DATE 08/29/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027302

APPLICANT MONTE WOMACK PHONE 727.845.4006

ADDRESS 201 SW MARCH DRIVE LAKE CITY FL 32024

OWNER JAMES & LINDA MCKAIG PHONE 727.845.4006

ADDRESS 199 SW MARCH DRIVE LAKE CITY FL 32055

CONTRACTOR BERNIE THRIFT PHONE 386.623.0046

LOCATION OF PROPERTY 90-W TO PINEMOUNT/C-252,TL TO MAGICAL,TR TO MARCH DR,TL
FOLLOW CURVE TO R, LOT ON R.(BEIGE UNIT)

TYPE DEVELOPMENT M/H/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. 3 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 04-4S-16-02772-047 SUBDIVISION MARCH BREEZE MHP

LOT 11 BLOCK ____ PHASE ____ UNIT ____ TOTAL ACRES 0.78

		IH0000075	Mark Womack	
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	08-0575-E	CFS	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 1 FOOT ABOVE ROAD. REPLACEMENT MH MUST BE PLACED IN EXACT LOCATION OF ONE BEING REPLACED. BURN'T M/H. NO CHARGE. FIRE REPORT ATTACHED. LEGAL NON-CONFORMING MH PARK. MHP PARK EXEMPT:IMPACT FEES. Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

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

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

Framing _____ date/app. by
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

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

M/H tie downs, blocking, electricity and plumbing _____ date/app. by
Pool _____ date/app. by

Reconnection _____ date/app. by
Pump pole _____ date/app. by
Utility Pole _____ date/app. by

M/H Pole _____ date/app. by
Travel Trailer _____ 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 TO BE IN ACTIVE PROGESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

No Charge

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

ofs 8/15/08

For Office Use Only (Revised 11-30-07) Zoning Official ofs 8/15/08 Building Official JD 8-14-08

AP# 0808-20 Date Received 8-4-08 By CH Permit # 27302

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

Comments FIRE REPORT ATTACH Replacement MH must be placed in exact location of one being replaced.

Burnt M/H

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

☑ Site Plan with Setbacks Shown ☑ EH # 0808-20 ☐ EH Release ☐ Well letter ☑ Existing well

☐ Copy of Recorded Deed or Affidavit from land owner ☑ Letter of Authorization from Installer

☐ State Road Access ☐ Permit Parcel # ____ ☐ STUP-MH MHP: Exempt. Impact Fee $

☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

☐ DEMIT NEEDED

Property ID # 04-4S-16-02772-047 Subdivision March Breeze Mo Hm Park

- New Mobile Home ____ Used Mobile Home ✓ Year 1983
- Applicant James Linda P. McKay Tuckers Monte Womack Phone # 727-845-4006
- Address 4546 Mitcher Rd. New Port Richey, Fl 34652
- Name of Property Owner James Linda McKay Phone# 727-845-4006
- 911 Address 199 S.W. March Dr. Lake City
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy

Monte Womack 813-482-1902

201 SW MARCH Dr. Lake City 32024

- Name of Owner of Mobile Home Above Phone # Above
- Address: ____
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property #1 (199 SW March Dr.)
- Lot Size 80 X 100 Total Acreage 49,678.488 Sq. feet
- Do you : Have Existing Drive (Currently using) or Private Drive (Non 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 - Burn Out (pd)
- Driving Directions to the Property Hwy 252 to Pinemount left ½ mile to Shell station Right on Majestic Dr. Head left on March Dr. Follow curve to (R) Lot on (R)
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 623 0046
- Installers Address 212 New Nyehunter dr 32055
- Licensee Number TH0000075 Installation Decal # 298726

