

DATE 06/16/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028664

APPLICANT ROLAND TARDIFF PHONE 365-8533
ADDRESS 4078 SE COUNTRY CLUB RD LAKE CITY FL 32025
OWNER TRAVIS & AMY INVESTMENTS, LLC PHONE 288-6943
ADDRESS 2358 N US HWY 441 LAKE CITY FL 32055
CONTRACTOR BERNIE THRIFT PHONE 623-0046

LOCATION OF PROPERTY 441 N, ON LEFT CORNER OF LINTO LN, 2ND ON LEFT PAST
GERSON LN, THEN 1ST MH ON PROPERTY

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 RSF/MH-2 MAX. HEIGHT 35

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

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

PARCEL ID 17-3S-17-04964-002 SUBDIVISION Roland & Amy

LOT BLOCK PHASE UNIT TOTAL ACRES 0.74

IH0000075

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 10-0286-N BK HD N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, REPLACING EXISTING UNIT, BURN OUT

NO CHARGE

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

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

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

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

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

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

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

Reconnection RV Re-roof date/app. by date/app. by 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 L. Wodan 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.



HUNTER INSURANCE AGENCY
"THE AGENCY THAT IS KNOWN FOR SERVICE"

365 S.E. BAYA DRIVE
LAKE CITY, FL 32025
(386) 752-6990

TRAVIS HUNTER

2028 N US HWY 171
fax: (386) 755-3431
email: wl@whhunter.com

28664

District No. 1 - Ronald Williams
District No. 2 - Dewey Weaver
District No. 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No. 5 - Scarlet P. Frisina



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

24 August 2010

Roland Tardif
4078 Southeast Country Club Road
Lake City, FL 32025

RE: Tax Parcel ID# 17-3S-17-04964-002 and a Third Mobile Home

Dear Roland:

The statements provided by you indicate that there were two (2) houses and one (1) mobile home located on the property. The current zoning does allow for the replacement of the house that burned down with a mobile home, which has been issued under move-on permit # 28664 and the replacement of the mobile home that was located on the property as issued under move-on permit # 28665.

The County would not be able to issue a move-on permit for a third mobile home on the above referenced property. In accordance with Columbia County's Land Development Regulations (LDR's), the placement of a third mobile home on the property would create a mobile home park as defined in the LDR's. In order for the third mobile home to be allowed on the property, the property would have to be rezoned to Residential, Mobile Home Park. The property does not meet the requirements for Residential, Mobile Home Park zoning because it is not a minimum of ten (10) acres in size and does not have access to a community potable water and sanitary sewer system.

If you feel that this decision has been made in error, you have the right to appeal this decision to the Columbia County Board of Adjustment within thirty (30) days of the date of this letter. An appeal of this decision to the Columbia County Board of Adjustment is made by filing an application for appeal to the Land Development Regulation Administrator specifying the grounds for the appeal and a fee of \$750.00.

If you have any questions concerning this matter, please do not hesitate to contact me at 754.7119.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Kepner", written over a horizontal line.

Brian L. Kepner
Land Development Regulation Administrator,
County Planner

xc: Marlin M. Feagle, County Attorney

BOARD MEETS FIRST THURSDAY AT 7:00 P.M.
AND THIRD THURSDAY AT 7:00 P.M.

P. O. BOX 1529

LAKE CITY, FLORIDA 32056-1529

PHONE (386) 755-4100

MEMORANDUM

TO: Building & Zoning Department
Attention: Brian Kepner

FROM: Roland Tardif *RLT*

DATE: August 19, 2010

RE: Permit

Please find attached documentation supporting the fact that there has been, at some point in time, a total of three residences located on the following property: 134 NW Lenton Glen, Lake City, FL. 32055. Therefore, I respectfully request that you move forward with issuing a mobile home permit for the foregoing property/address.

Thank you for your assistance in this matter.

August 15 2010

To who it may concern

This is to certified that I (we) personally know that
was three residence on the property now know as Lenton Glen
Lake City.

