DATE 04/07/2009

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027731

APPLICANT WENDY GRENNELL PHONE 288-2428

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

OWNER STEWART RUARK PHONE 386 269-0057

ADDRESS 178 SW HOBBY PLACE LAKE CITY FL 32024

CONTRACTOR CHESTER KNOWLES PHONE 755-6441

LOCATION OF PROPERTY 90W, TR ON PINEMOUNT, TL WOODGATE TERR., TR HOBBY PLACE, 2ND LOT ON LEFT

TYPE DEVELOPMENT MH,UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RR MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

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

PARCEL ID 08-4S-16-02810-147 SUBDIVISION WOODGATE VILLAGE

LOT 47 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 0.29

		IH0000509	Wendy Grennell	
Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	09-200	CS	WR	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: BURNED OUT MH MUST BE REMOVED, FIRE REPORT ATTACHED, NO CHARGE

Check # or Cash _____

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

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

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

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

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

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

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

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

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

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

INSPECTORS OFFICE _____ 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 ds 4/7/09 Building Official MH 4/6/09

AP# 0904-04 Date Received 4/2/09 By CT Permit # 27731 -

Flood Zone X Development Permit — Zoning RR Land Use Plan Map Category RVLD

Comments BURN OUT - no charge
Burned out MH to be removed.

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

☑ Site Plan with Setbacks Shown ☑ EH # _____ ☐ 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

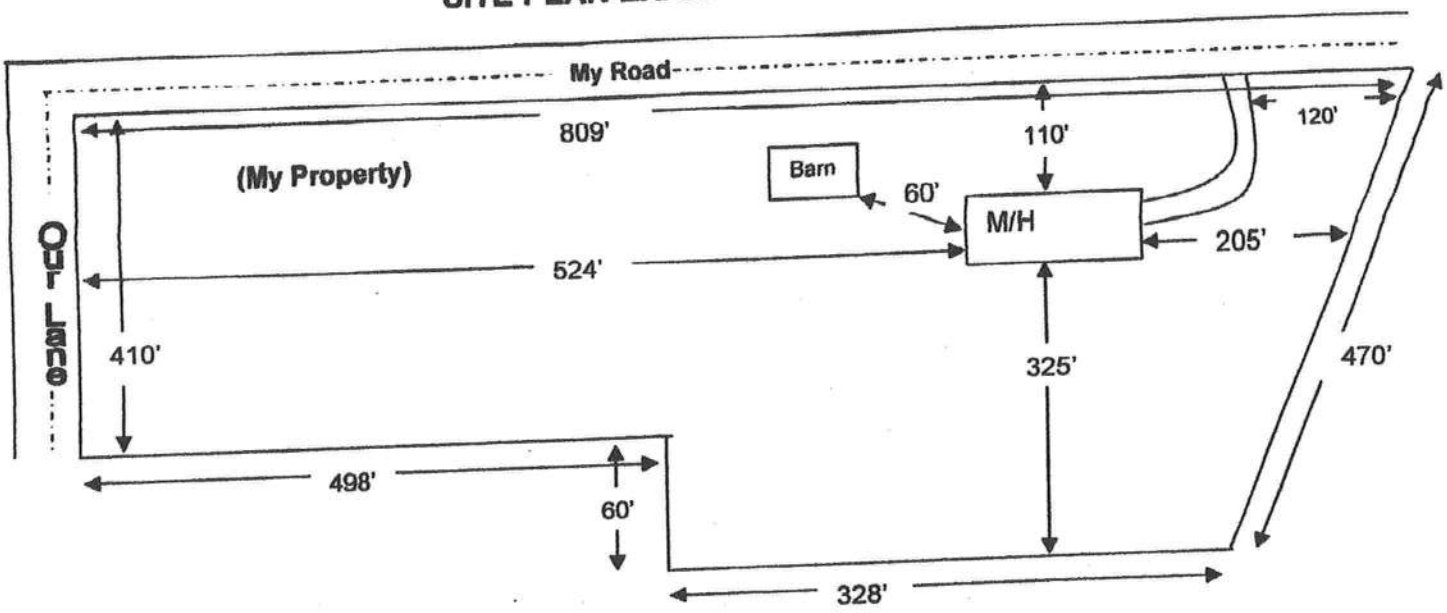
IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