FROM :COLUMBIA CO BUILDING + ZONING FAX NO. :386-752-2160 Aug. 04 2008 01:34PM P2

- Jw called LINDA 8.15.08-

JAN-1-1999 SAT 12:03PM TO: PAGE:3

PERMIT NUMBER

Installer Bernie Thrift License # IH0000075

Address of home being installed

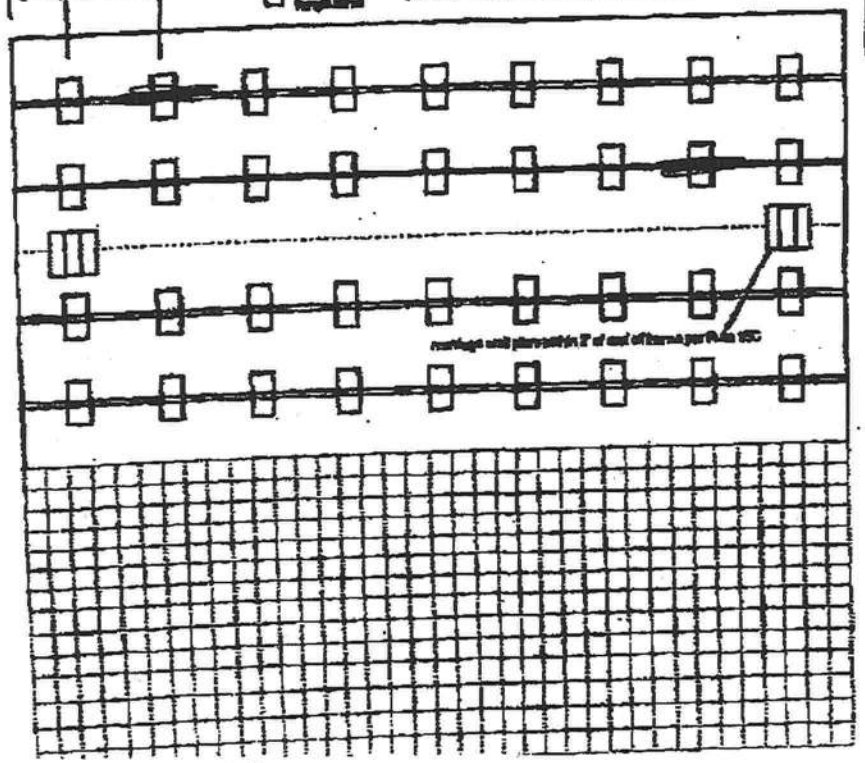
Manufacturer Liberty Length x width 14X56

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 bT

Typical pier spacing 6'

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



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 # 298726

Triple/Quad ☐ Serial # 10615224

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	15" x 15" (225)	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		5'	6'	6'	6'	6'	6'
1500 psf		4' 0"	6'	6'	6'	6'	6'
2000 psf		6'	6'	6'	6'	6'	6'
2500 psf		7' 6"	6'	6'	6'	6'	6'
3000 psf		6'	6'	6'	6'	6'	6'
3500 psf		6'	6'	6'	6'	6'	6'

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

PIER PAD SIZES

I-beam pier pad size 17X22

Perimeter pier pad size 16 X16

Other pier pad sizes (required by the mfg.)

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
NA	

POPULAR PAD SIZES

Pad Size	Sq In
15 x 15	225
16 x 16	256
16.5 x 16.5	342
18 x 22.5	360
17 x 22	374
13 1/4 x 25 3/4	345
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	465
24 x 24	576
26 x 26	676

ANCHORS

4ft 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	20
Longitudinal	2
Marriage wall	NA
Shearwall	NA

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer Model 1180liver

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are recorded down to 2000 psf without testing, or check here to declare 1000 lb. soil

x 2000 x 2000 x 2500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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 2500 x 2000 x 2500

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 8' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved listed arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5/8 anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's Initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Bernard Thrift

Date Tested _____

Electrical

Comment: electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 5

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 5

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

Site Preparation

Debris and organic material removed ✓ Swale _____ Pad _____ Other _____

Foundation and Skirting

Floor: Type Fastener: N/A 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 material)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled endings 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. N/A

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 rainwater. Yes

Miscellaneous

Skirting to be installed. Yes No NA

Dryer vent installed outside of skirting. Yes

Range downflow vent installed outside of skirting. Yes NA

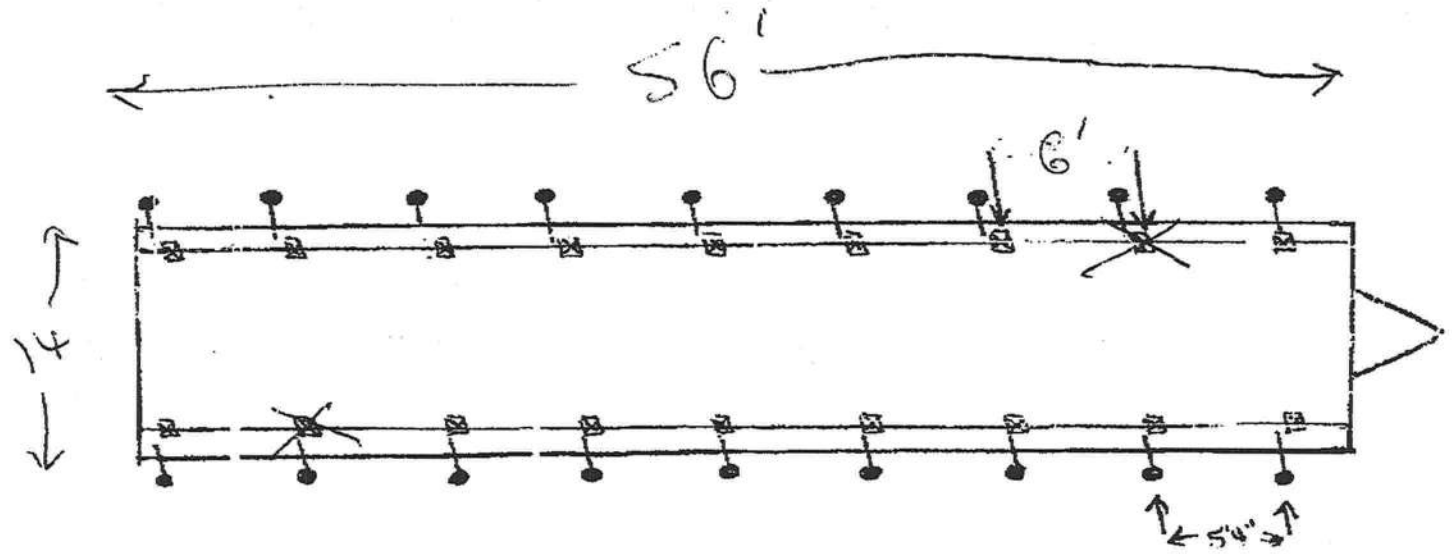
Drain lines supported at 4 foot intervals Yes NA