Norman Green
147 NW Ernest Green Glen

Ricky Ratliff 428 NW County 25A

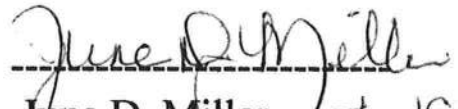
Alma J. Howes 213 Newindall L.N.

August 15 2010

To who it may concern,

This is to certified that I use to reside at 134 NW Lenton (it was call something else then) I reside at that address between 1982 & 1989. There was two house and one mobile home on This lot.

MR. Frank & Elisabeth Thomas owned the property at that time.


June D. Miller 8-19-10

June D. Miller
2264 NW Hway 441
Lake City, Fla. 32055

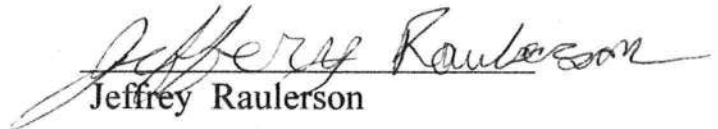
August 10 2010

To who it may concern,

In 1979, I help Mr. Bascom Norris install three septic tank on Lenton St. Mr. Frank Thomas had moved two houses and one mobile home on that property.

One of the house got thorn down a few years ago after part of a tree fell on it. The mobile home got thorn down about a year and a half ago and the last house got destroy in a fire early this year.

I live near this property all my life; I know must of every resident in this neighborhood.


Jeffrey Raulerson

2341 N US Hwy 441



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 17-3S-17-04964-002 - SINGLE FAM (000100)

BEG INTERS OF S LINE OF SEC & W R/W OF US-441, RUN N 107.5 FT ALONG R/W FOR POB, RUN W 300 FT, N 107.5 FT, E 300 FT, S 107.5 FT TO POB. ORB 718-414.42

Name: TRAVIS & AMY INVESTMENTS LLC

Site: 2358 N US HIGHWAY 441

Mail: 518 ISLAMORADA DR S

MACCLENNY, FL 32063

Sales 9/28/2004

Info 9/28/2004

\$31,000.00 I/Q

\$100.00 I/U

2009 Certified Values

Land	\$11,160.00
Bldg	\$21,726.00
Assd	\$33,786.00
Exmpt	\$0.00
Cnty: \$33,786	
Taxbl	
Other: \$33,786 Schl: \$33,786	

NOTES:



This information, GIS Map Updated: 8/5/2010, 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, its use, or its 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.

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*Definition of
MA Park
cannot those
meet those
requirements
cannot place
3 MH on
property
right to appeal
Decision to
BoFA*

RSF-MH-2

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 16.06.10 Building Official H.D. 6-11-10

AP# 1006-22 Date Received 6/8/10 By GT Permit # 28664

Flood Zone X Development Permit N/A Zoning RSP/MH-2 Land Use Plan Map Category Res. Land Dev.

Comments Destroyed by fire - no change, Fire report on file
Replacing existing Home

FEMA Map# N/A Elevation N/A Finished Floor 1' above RL River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0-286-N ☐ 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 N/A Replacing existing dwelling Pre-Inspection Fire Report

Property ID # 17-35-17-04964-002 Subdivision _____

- New Mobile Home _____ Used Mobile Home X MH Size 15x60 Year 2006
- Applicant Roland Talbott Phone # 365-8533
- Address 4078 SE County Club Rd, L.C. 32025
- Name of Property Owner Travis Hunter Phone# 288-6943
- 911 Address 2358 N. US Hwy 441 Lakeland, Fla. 32055
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Same Phone # _____
 Address _____
- Relationship to Property Owner _____
- Current Number of Dwellings on Property _____
- Lot Size 0.746 acres Total Acreage _____
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (Paid)
- Driving Directions to the Property 441 North to property on left
corner of Linton Ln, 2nd on (C) past NW Gerson Ln.
1st mtl on property
- Name of Licensed Dealer/Installer Bernie Thrift Phone # 623 0046
- Installers Address 5557 NW Falling Creek Rd White Springs 32096
- License Number IH0000075 Installation Decal # 307801