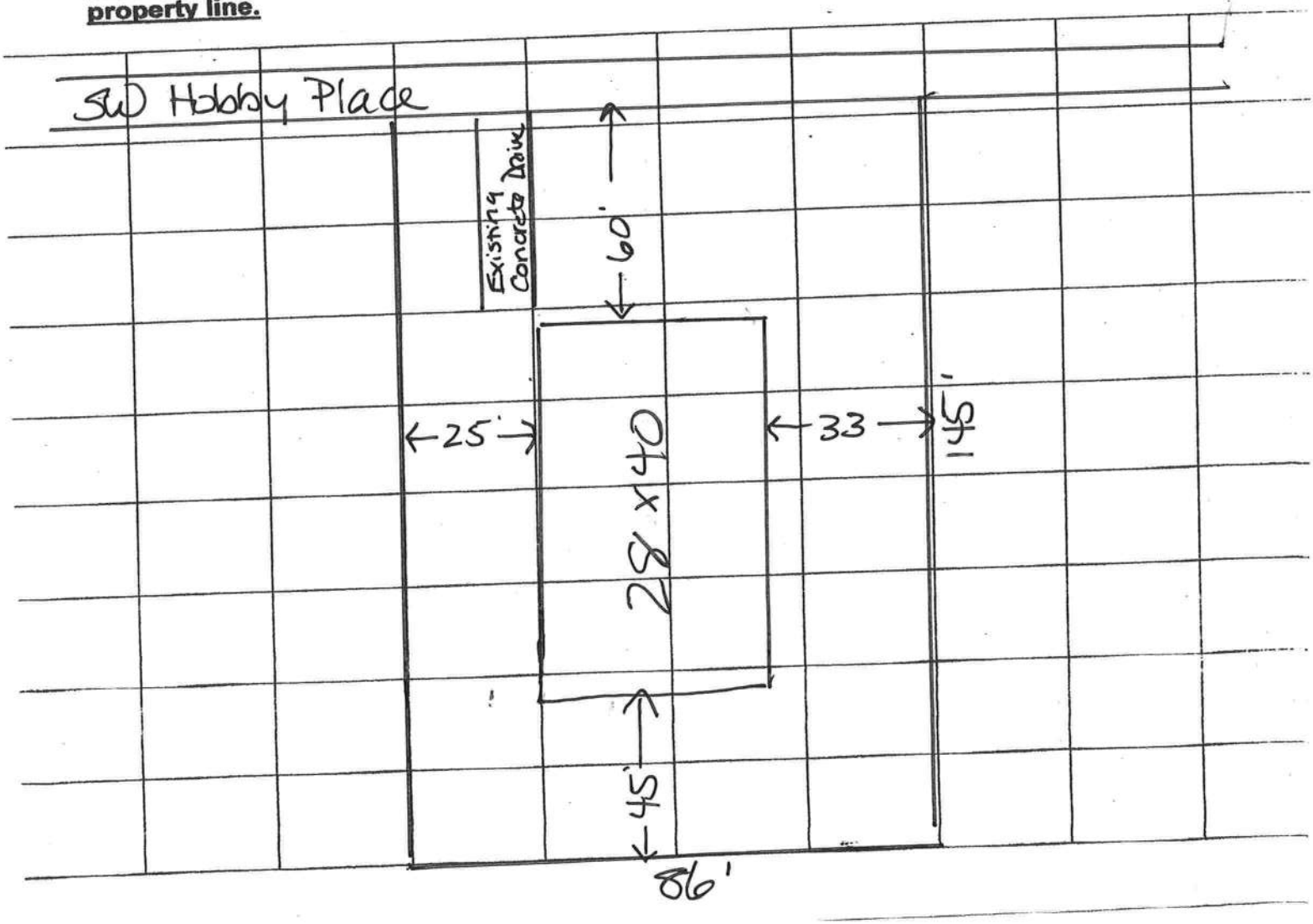
Property ID # 08-4S-16-02810-147 Subdivision Woodgate Village Unit 2 lot 47

- New Mobile Home ✓ Used Mobile Home _____ MH Size 28 x 40 Year 09
- Applicant Wendy Brennell/Dale Burd/Rocky Ford Phone # 386-497-2311
- Address PO Box 39 Ft White FL 32038
- Name of Property Owner Stewart Ruark Phone# 386-269-0057
- 911 Address 178 SW Hobby Place Lake City FL 32024
- Circle the correct power company - (FL Power & Light) - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Stewart Ruark Phone # 386-269-0057
  Address 178 SW Hobby Place Lake City FL 32024
- Relationship to Property Owner same
- Current Number of Dwellings on Property 1 - burnout
- Lot Size _____ Total Acreage .286
- 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 (pd)
- Driving Directions to the Property Hwy 90 West to Pinemount turn (L) to Woodgate Terr turn (L) to Hobby Place turn (R) 2nd lot on (L)
- Name of Licensed Dealer/Installer Chester Knowles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City FL 32024
- License Number IH0000509 Installation Decal # 302047

SITE PLAN EXAMPLE / WORKSHEET



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



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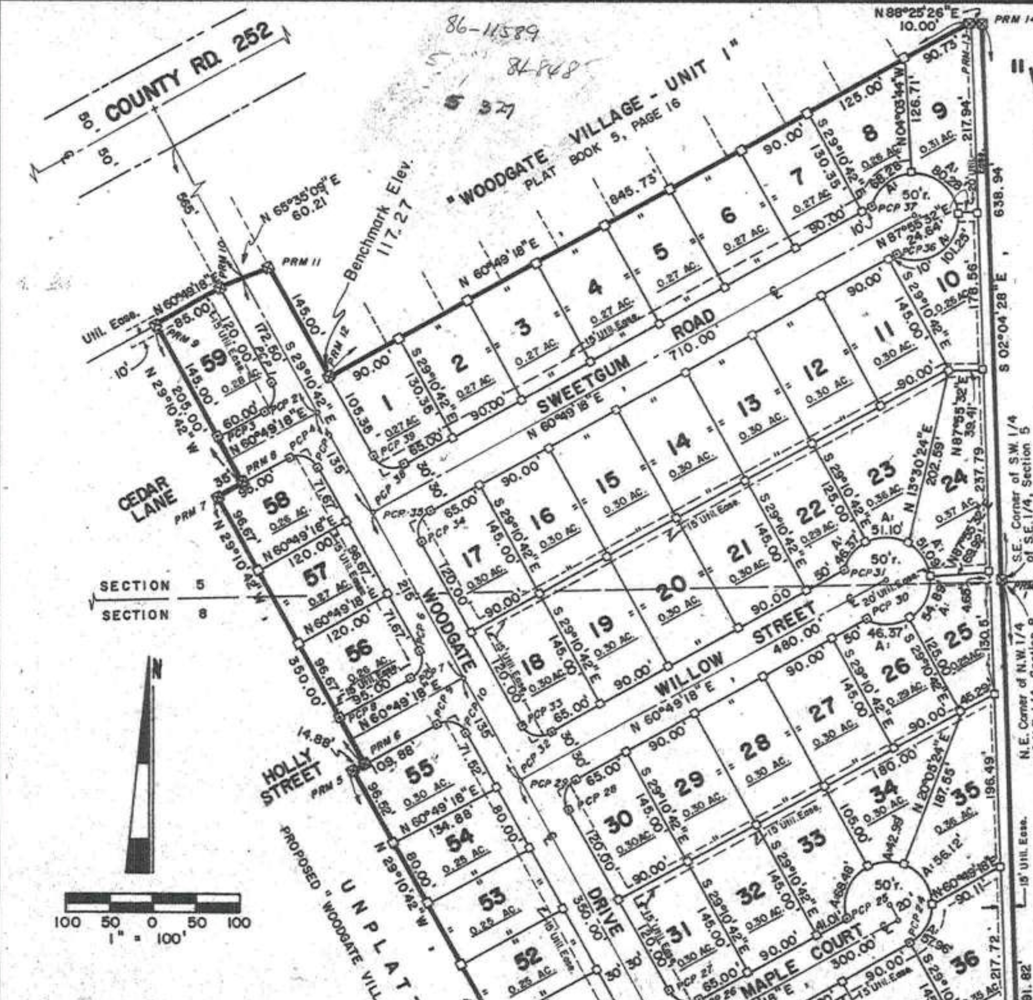
"WOODGATE VILLAGE UNIT 2"