Electrical crossovers protected. Yes

Other: _____

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

Installer Signature Bernard Thrift Date 8-4-08



Customer: McKaig

System used: Model 1101 oliver

●- 5'4" 290 + torq value

☒- 6' on 17"X22" Pads 2000 PSF Soil Cap

FROM:

☒ Systems

This instrument Prepared by & return to:
Name: KIM WATSON, an employee of TITLE OFFICES, LLC
Address: 343 NW COLE TERRACE, SUITE 101 LAKE CITY, FLORIDA 32055
File No. 07Y-08960KW

Inst:200712023470 Date:10/19/2007 Time:9:02 AM
Doc Stamp-Deed:1750.00
DC,P.DeWitt Cason,Columbia County Page 1 of 3

Parcel I.D. #: 02772-047; 003; 025; 024

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

THIS WARRANTY DEED Made the 15th day of October, A.D. 2007, by MARLA D. CAMPBELL, MARRIED, and JACQUELINE D. TROWELL, MARRIED, hereinafter called the grantors, to JAMES P. MCKAIG and LINDA C. MCKAIG, HIS WIFE, whose post office address is 4546 MITCHER ROAD, NEW PORT RICHEY, FLORIDA 34652 hereinafter called the grantees:

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

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

SEE EXHIBIT "A" ATTACHED AND MADE A PART HEREOF AND IS NOT THE HOMESTEAD OF THE GRANTORS.

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

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

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2007.

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

Signed, sealed and delivered in the presence of:

Witness Signature
Patricia A Hickman
Printed Name

Witness Signature
Mary Lee Weeks
Printed Name

Marla D. Campbell L.S.
MARLA D. CAMPBELL
Address:
206 NW SUGAR GLEN, LAKE CITY, FLORIDA 32055

L.S.
JACQUELINE D. TROWELL
Address:
206 NW SUGAR GLEN, LAKE CITY, FLORIDA 32055

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 15th day of October, 2007, by MARLA D. CAMPBELL and JACQUELINE D. TROWELL, who are known to me or who have produced Drivers License as identification.

Notary Public
My commission expires

BRENDA STYONS
COMMISSION # DD 287536
EXPIRES: February 5, 2008

LETTER OF AUTHORIZATION

Date: 8/8/08

I Bernard Thrift, License No. IH0000075 do hereby Authorize Monte Womack / James + Linda McKaig to pull and sign permits on my behalf.

Sincerely,

Bernard Thrift

Sworn to and subscribed before me this 7th day of Aug, 2008

Notary Public: Jessica Sercey

My commission expires: 10/7/2011

Personally Known X

Produced Valid Identification: _____

JESSICA SERCEY
Comm# DD0722700
Expires 10/7/2011
Florida Notary Assn., Inc

AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: James + Linda McKaig

Property ID: Sec: 04 Twp: 4S Rge: 16 Tax Parcel No: 02772-047

Lot: 55 Block: ____ Subdivision: March Breeze Mobile Home Park

Mobile Home Year/Make: 1983 Liberty Size: 14x56 Box

Bernard Kay
Signature of Mobile Home Installer

Sworn to and subscribed before me this 7th day of AUG, 20 08

by ____.

JESSICA SERCEY
Comm# DD0722700
Expires 10/7/2011
Florida Notary Assn., Inc

Jessica Sercey
Notary's name printed/typed

Notary Public, State of Florida
Commission No. 10/7/2011
Personally Known: ____
Produced ID (type) ____

Mobile Home Installers Affidavit

Florida Statue Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Bernard Thrift, License No, IH0000075
Please Type or Print

do hereby state that the installation of the manufactured home at:

201 SW March Dr. March Breeze MH Park
911 Address of the Job site
Lake City, FL 32024

Will be done under my supervision.

Bernard Thrift
signature

Sworn to and subscribed before me this 7th day of July A.D. 2008

Notary Public: Jessica Sercey, My Commission Expires: 10/7/2011
Signature Date

Personnally Known : X .