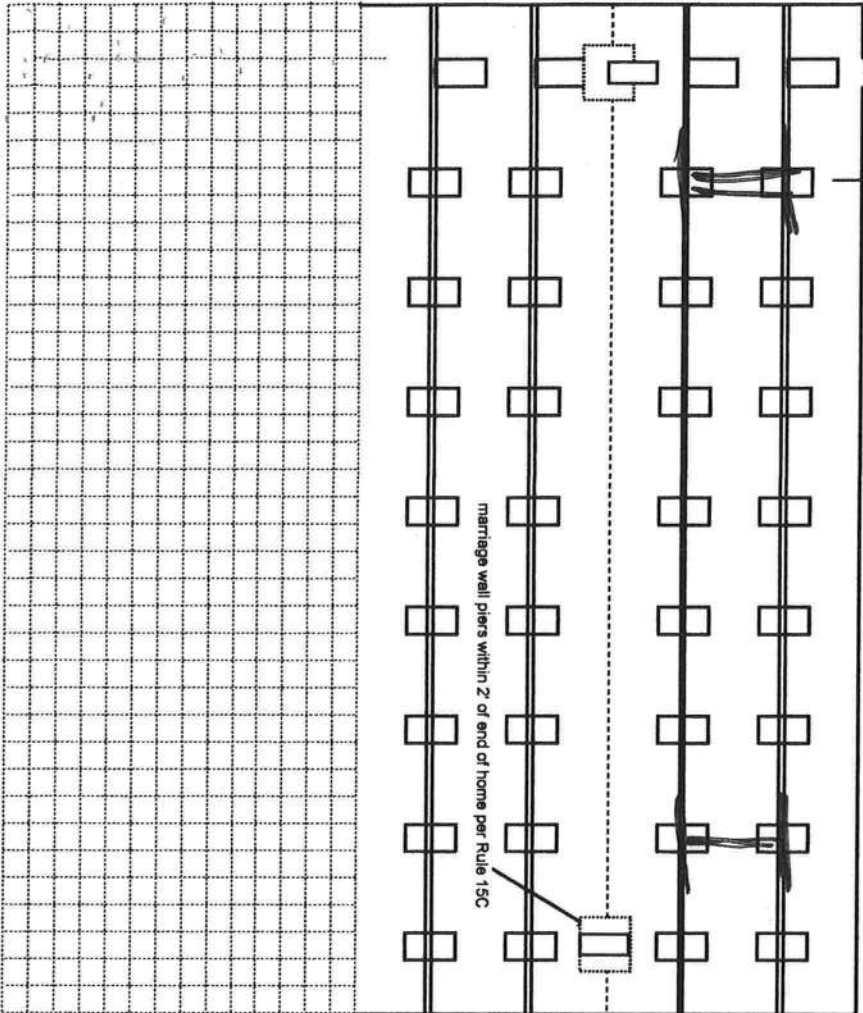
Installer Bernie Thniff License # EH0000075
 Manufacturer Horton Length x Width 60x15
 Name of Owner of this Mobile Home Frank Hunter
 Phone 386-288-6943
 Address 2338 N Hwy 441 Folsom, CA 95635

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



New Home ☐ Used Home ☒ Year 2006
 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 # 307801
 Triple/Quad ☐ Serial # H2144986

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16' x 16' (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'	8'
1500 psf	4'6"	6'	7'	8'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7'6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x22
 Perimeter pier pad size 16x16

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

4 ft

5 ft

ANCHORS

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
 Manufacturer Model 1101W 81.1ver
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer

Sidewall 24
 Longitudinal Marriage wall NA
 Shearwall NA

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2008 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2500 X 2000 X 2000

POCKET PENETROMETER TESTING METHOD

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

X 2500 X 2000 X 2500

TORQUE PROBE TEST

The results of the torque probe test is 2900 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.