IN SECTIONS 5 & 8, TOWNSHIP 4 SOUTH, RANGE 16 EAST COLUMBIA COUNTY, FLORIDA



HIGH / LOW LOT ELEVATIONS

LOT	HI	LO	LOT	HI	LO	LOT	HI	LO
1	119	116	24	134	127.5	47	117	116
2	122	119	25	129	126	48	118	115
3	124	122	26	126	124	49	117.5	115.5
4	127.5	124	27	124	122	50	117	115
5	129.5	127	28	122.5	120	51	116.5	114.5
6	132.5	129	29	121	118	52	116	114
7	136	131.5	30	118	116.5	53	115.5	113.5
8	139.5	135	31	118	117	54	115	113
9	141	138	32	120	118	55	115	112.5
10	137.5	133	33	122	119.5	56	115	112.5
11	134	130	34	123	121.5	57	115	112.5
12	131.5	127	35	127	123	58	115	112.5
13	128	125	36	125	121.5	59	115.5	114
14	126	123.5	37	121.5	119.5			
15	124	121.5	38	120	119			
16	121.5	119.5	39	119	118			
17	119	116	40	119.5	118.5			
18	119	116	41	122	119.5			
19	121	119	42	120.5	119.5			
20	123	121	43	120	119			
21	125	122.5	44	119	118.5			
22	127	124.5	45	118.5	117.5			
23	132	126.5	46	118	117			

NOTE: All Curves have a Radius of 25' unless otherwise noted.

DESCRIPTION:

BEGIN at the Northeast corner of the Northwest 1/4 of the Northeast 1/4 of Section 8 (being also the Southeast corner of the Southwest 1/4 of the Southeast 1/4 of Section 5), Township 4 South, Range 16 East, Columbia County, Florida and run S.02°-07'-50" E. along the East line of said Northwest 1/4 of the Northeast 1/4 a distance of 991.82 feet; thence S.88°-23'-00"W. 529.39 feet; thence N. 01°-37'-00"W. 350.00 feet; thence N. 29°-10'-42"W. 496.52 feet; thence N. 60°-49'-18"E. 14.88 feet; thence N. 29°-10'-42"W. 350.00 feet; thence N. 60°-49'-18"E. 35.00 feet; thence N. 29°-10'-42"W. 205.00 feet to a point on the Southerly line of "WOODGATE VILLAGE - UNIT 1", a subdivision as recorded in Plat Book 5, Page 16 of the Official Records of Columbia County, Florida; thence N. 60°-49'-18"E. along said Southerly line 85.00 feet; thence N. 65°-35'-09"E. still along said Southerly line 60.21 feet; thence S. 29°-10'-42"E. still along said Southerly line 145.00 feet; thence N. 60°-49'-18"E. still along said Southerly line 845.73 feet; thence N. 88°-25'-26"E. still along said Southerly line 10.00 feet to a point on the East line of said Southwest 1/4 of the Southeast 1/4 of Section 5; thence S. 02°-04'-28"E. along said East line 638.94 feet to the POINT OF BEGINNING. Said lands lying partly in the Southwest 1/4 of the Southeast 1/4 of Section 5 and partly in the Northwest 1/4 of the Northeast 1/4 of Section 8 of Township 4 South, Range 16 East, Columbia County, Florida. Containing 22.92 acres, more or less.

LEGEND

(1.) ⊠ = 4"x4" Concrete P.R.M. (Permanent Reference Monument) - Brass Cap in top Stamped Donald F. Lee & Associates with Surveyor Reg. No., Date & Monument No.

(2.) ⊡ = 4"x4" Concrete P.C.P. (Permanent Control Point) - Brass Cap in top Stamped Donald F. Lee & Associates with Surveyor Reg. No., Date & Monument No.

(3.) □ = 4"x4" Concrete Monument Set - Brass Cap in top Stamped Donald F. Lee & Associates with Surveyor Reg. No. & Date

(4.) Boundary based on Client instruction, a Survey by Lauren Britt, PLS 1079 and Record Plat of "WOODGATE VILLAGE - UNIT 1"

(5.) Bearings Projected from Record Plat of "WOODGATE VILLAGE - UNIT 1"

(6.) Boundary Closure Precision: 1 foot in 499,000 feet

(7.) Preliminary Plat Approval Date: 5/15/86

(8.) Elevations based on U.S.C. & G.S. Datum.

(9.) Water Supply is from Central Distribution System.

(10.) This development does not lie in a Flood Zone "A" area per F.I.A. Flood Hazard Maps (Comm. Panel No. 120070 0007 A).

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY that this Plat is a true and correct representation of the land Surveyed and shown hereon, that the Survey was made under my responsible direction and supervision, and that Permanent Control Points have been set and that Survey Data and Monumentation complies with the Columbia County Subdivision Ordinance and Chapter 177 of the Florida Statutes.

SIGNED: [signature]
DONALD F. LEE, P.L.S.
Florida Registered Certificate No. 3628

DATE: 10/31/1986

① ℄ CURVE DATA:
Δ = 27°-33'-41"
R = 230.00'
L = 110.64'
T = 56.41

IMPACT FEE OCCUPANCY AFFIDAVIT

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

STATE OF FLORIDA
COUNTY OF COLUMBIA

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

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

(a) Parcel No.: 08-4S-16-02810-147
(b) Legal description (may be attached): Lot 47 Woodgate Village Unit 2

2. Based upon Affiant's personal knowledge, a non-residential building or a residential dwelling has existed on the above referenced property. Said building or dwelling unit was last occupied on 3/6/09 (date.)