Produce Valid Identification: _____

JESSICA SERCEY
Comm# DD0722700
Expires 10/7/2011
Florida Notary Assn., Inc

_____
Stamp or seal

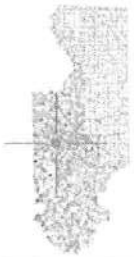
Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: -

Name:	LandVal
Site:	BldgVal
Mail:	ApprVal
Sales	JustVal
Info	Assd
	Exmpt
	Taxable

0 79 158 237 ft

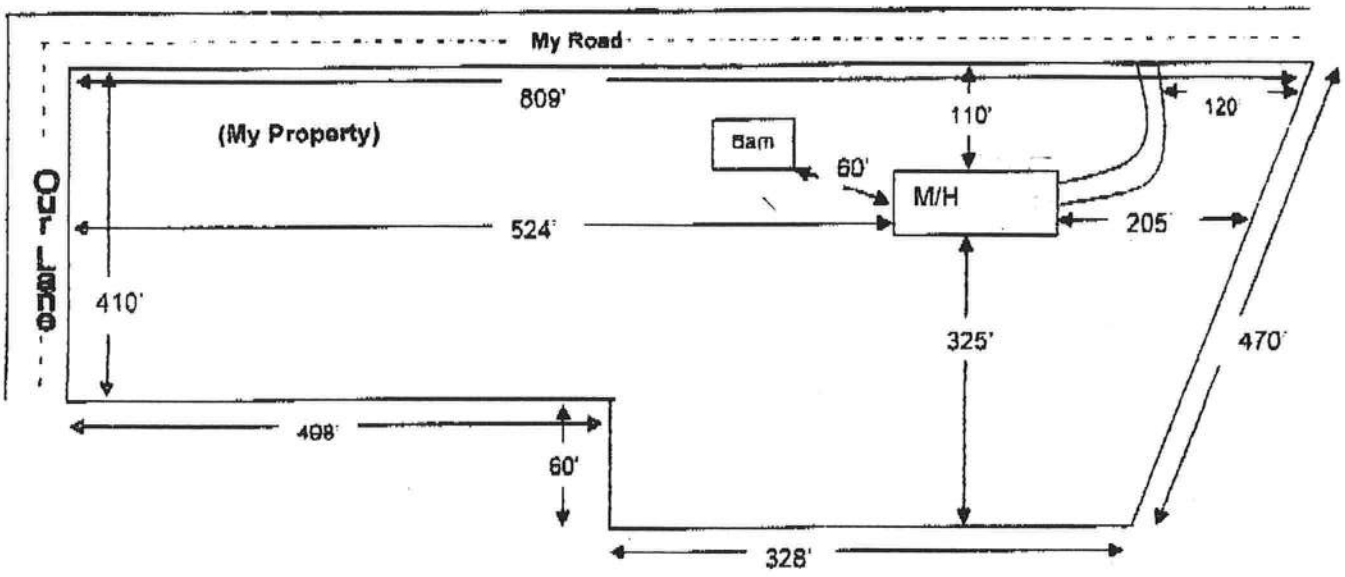


N W E S

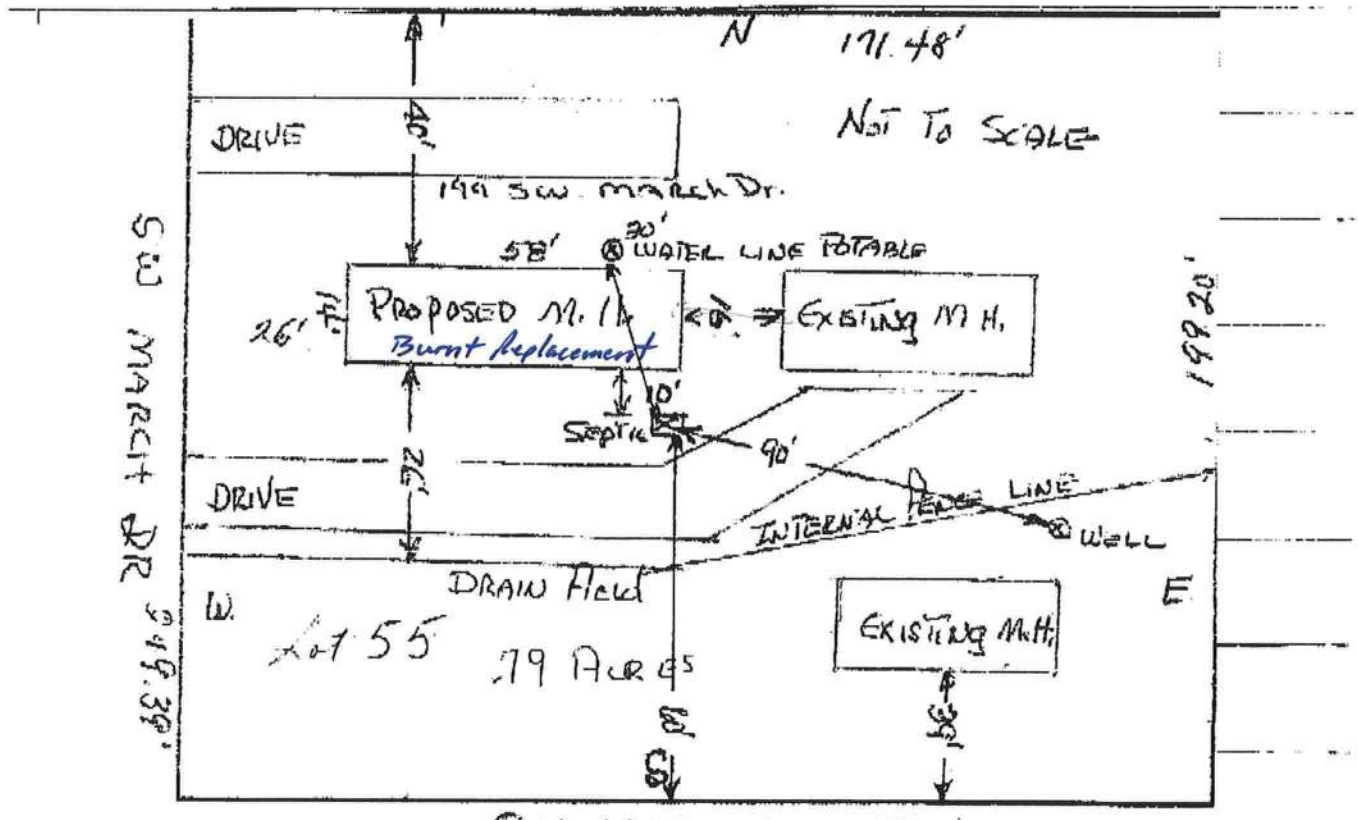
COLUMBIA COUNTY GATEWAY TO FLORIDA

This information, GIS Map Updated: 8/5/2008, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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>



8/8/01

COLUMBIA COUNTY 9-1-1 ADDRESSING / GIS DEPARTMENT

P. O. Box 1787, Lake City, FL 32056-1787
Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com

ADDRESS ASSIGNMENT DATA

The Columbia County Board of County Commissioners has passed Ordinance 2001-9, which provides for a uniform numbering system. A copy of this ordinance is available in the Clerk of Court records, located in the courthouse. This new numbering system will increase the efficiency of POLICE, FIRE AND EMERGENCY MEDICAL vehicles responding to calls within Columbia County by immediately identifying the location of the caller.

Residential or other structure on Parcel Number:
04-4S-16-02772-047

Address Assignments:
199 SW MARCH DR, LAKE CITY, FL, 32024

Note: Also 201 SW March Dr and 151 SW March Dr addressed on this property.

Any questions concerning this information should be referred to the 9-1-1 Addressing / GIS Department at the telephone number listed above.

A | FDID * 29091 | State * FL | Incident Date * MM 03 DD 20 YYYY 2007 | Station 43 | Incident Number * 07-0000961 | Exposure * 000 | ☐ 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 93 Courtyard, patio,
Area of fire origin *

D2 UU Undetermined
Heat source *

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

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

E1 Cause of Ignition

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

1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☒ Cause undetermined after investigation

E2 Factors Contributing To Ignition ☒ None

UU Undetermined
Factor Contributing To Ignition (1)

____ ____
Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

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

Estimated age of person involved ____

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

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

____ Equipment Involved

Brand ____

Model ____

Serial # ____

Year ____

F2 Equipment Power

____ Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

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

G Fire Suppression Factors

Enter up to three codes. ☐ None

____ Fire suppression factor (1)

____ Fire suppression factor (2)

____ Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

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

H2 Mobile Property Type & Make

____ Mobile property type

____ Mobile property make

____ 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

NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *	
29091	FL	03 20 2007	43	07-0000961	000	[ ] Delete [ ] Change [ ] No Activity

B Location*

[ ] Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section E "Alternative Location Specification". Use only for Wildland fires.