BT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Bernie Thrift

Date Tested

5-6-10

Electrical

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

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

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

Installer's initials

Installed:

Type gasket NA
Pg. 5
Between Floors Yes ✓
Between Walls Yes ✓
Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 18
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

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

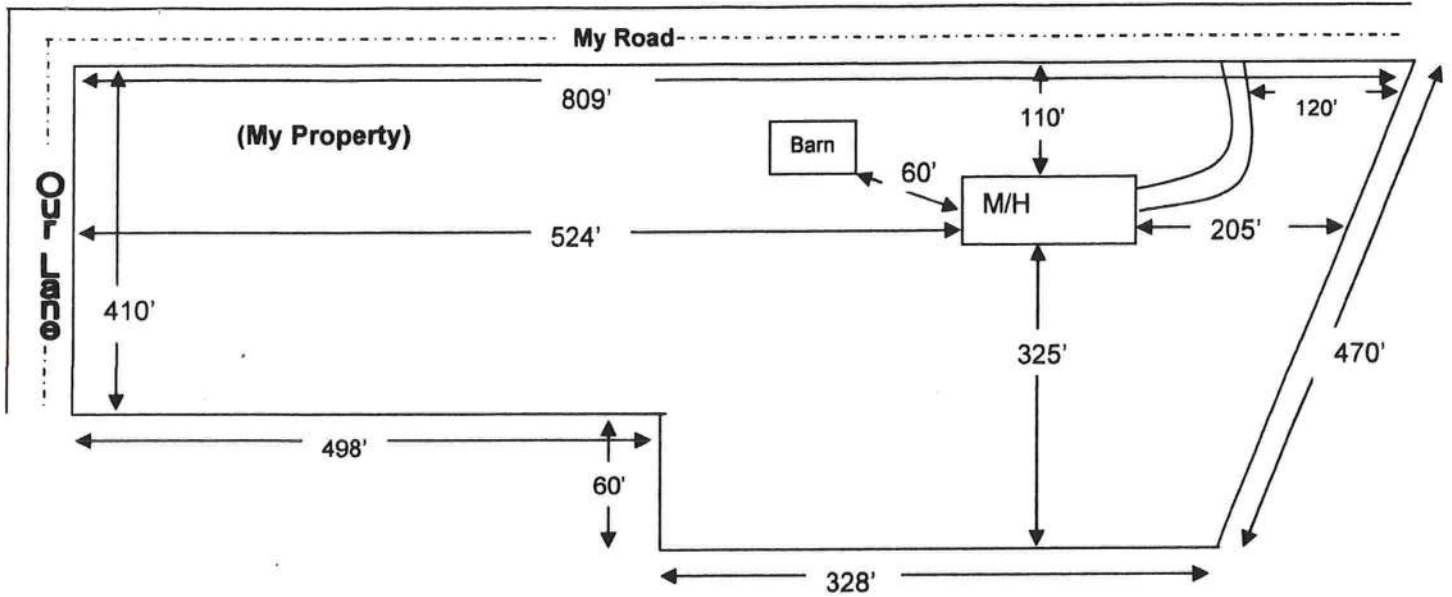
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