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

Further Affiant sayeth naught.

Stewart Ruark

Print: Stewart Ruark

Address: 178 SW Hobby Pl
Lake City FL 32024

SWORN TO AND SUBSCRIBED before me this 1 day of APRIL, 2009 by STEWART RUARK who is personally known to me or who has produced FL DL as identification.

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

(NOTARY SEAL)

Notary Public, State of Florida

My Commission Expires:

>> Print as PDF <<

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LOT 47 WOODGATE VILLAGE UNIT 2     RUARK STEWART & ESTHER C       08-4S-16-02810-147                Columbia Cou
ORB 740-663, 758-1269,             178 SW HOBBY PL
                                   LAKE CITY, FL 32024                          PRINTED  3/05/2009 10:43
                                                                                APPR     9/25/2006 DF
BUSE 000800 MOBILE HME       AE? Y       1608 HTD AREA    112.900 INDEX     8416.01 WDGATE VLG         PUSE  000
MOD   2 MOBILE HME  BATH      2.00       1983 EFF AREA     31.612 E-RATE    100.000 INDX   STR   8- 4S- 16
EXW  31 VINYL SID   FIXT                62687 RCN                          1992 AYB    MKT AREA 01
   %    N/A         BDRM         2      61.00 %GOOD      38,239 B BLDG VAL  1992 EYB    (PUD1
RSTR 03 GABLE/HIP   RMS                                                              AC         .286
RCVR 03 COMP SHNGL  UNTS             ³FIELD CK:                                ³    NTCD
   %    N/A         C-W%             ³LOC:  178 HOBBY PL SW LAKE CITY          ³    APPR CD
INTW 05 DRYWALL     HGHT             ³                                         ³    CNDO
   %    N/A         PMTR             ³        +--------27-------+----15---+   ³    SUBD
FLOR 14 CARPET      STYS        1.0  ³        IBAS1993          IUST1993  I   ³    BLK
 10% 08 SHT VINYL   ECON             ³        I                 I         I   ³    LOT
HTTP 04 AIR DUCTED  FUNC             ³        2                 I         I   ³    MAP# 23
A/C  03 CENTRAL     SPCD             ³        2                 2         2   ³    HX SX
QUAL 05 05          DEPR 09          ³        I                 9         9   ³    TXDT    003
FNDN    N/A         UD-1    N/A      ³        I                 I         I   ³
SIZE    N/A         UD-2    N/A      ³ +---10-+                I         I   ³ -------------- BLDG TRA
CEIL    N/A         UD-3    N/A      ³ 1      1                I         I   ³ BAS1993=W27 S22 FSP1993
ARCH    N/A         UD-4    N/A      ³ 0      0                +----15---+   ³  S38 E25 FCP1993= E17 N
FRME 01 NONE        UD-5    N/A      ³ +---10-+                I         I   ³  E2   N25 UST1993=E15 N
KTCH 01 01          UD-6    N/A      ³  FSP1993                I         I   ³
WNDO    N/A         UD-7    N/A      ³        I                 I         I   ³
CLAS    N/A         UD-8    N/A      ³        3                 2         I   ³
OCC     N/A         UD-9    N/A      ³        8                 5         3   ³
COND 03 03             %    N/A      ³        I                 I         1   ³----------------- PERMIT
SUB   A-AREA  %  E-AREA   SUB VALUE  ³        I                 I         I   ³  NUMBER     DESC
BAS93   1608 100   1608       31007  ³        I                 I         I   ³
UST93    435  45    196        3780  ³        I               +-+         I   ³
FSP93    100  60     60        1157  ³        I               IFCP1993  I   ³ ------------------ SALE
FCP93    477  25    119        2295  ³        +-------25------+-----17----+   ³ BOOK   PAGE     DATE
                                     ³                                       ³    758   1269  4/06/199
                                     ³                                       ³ GRANTOR AUDREY BULLARD
                                     ³                                       ³ GRANTEE STEWART RUARK
                                     ³                                       ³
                                     ³                                       ³ GRANTOR
TOTAL   2620       1983       38239  ----------------------------------------  GRANTEE
-------EXTRA FEATURES--------------------------------- FIELD CK: -------------------------