Census Tract [ ] - [ ]

[X] Street address
[ ] Intersection
[ ] In front of
[ ] Rear of
[ ] Adjacent to
[ ] Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
199	SW	March	DR	

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

Cross street or directions, as applicable:

C Incident Type *

121 Fire in mobile home used as Incident Type

D Aid Given or Received*

1 [ ] Mutual aid received
2 [ ] Automatic aid recv.
3 [ ] Mutual aid given
4 [ ] Automatic aid given
5 [ ] Other aid given
N [X] None

Their FDID [ ] Their State [ ]
Their Incident Number [ ]

E1 Date & Times

Midnight is 0000

	Month	Day	Year	Hr Min Sec
Check boxes if dates are the same as Alarm Date. ALARM always required. Alarm *	03	20	2007	06:38:00
ARRIVAL required, unless canceled or did not arrive. [X] Arrival *	03	20	2007	06:45:00
CONTROLLED Optional, Except for Wildland fires. [ ] Controlled				
LAST UNIT CLEARED, required except for Wildland fires. [X] Last Unit Cleared	03	20	2007	07:55:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
B	01	1

E3 Special Studies

Local Option

Special Study ID# [ ] Special Study Value [ ]

F Actions Taken *

11 Extinguishment by fire — Primary Action Taken (1)

Additional Action Taken (2) [ ]

Additional Action Taken (3) [ ]

G1 Resources *

[X] Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0003	0012
EMS		
Other	0004	

[ ] Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

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

		None
Property $	000,000	[ ]
Contents $	000,000	[ ]

PRE-INCIDENT VALUE: Optional

Property $	000,000	[ ]
Contents $	000,000	[ ]

Completed Modules

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

H1 Casualties [X] 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 evacuation or HazMat actions
2 [ ] Propane gas: <21 lb. tank (as in home BBQ grill)
3 [ ] Gasoline: vehicle fuel tank or portable container
4 [ ] Kerosene: fuel burning equipment or portable storage
5 [ ] Diesel fuel/fuel oil: vehicle fuel tank or portable
6 [ ] Household solvents: home/office spill, cleanup only
7 [ ] Motor oil: from engine or portable container
8 [ ] Paint: from paint cans totaling < 55 gallons
0 [ ] Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

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

J Property Use*

Structures

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

Outside

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

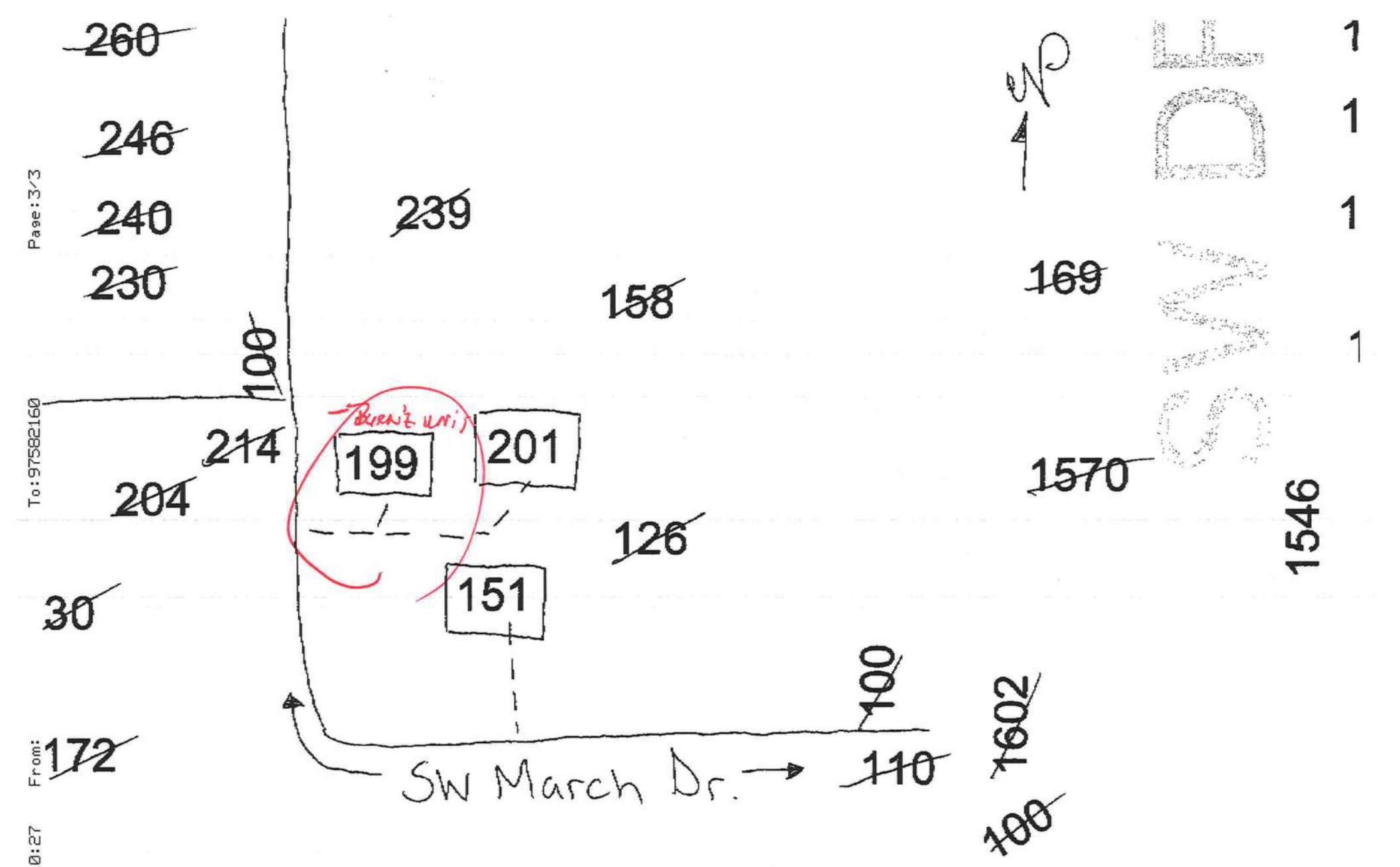
Lookup and enter a Property Use code only if you have NOT checked a Property Use box!