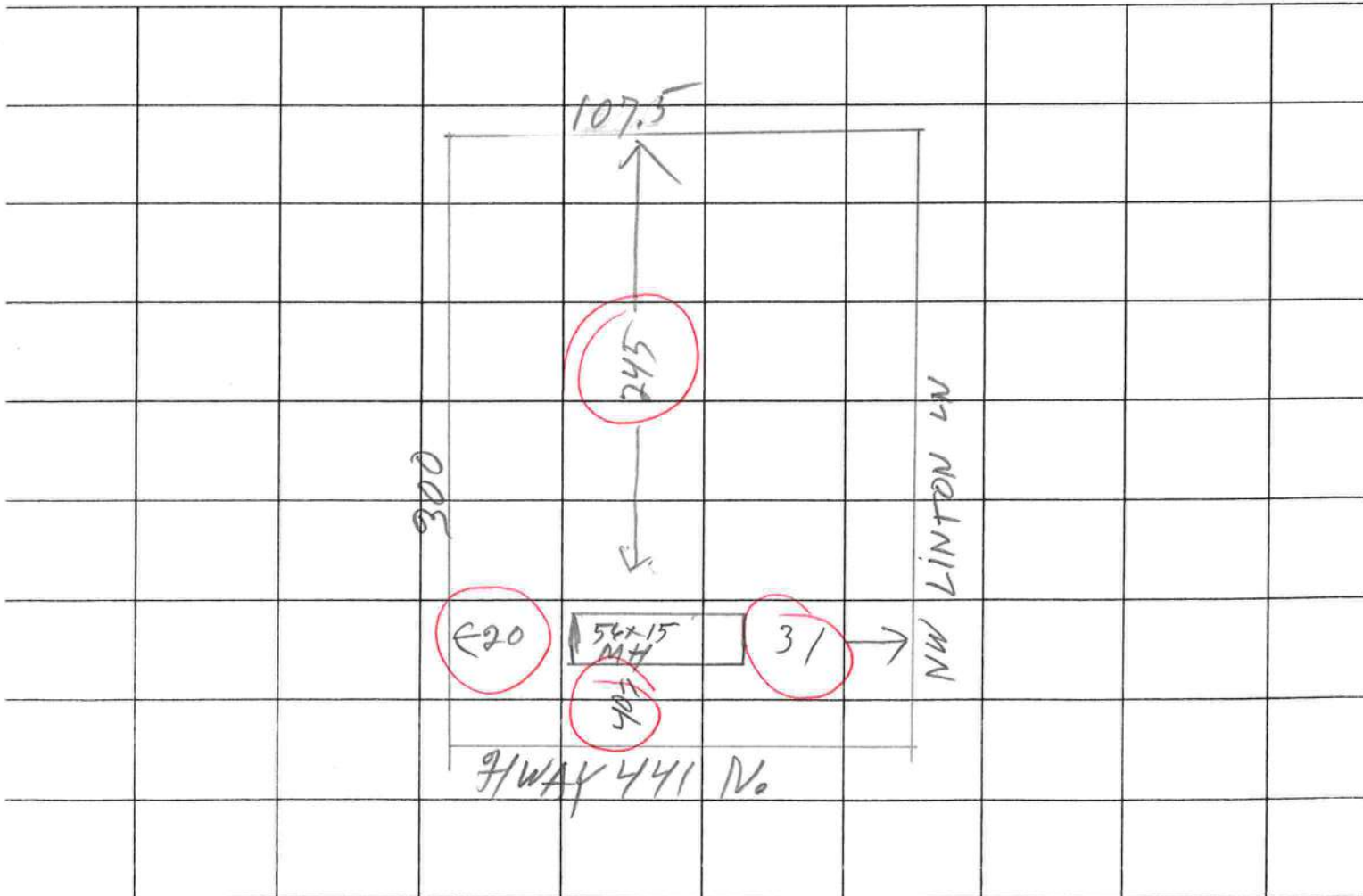
Bernie Thrift

Date 5-6-10

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.



Inst: 2004024091 Date: 10/26/2004 Time: 16:32

Doc Stamp-Deed : 0.70

DC, P. DeWitt Cason, Columbia County B: 1029 P: 339

This Instrument Prepared by & return to:

Name: NANCY AMY MURPHY, an employee of
TITLE OFFICES, LLC
Address: 1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025
File No. 04Y-09057NM

Inst: 2004021866 Date: 09/29/2004 Time: 16:02

Doc Stamp-Deed : 217.00

DC, P. DeWitt Cason, Columbia County B: 1026 P: 2237

Parcel I.D. #: 04964-002

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 28th day of September, A.D. 2004, by **DUANE EDWARD**