AE BN  CODE      DESC       LEN   WID HGHT QTY QL   YR  ADJ       UNITS UT      PRICE   ADJ UT PR   SPCD %
Y     0166   CONC,PAVMT      15    56        1    0000 1.00      840.000 UT      1.400       1.400          1
Y     0120   CLFENCE  4                      1    1993 1.00        1.000 UT    400.000     400.000          1
Y     0294   SHED WOOD/VI     8    12        1    1994 1.00       96.000 SF      7.500       7.500          1
-----------------------------------------------------------------------------------------------------------
    LAND   DESC       ZONE  ROAD {UD1 {UD3 FRONT DEPTH  FIELD CK:
AE  CODE              TOPO  UTIL {UD2 {UD4  BACK   DT    ADJUSTMENTS            UNITS UT      PRICE   ADJ UT PI
Y 000102 SFR/MH      RMH-2  0002 0           86   145 1.00 1.00 1.00 1.00       1.000  LT   15300.000    15300.
                       0002 0003
Y 009947 SEPTIC      00     0002                    1.00 1.00 1.00 1.00       1.000  UT     750.000      750.
                       0002 0003
 2009
```

PERMIT WORKSHEET

PERMIT NUMBER

Installer: Jessie L. "Chester" Knowles License # IH 0000507

Address of home being installed: 178 SW Hobby Place, Lake City FL 32024

Manufacturer: Live Oak Homes Length x width: 28 X 40

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: JLK

New Home [X] Used Home [ ]

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

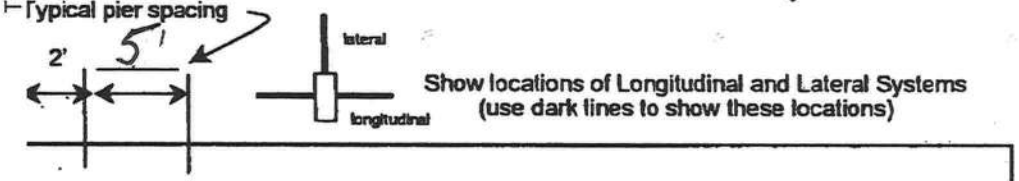
Home is installed in accordance with Rule 15-C [ ]

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

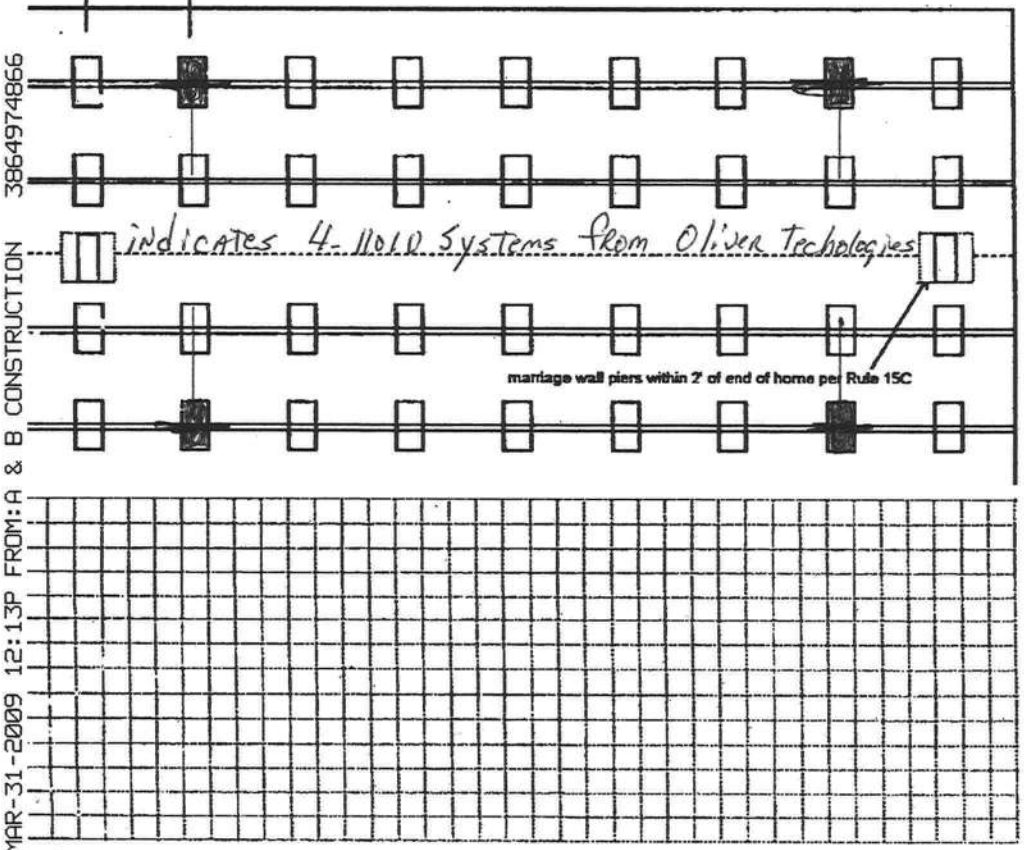
Double wide [X] Installation Decal # 302047

Triple/Quad [ ] Serial # 10987 A+B

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: 20 X 20

Perimeter pier pad size: N/A

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

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
15'	23½ x 31¼

POPULAR PAD SIZES

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

ANCHORS

4 ft ✓ 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer: Oliver Technologies, Inc.

OTHER TIES

	Number
Sidewall	14
Longitudinal	N/A
Marriage wall	7
Shearwall	2

PERMIT WORKSHEET

PERMIT NUMBER _____

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

POCKET PENETROMETER TESTING METHOD

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

x 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is _____ 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.

J.L.K. Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. "Chester" Knowles

Date Tested 3-30-09

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: Lags	Length: 6"	Spacing: 20"
Walls:	Type Fastener: Screws	Length: 4"	Spacing: 24"
Roof:	Type Fastener: Straps	Length: 1½" min.	Spacing: 40"

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 J.L.K

Type gasket Roll Foam
Pg. 15C-1

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

Weatherproofing

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

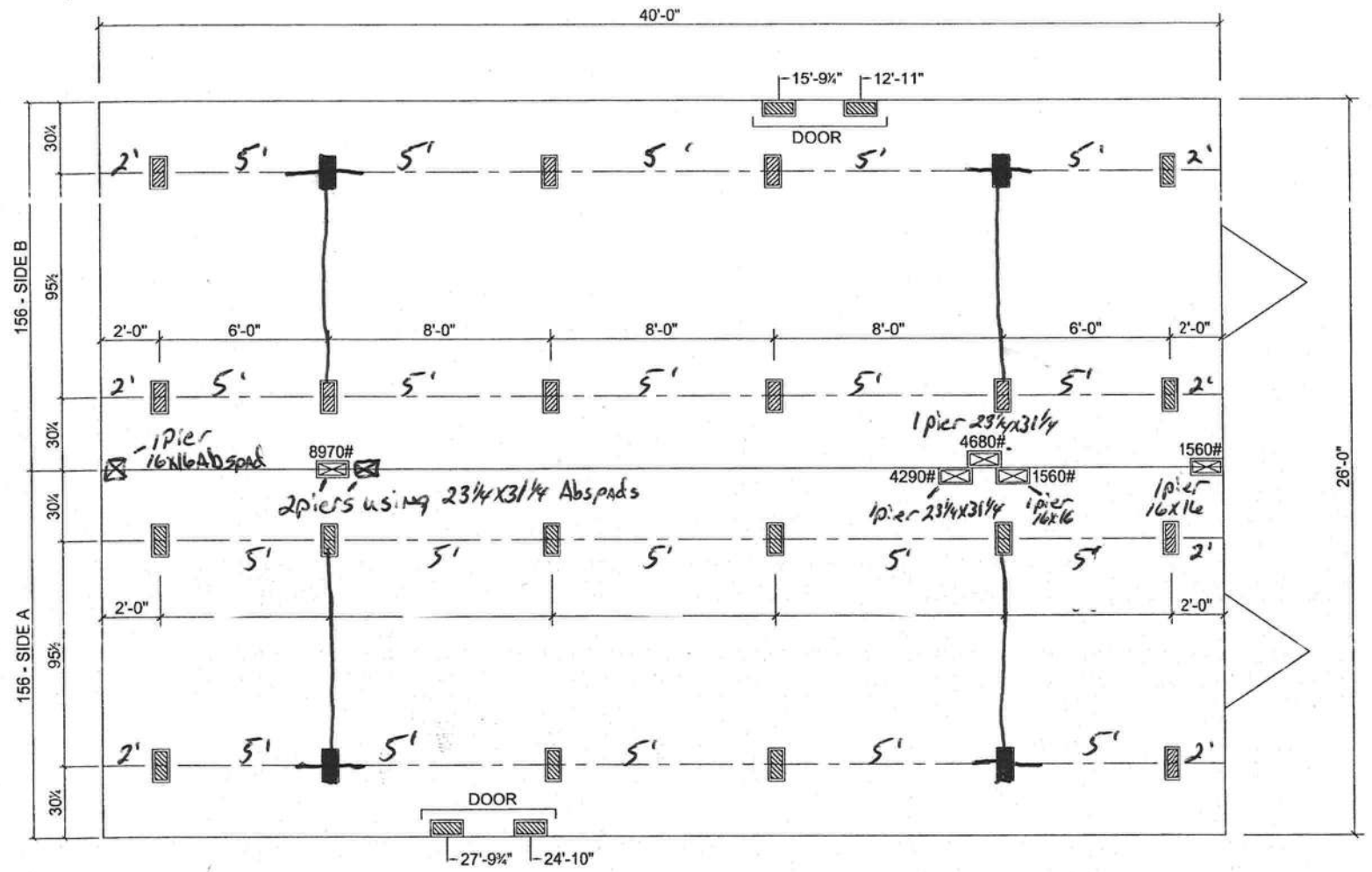
Miscellaneous

Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes _____ N/A ✓
Range downflow vent installed outside of skirting. Yes _____ N/A ✓
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other : 15C-1 MAY NOT HAVE PAGE #'S IN MANUAL

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

Installer Signature Jessie L "Chester" Knowles **Date** 3-30-09

T - 4 110IV All steel foundations from Oliver technology



MARRIAGE LINE OPENING SUPPORT PIER/TYP.

SUPPORT PIER/TYP - 5' on center using 20x20 Abspads

4/2/09

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND IT'S SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- FOOTINGS ARE REQUIRED AT SUPPORT POSTS, SEE INSTALLATION MANUAL FOR REQUIREMENTS.

Live Oak Homes
MODEL: M-2403B - 28 X 40
3-BEDROOM / 2-BATH

(A) MAIN ELECTRICAL
(B) ELECTRICAL CROSSOVER
(C) WATER INLET
(D) WATER CROSSOVER (IF ANY)
(E) GAS INLET (IF ANY)
(F) GAS CROSSOVER (IF ANY)
(G) DUCT CROSSOVER
(H) SEWER DROPS
(I) RETURN AIR (W/OPT. HEAT PUMP OH DUCT)
(J) SUPPLY AIR (W/OPT. HEAT PUMP OH DUCT)

M-2403B

LIMITED POWER OF ATTORNEY

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

Jessie L "Chester" Knowles