Property Use 419

1 or 2 family dwelling

NFIRS-1 Revision 03/11/99

Columbi County Fire Dept 29091 03/20/2007 07-0000961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246
240
230
239
158
100
214
204
199
201
126
151
30
172
100
110
SW March Dr.
169
1570
1546
1602
100
1
1
1
1
Page:3/3
To:97582160
From:
AUG-01-2008 10:27

- REPLACING BURNT UNIT -

Columbia County Property Appraiser
J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

0 68 136 204 ft

PARCEL: 04-4S-16-02772-047 - MOBILE HOM (000200)

Name:	MCKAIG JAMES P & LINDA C	LandVal	$18,476.00
Site:		BldgVal	$10,924.00
Mail:	4546 MITCHER RD NEW PORT RICHEY, FL 34652	ApprVal	$29,400.00
		JustVal	$29,400.00
Sales Info	10/15/2007 $250,000.00I / Q	Assd	$29,400.00
		Exmpt	$0.00
		Taxable	$29,400.00

This information, GIS Map Updated: 4/15/2008, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

* WAITING ON JOHN TO CALL RE ADDRESS -

FORMERLY BLN.

813-215-8069

PROPERTY LOCATOR
ORDER FORM

CUSTOMER NAME: James + Linda McKaig DATE OF SALE: _____

ADDRESS: March Breeze M. Home Park 201 sw march Dr
Lake City, FL 32024

PHONE NUMBER: (727) 845-4006 (813) 482-1807 SALESPERSON: SHERRIE

MAKE OF HOME: LIBERTY MODEL: _____ SIZE: 14x56 BOX
14x60 HITCH

SERIAL NUMBER: 10L15774

SKIRTING: (TYPE) _____ PO#: _____

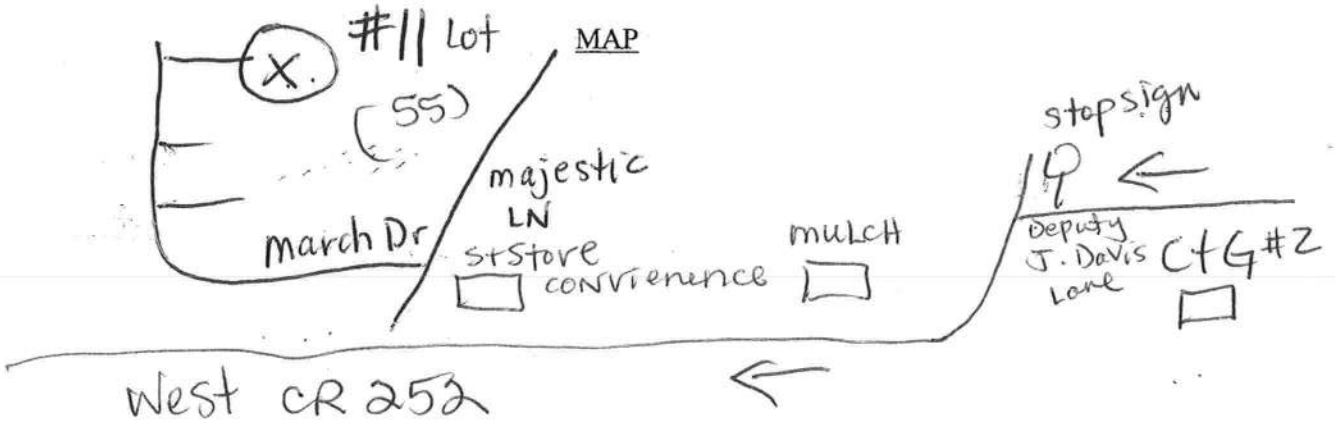
STEPS: (TYPE) _____ PO#: _____

A/C: (TYPE) _____ PO#: _____

DIRECTIONS TO HOME

Go (L) on Deputy J. Davis Lane, TURN (L) at Stop sign on CR 252, GO DOWN PAST MULCH BUS - TURN (R) at S+S conv. store, TAKE IMMEDIATE (L) onto MARCH Dr, curve to (R) Lot on (R) Lot #11