BOSKET, a Single man, conveying non-homestead property, hereinafter called the grantor, to **TRAVIS**
~~and ANITA BOSKET~~ Any Investment, LLC, whose post office address is 168 NW Gerson Lane Lake
City, Florida 32055-4445, hereinafter called the grantees:

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

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

A portion of land being and lying in Section 17, Township 3 South, Range 17 East, Columbia County, Florida, described as follows: Commence at the intersection of the South line of said Section 17 and the Westerly right of way line of U.S. Hwy. 441 (having a 100 foot right of way) and run N 03°31'33"W, along said Westerly right of way line, a distance of 107.50 feet to the POINT OF BEGINNING; from the point of beginning thus described run S 88°35'12"W, parallel to the South line a distance of 185 feet; run thence N 03°31'33"W, parallel to said Westerly right of way line, a distance of 107.50 feet to the centerline of Lenton Road (having a 50 foot right of way); run thence N 88°35'12"E, along the centerline of Lenton Road, a distance of 185 feet to the Westerly right of way of said U.S. Hwy 441; run thence S 03°31'33"E, along said Westerly right of way line, a distance of 107.50 feet to the POINT OF BEGINNING. Subject to county road right of way.

AND

Commence at the SW corner of Section 17, Township 3 South, Range 17 East; thence run N 03°39'43"W, along the West line of Section 17, a distance of 215.00 feet; thence N 88°35'12"E, parallel to the South line of Section 17, a distance of 945.06 feet to the POINT OF BEGINNING; thence continue N 88°35'12"E, 115.00 feet; thence S 3°31'33"E, 107.50 feet; thence S 88°35'12"W, 115.00 feet; thence N 3°31'35"W, 107.50 feet to the POINT OF BEGINNING.

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

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

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

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

Signed, sealed and delivered in the presence of:

Rica Powell
Witness Signature
Rica Powell
Printed Name

Kelly Stinger
Witness Signature
Kelly Stinger
Printed Name

DUANE EDWARD BOSKET L.S.
Address:
317 COUNTY ROAD 529, NEW BROCKTON, AL
36351

DEED IS BEING RE-RECORDED TO CORRECT NAME OF GRANTEE. JLK

Columbia County Property Appraiser

DB Last Updated: 5/6/2010

2009 Tax Roll Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Parcel: 17-3S-17-04964-002

<< Next Lower Parcel

Next Higher Parcel >>

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	TRAVIS & AMY INVESTMENTS LLC		
Mailing Address	518 ISLAMORADA DR S MACCLENNY, FL 32063		
Site Address	2358 N US HIGHWAY 441		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	2 (County)	Neighborhood	17317
Land Area	0.740 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. BEG INTERS OF S LINE OF SEC & W R/W OF US-441, RUN N 107.5 FT ALONG R/W FOR POB, RUN W 300 FT, N 107.5 FT, E 300 FT, S 107.5 FT TO POB. ORB 718-414,420, 781-457, 935-2305, WD 1026-2237, WD 1029-339.		



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$11,160.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$21,726.00
XFOB Value	cnt: (2)	\$900.00
Total Appraised Value		\$33,786.00
Just Value		\$33,786.00
Class Value		\$0.00
Assessed Value		\$33,786.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$33,786 Other: \$33,786 Schl: \$33,786	

2010 Working Values

NOTE:
2010 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
9/28/2004	1026/2237	WD	I	Q		\$31,000.00
9/28/2004	1029/339	WD	I	U	01	\$100.00
2/1/2001	935/2305	WD	I	U	06	\$20,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1945	SINGLE SID (04)	811	1035	\$21,274.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0030	BARN,MT	0	\$300.00	0000001.000	10 x 20 x 0	(000.00)
0294	SHED WOOD/	2003	\$600.00	0000080.000	8 x 10 x 0	(000.00)