(Signature)

3-31-09
(Date)

Sworn and subscribed before me this 31 **day of** MARCH **, 2009.**
Personally Known:
Produced ID (Type): FL DL # K542-432-43-335-0

Kelly Bishop
Notary Public

KELLY R. BISHOP
Comm# DD0747380
Expires 1/9/2012
Florida Notary Assn., Inc
NOTARY PUBLIC STATE OF FLORIDA
(stamp)

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

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

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

Jessie L "Chester" Knowles
Signature

Sworn to and subscribed before me this 31 **day of** MARCH, **20**09

Personally Known:
Produced ID (Type): FL DL # K542-432-43-385-0

Notary Public: Kelly Bishop

KELLY R. BISHOP
Comm# DD0747360
Expires 1/9/2012
Florida Notary Asen., Inc
(stamp)

A | FDID * 29091 | State * FL | Incident Date * MM 03 DD 06 YYYY 2009 | Station 43 | Incident Number * 09-0000930 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

B Location*

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

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

Number/Milepost: 178 | Prefix: SW | Street or Highway: Hobby | Street Type: PL | Suffix:

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

Cross street or directions, as applicable:

C Incident Type *

121 | Fire in mobile home used as
Incident Type

D Aid Given or Received*

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

Their FDID | Their State
Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	03	06	2009	09:52:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	03	06	2009	09:59:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	03	06	2009	12:45:00

E2 Shift & Alarms

Local Option

B | 01 | 1
Shift or Platoon | Alarms | District

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken*

11 | Extinguishment by fire
Primary Action Taken (1)

12 | Salvage & overhaul
Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources*

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

	Apparatus	Personnel
Suppression	0004	0009
EMS		
Other	0003	

☐ 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 $	045,000	☐
Contents $	007,500	☐

PRE-INCIDENT VALUE: Optional

Property $	075,000
Contents $	015,000

Completed Modules

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

H1 Casualties* ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

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

H3 Hazardous Materials Release

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

I Mixed Use Property

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

J Property Use* Structures

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

Outside

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

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

Property Use 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

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

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

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

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

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

State | Zip Code

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

K2 Owner

Local Option

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

Business name (if Applicable) | Area Code: 386 | Phone Number: 758-2285

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

Mr.,Ms., Mrs. | First Name: Stuart | MI | Last Name: Ruark | Suffix

Number: 178 | Prefix: SW | Street or Highway: Hobby | Street Type: PL | Suffix

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

State: FL | Zip Code: 32025

L Remarks

Local Option

We were dispatched to a structure fire. Upon arrival we found a double wide mobile home with smoke coming from the doors and eves. We made entry into the mobile home. We were unable to find the fire to start with. The house was full of smoke and heat. We found a small area of fire in a bedroom. We extinguished the fire. Positive pressure ventilation wsa set up and all crews went into mop up mode. There was extensive mop up due to a lot of smoke and burning insulation in the attic. We investigated the cause of the fire. After speaking with the owner it is believed the fire might have started in the bedroom where a garbage can was. Red Cross was called to assist the homeowner. All units cleared and returned to station.

