manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

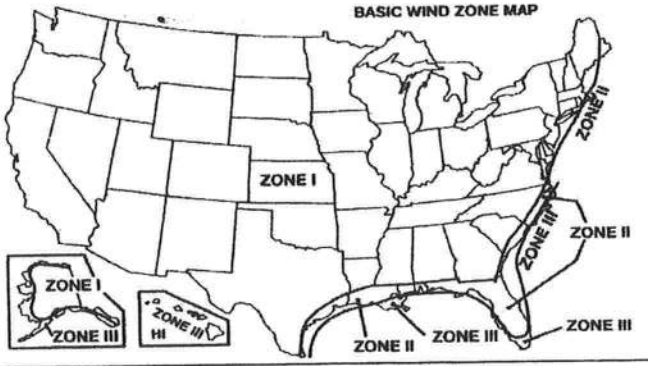
actory installed equipment includes:

ipment	Manufacturer	Model Designation
Heating	COLEMAN	OMIT
Cooking	MAYTAG	MER4110AAW
igerator	MAYTAG	MTB1742ARW
r Heater	RHEEM	7130S
e Detector	FIREX	1275E

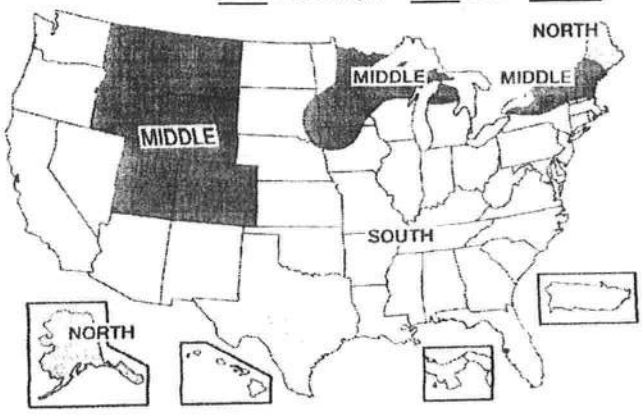
E CONSTRUCTED FOR X ZONE I X ZONE II ___ ZONE III ___ EXP. "D"

ome has not been designed for the higher wind pressure and anchoring provisions required for /coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, s the home and its anchoring and foundation system have been designed for the increased ements specified for Exposure D in ANSI/ASCE 7 - 88.

ome has ( ) has not (X) been equipped with storm shutters or other protective coverings for ws and exterior door openings. For homes designed to be located in Wind Zones II and III, have not been provided with shutters or equivalent covering devices, it is strongly recommended e home be made ready to be equipped with these devices in accordance with the method mended in manufacturers printed instructions.



Design roof load zone map: ___ North 40 psf X South 20 psf
___ Middle 30 psf ___ Other _____ psf



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within Uo value Zone

1,2 . (See map at bottom)

Heating equipment manufacturer and model (See list at left).

The listed heating equipment has the capacity to maintain an average 70 degrees Fahrenheit temperature in this home at outdoor temperatures of N/A degrees Fahrenheit

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 ½%) is not higher than N/A degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

[ ] **Air conditioner provided at factory (Alternate I)**

Air conditioner manufacturer and model (see list at left).

Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuring an orientation of the front (hitch end) of the home facing _____. On this basis the system is designed to Maintain an indoor temperature of 75°F when outdoor temperatures are _____ °F dry bulb and _____ °F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

[X] **Air conditioner not provided at factory (Alternate II)**

The air distribution system of this home is suitable for the installation of central air conditioning. The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 33,000 B.T.U. /hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.
Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	"U"	.09
Ceiling and roofs of light color	"U"	.04
Ceilings and roofs of dark color	"U"	.04
Floors	"U"	.05
Air ducts in floor	"U"	N/A
Air ducts in ceiling	"U"	.21
Air ducts installed outside the home	"U"	0.23

The following are the duct areas in this home:

Air ducts in floor	N/A	sq. ft.
Air ducts in ceiling	62	sq. ft.
Air ducts outside the home	0	sq. ft.

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