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List	Next on List	Return To List		Entity Name Search	
No Events	No Name History		<input type="button" value="Submit"/>		
Detail by Entity Name					
Florida Limited Liability Company					
TRAVIS & AMY INVESTMENTS, LLC					
Filing Information					
Document Number L04000063878					
FEI/EIN Number 201599487					
Date Filed 08/27/2004					
State FL					
Status ACTIVE					
Principal Address					
518 ISLAMORADA DR. S. MACCLENNY FL 32063 US					
Changed 04/06/2006					
Mailing Address					
518 ISLAMORADA DR. S. MACCLENNY FL 32063 US					
Changed 04/06/2006					
Registered Agent Name & Address					
HUNTER, TRAVIS C 518 ISLAMORADA DR SOUTH MACCLENNY FL 32063 US					
Address Changed: 04/12/2007					
Manager/Member Detail					
Name & Address					
Title MGRM					
HUNTER, TRAVIS C 518 ISLAMORADA DR S MACCLENNY FL 32063 US					
Title MGRM					
HUNTER, AMELIA T 518 ISLAMORADA DR S MACCLENNY FL 32063 US					
Annual Reports					
Report Year Filed Date					
2008 04/03/2008					

**(CDE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 6/8/10 BY LT IS THE M-1 ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No

OWNER'S NAME Travis Hunter PHONE CELL 288-6943

ADDRESS 4028 E Country Club Rd, L.C.

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME Baya, TR on County Club Rd,
Cross CR 252, 2nd drive on right, 2/4th on
right.

MOBILE HOME INSTALLER Bernie Threlk PHONE _____ CELL 623-6046

MOBILE HOME INFORMATION

MAKE Holtom YEAR 2006 SIZE 15 x 60 COLOR Blue

SERIAL NO. FL 2144986

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

\$50.00

SMOKE DETECTOR () OPERATIONAL () MISSING

Date of Payment: 6/8/10

FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

Paid By: KOLAND LAID

DOORS () OPERABLE () DAMAGED

Notes:

 / WALLS () SOLID () STRUCTURALLY UN SOUND

WINDOWS () OPERABLE () INOPERABLE

1 PLUMBING FIXTURES () OPERABLE () IN OPERABLE () MISSING

CEILING () SOLID () HOLES () LEAKS A/ PARENT

~~/~~ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

WALLS / SIDING () LOOSE SIDING () STR. STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

☒ WINDOWS () CRACKED/BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED WITH CONDITIONS:

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS

SIGNATURE

ID NUMBER

DATE _____

A	29091 FDID *	FL State *	03 02 Incident Date *	2010 YYYY	42 Station	10-0000814 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic		
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
B	Location* <input checked="" type="checkbox"/> Street address 2358 N US Highway 441 Number/Milepost Prefix Street or Highway <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Apt./Suite/Room City State Zip Code Lake City FL 32025 Cross street or directions, as applicable										
C	Incident Type * 111 Building fire Incident Type		E1 Date & Times Check boxes if dates are the same as Alarm Date. Alarm * 03 02 2010 11:46:00 ALARM always required ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 03 02 2010 11:52:00 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 03 02 2010 13:17:00 Midnight is 0000				E2 Shift & Alarm Local Option C 01 1 Shift or Alarms District Platoon				
D	Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input checked="" type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID Their State 29012 FL Their Incident Number		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 * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0002 0008 EMS Other 0003 <input type="checkbox"/> Check box if resource counts include aid received resources.				G2 Estimated Dollar Losses & Value LOSSES: Required for all fires if known. Optional for non fires. Non Property \$ 025 000 Contents \$ 005 000 PRE-INCIDENT VALUE: Optional Property \$ 030 000 Contents \$ 005 000				
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard 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