Foremost Insurance Grand Rapids Michigan 800 527 3907

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
0001	Atkinson, Tres	FC		03	10	2009

Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
☐	0087	Thomas, James Arness	SC		03	10	2009

A | 29091 FDID * | FL State * | MM 03 DD 06 YYYY 2009 Incident Date * | 43 Station | 09-0000930 Incident Number * | 000 Exposure * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -2 Fire

B Property Details

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

B2 001 ☐ Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products ☐ None

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

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

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

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

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

D Ignition

D1 21 Bedroom - < 5 persons;
Area of fire origin *

D2 UU Undetermined
Heat source *

D3 96 Rubbish, trash, waste
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 envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

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

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

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

G Fire Suppression Factors

Enter up to three codes. ☐ None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model — Year

License Plate Number — State — VIN Number

Local Use

☐ Pre-Fire Plan Available

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

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

NFIRS-2 Revision 01/19/99

I1 Structure Type *

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

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

I2 Building Status *

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

I3 Building Height *

Count the ROOF as part of the highest story

001 Total number of stories at or above grade

Total number of stories below grade

I4 Main Floor Size *

NFIRS-3 Structure Fire

, 001 , 680 Total square feet

OR

, BY , Lenght in feet / Width in feet

J1 Fire Origin *

[ ] Below Grade

001 Story of fire origin

J2 Fire Spread *

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

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

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 [X] Present

U [ ] Undetermined

L2 Detector Type

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

L3 Detector Power Supply

1 [X] 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 [X] 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 [X] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] 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

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		NFIRS - 9 Apparatus or Resources
29091	FL	3 / 6 / 2009	43	09-0000930	000	☐ Delete ☐ Change	

B

Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID CF1 Type 92	Dispatch	[X] 3	6	2009	09	52	[X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
2 ID CF2 Type 92	Dispatch	[X] 3	6	2009	09	52	[X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
3 ID CF3 Type 91	Dispatch	[X] 3	6	2009	09	52	[X]	1	☐ Suppression ☐ EMS [X] Other	73
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
4 ID E40 Type 11	Dispatch	[X] 3	6	2009	09	52	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
5 ID QR43 Type 12	Dispatch	[X] 3	6	2009	09	52	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
6 ID T43 Type 24	Dispatch	[X] 3	6	2009	09	52	[X]	2	[X] Suppression ☐ EMS ☐ Other	73 74 75 76
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
7 ID T44 Type 24	Dispatch	[X] 3	6	2009	09	52	[X]	1	[X] Suppression ☐ EMS ☐ Other	73 74 75
	Arrival	[X] 3	6	2009	09	59				
	Clear	[X] 3	6	2009	12	45				
8 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
9 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

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

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	3 / 6 / 2009	43	09-0000930	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