MAP



24 N. GLEN

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7/15 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME JAMES + LINDA MCKAIG PHONE _____ CELL 813.215.9069
727.945.4006

ADDRESS _____

MOBILE HOME PARK Mossy Breeze MHP; LOT # SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME _____

CR 6 LOT # 2 - Sherry - C-252 (Avenue)

MOBILE HOME INSTALLER Frank Scott PHONE _____ CELL 623-0046

MOBILE HOME INFORMATION

MAKE "LIBERTY" YEAR 1993 SIZE 14 x 56 COLOR BEIGE

SERIAL No. LOL15479

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 _____ ID NUMBER 401 DATE 8-15-08

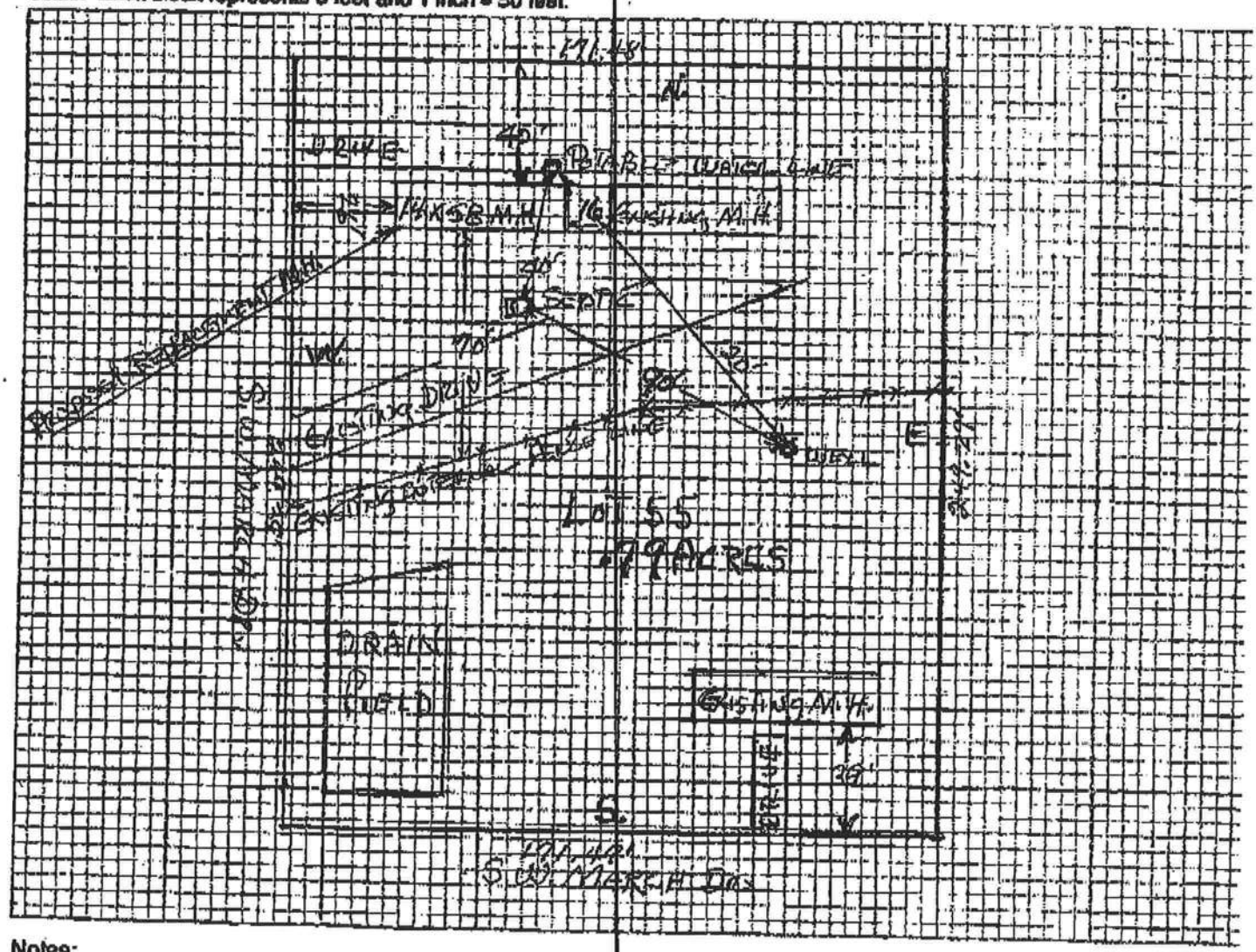
STATE OF FLORIDA
DEPARTMENT OF HEALTH March Breeze MHP

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0575E

PART I - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: Linda F. McKaig Dawn
Signature Title

Plan Approved ✓ Not Approved ____ Date 8/13/08

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used)
(Stock Number: 5744-003-4015-6)