B

Apparatus or Resource * (Use codes listed below)	Date and Times (Check if same as alarm date)	Month	Day	Year	Hours/mins	Sent [X]	Number of People *	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)
1 ID CF1 Type 92	Dispatch	3	6	2009	09:52	[X]	1	☐ Suppression ☐ EMS ☒ Other	73
	Arrival	3	6	2009	09:59				
	Clear	3	6	2009	12:45				

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0001	Atkinson, Tres	FC	X	58	11	81	86

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.)
2 ID CF2 Type 92	Dispatch	3	6	2009	09:52	[X]	1	☐ Suppression ☐ EMS ☒ Other	73
	Arrival	3	6	2009	09:59				
	Clear	3	6	2009	12:45				

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

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.)
3 ID CF3 Type 91	Dispatch	3	6	2009	09:52	[X]	1	☐ Suppression ☐ EMS ☒ Other	73
	Arrival	3	6	2009	09:59				
	Clear	3	6	2009	12:45				

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

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	3 / 6 / 2009	43	09-0000930	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

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

1 ID E40 | Type 11

	Month	Day	Year	Hours/mins
Dispatch	[X] 3	6	2009	09:52
Arrival	[X] 3	6	2009	09:59
Clear	[X] 3	6	2009	12:45

Sent [X] | Number of People: 2 | [X] Suppression ☐ EMS ☐ Other | Actions Taken: 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	
0087	Thomas, James	SC	X	11	12		

2 ID QR43 | Type 12

	Month	Day	Year	Hours/mins
Dispatch	[X] 3	6	2009	09:52
Arrival	[X] 3	6	2009	09:59
Clear	[X] 3	6	2009	12:45

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

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0037	Garbett, Robert	FF	X	58	11		

3 ID T43 | Type 24

	Month	Day	Year	Hours/mins
Dispatch	[X] 3	6	2009	09:52
Arrival	[X] 3	6	2009	09:59
Clear	[X] 3	6	2009	12:45

Sent [X] | Number of People: 2 | [X] Suppression ☐ EMS ☐ Other | Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
MCC001	McCook, Joshua	FF	X	11	12		
MCIN01	McIntee, III, Jerome	FF	X	58	11	12	

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	3 / 6 / 2009	43	09-0000930	000	☐ Delete ☐ Change	NFIRS - 10 Personnel

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

1 ID T44 | Type 24

	Month	Day	Year	Hours/mins
Dispatch	3	6	2009	09:52
Arrival	3	6	2009	09:59
Clear	3	6	2009	12:45

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

Personnel ID	Name	Rank or Grade	Attend [X]	Action Taken	Action Taken	Action Taken	Action Taken
0085	Steiner, Curtis	FF	X	58	92		

2 ID | Type

	Month	Day	Year	Hours/mins
Dispatch ☐				
Arrival ☐				
Clear ☐				

Sent ☐ | Number of People | Use: ☐ Suppression ☐ EMS ☐ Other | Actions Taken

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

3 ID | Type

	Month	Day	Year	Hours/mins
Dispatch ☐				
Arrival ☐				
Clear ☐				

Sent ☐ | Number of People | Use: ☐ Suppression ☐ EMS ☐ Other | Actions Taken

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

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *		
29091	FL	3 / 6 / 2009	43	09-0000930	000	☐ Delete ☐ Change	Insurance and $Loss

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	$75,000.00	$45,000.00	$0.00	$0.00
Vehicles	$0.00	$0.00	$0.00	$0.00
Contents	$15,000.00	$7,500.00	$0.00	$0.00

C$_1$ Insurance Company

Business name if applicable: Foremost Insurance Company

Contact Name:

Street or highway:

Post office box:

City:

State:

Zip Code:

Phone Number:

Agent Name:

Policy Number: 103-0674761360-08

Policy Coverage: ☒ Buildings ☐ Vehicles ☐ Contents

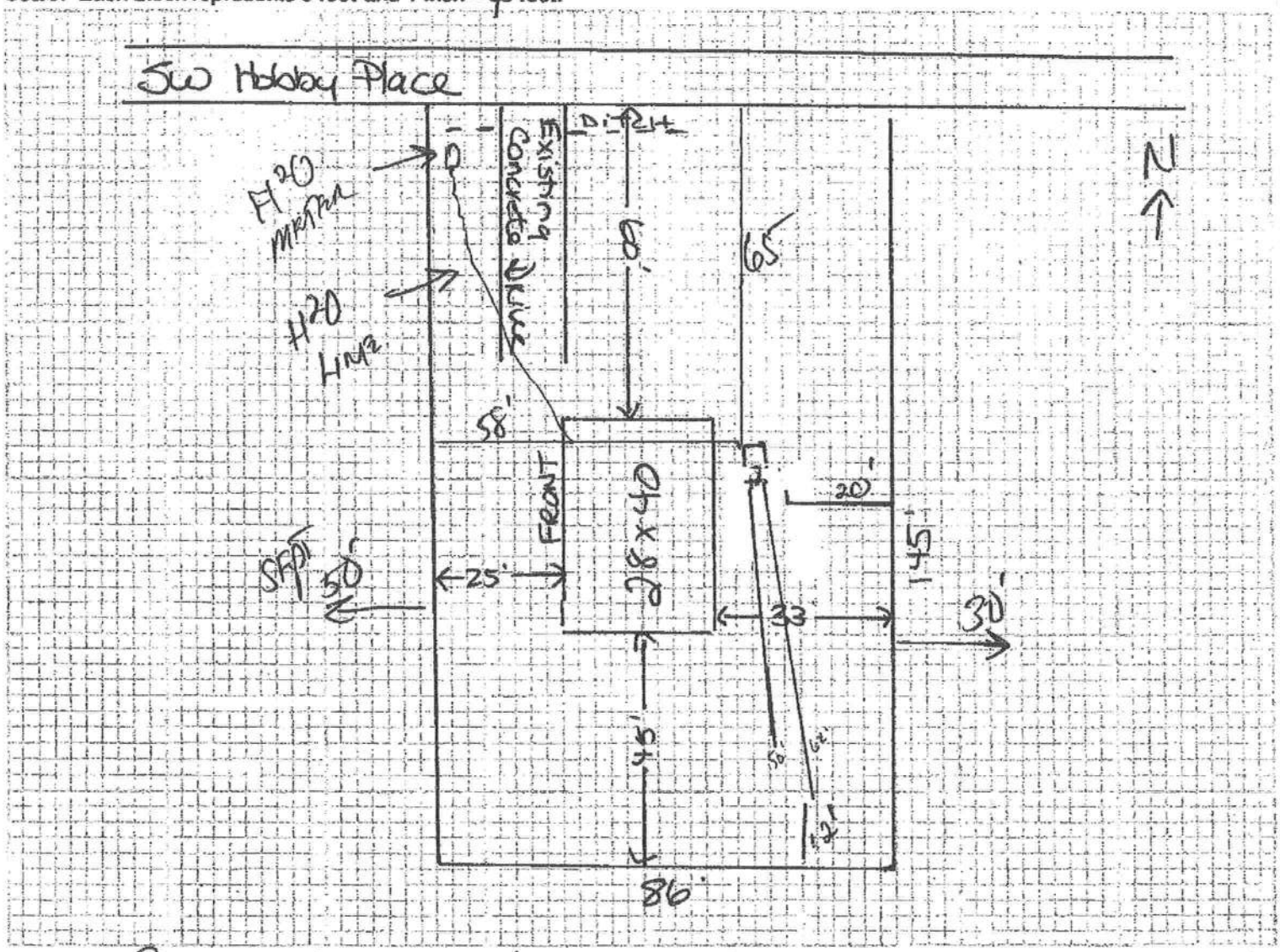
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 09-0200E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = ~~60~~ 30 feet.



Notes: Community Water system

Site Plan submitted by: Rocky D Signature — Master Contractor Title

Plan Approved ✓ Not Approved ____ Date 4-2-09

By Mon & Zank Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

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

Parcel Number 08-4S-16-02810-147 **Building permit No.** 000027731

Permit Holder CHESTER KNOWLES

Owner of Building STEWART RUARK

Location: 178 SW HOBBY PLACE, LAKE CITY, FL

Date: 04/14/2009

Harry Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)