A	FDID 29091	State FL	MM 03	DD 02	YYYY 2010	Station 42	Incident Number 10-0000814	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details B1 <input type="text" value="0001"/> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <input type="text" value="001"/> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <input type="text"/> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <input type="text"/> <input type="text"/> On-site material (1) </div> <div style="flex: 1;"> <input type="text"/> <input type="text"/> On-site material (2) </div> <div style="flex: 1;"> <input type="text"/> <input type="text"/> On-site material (3) </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service </div> <div style="flex: 1;"> <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service </div> <div style="flex: 1;"> <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repair or service </div> </div>
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D Ignition D1 <input type="text" value="14"/> <input type="checkbox"/> Common room, den, <i>Area of fire origin</i> ★ D2 <input type="text" value="13"/> <input type="checkbox"/> Electrical arcing <i>Heat source</i> ★ D3 <input type="text" value="15"/> <input type="checkbox"/> Interior wall covering <i>Item first ignited</i> ★ <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <input type="text" value="41"/> <input type="checkbox"/> Plastic <i>Type of material first ignited</i> Required only if item first ignited code is 00 or <70	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input checked="" type="checkbox"/> Failure of equipment or heat source <input type="checkbox"/> Act of nature <input type="checkbox"/> Cause under investigation <input type="checkbox"/> Cause undetermined after investigation </div> </div>	E3 Human Factors Contributing To Ignition Check all applicable boxes <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol or drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mental disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Multiple persons involved </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> None </div> </div>
E2 Factors Contributing To Ignition <div style="display: flex;"> <div style="flex: 1;"> <input type="text" value="54"/> <input type="checkbox"/> Equipment Factor Contributing To Ignition (1) </div> <div style="flex: 1;"> <input type="text"/> <input type="text"/> <input type="checkbox"/> None Factor Contributing To Ignition (2) </div> </div>		

F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <input type="text"/> <input type="text"/> <i>Equipment Involved</i> Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	F2 Equipment Power <input type="text"/> <input type="text"/> <i>Equipment Power Source</i> F3 Equipment Portability <input type="checkbox"/> Portable <input type="checkbox"/> 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. <input type="checkbox"/> None <input type="text"/> <input type="text"/> <i>Fire suppression factor (1)</i> <input type="text"/> <input type="text"/> <i>Fire suppression factor (2)</i> <input type="text"/> <input type="text"/> <i>Fire suppression factor (3)</i>
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H1 Mobile Property Involved <input type="checkbox"/> None <div style="display: flex;"> <div style="flex: 1;"> <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but did not burn <input type="checkbox"/> Involved in ignition and burned </div> </div>	H2 Mobile Property Type & Make <input type="text"/> <input type="text"/> <i>Mobile property type</i> <input type="text"/> <input type="text"/> <i>Mobile property make</i>	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
<input type="text"/> <input type="text"/> <i>Mobile property model</i> <input type="text"/> <input type="text"/> <i>Year</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>License Plate Number</i> <i>State</i> <i>VIN Number</i>		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 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px;">001</div> Total number of stories at or above grade <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Total number of stories below grade	I4 Main Floor Size* <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> <div>001</div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> </div> Total square feet <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> <div>BY</div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> </div> </div> Length in feet Width in feet	NFIRS-3 Structure Fire
J1 Fire Origin * <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px;">001</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Below Grade Story of fire origin </div> </div> </div>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Number of stories w/ minor damage (1 to 24% flame damage) </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Number of stories w/ significant damage (25 to 49% flame damage) </div> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) </div> <div> <div style="border: 1px solid black; width: 40px; text-align: center; margin: 5px;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage) </div>	K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Item contributing most to flame spread K2 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Type of material contributing most of flame spread Required only if its contributing code is 00 or <70		
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input checked="" type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to section M</div> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined	
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present <div style="border: 1px solid black; padding: 2px; display: inline-block;">Complete rest of Section M</div> 1 <input type="checkbox"/> Present	M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> Number of sprinkler heads operating	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	

A		FDID		State		Incident Date		Station		Incident Number		Exposure		Delete <input type="checkbox"/> Change <input type="checkbox"/>		NFIRS - 9 Apparatus or Resources	
		29091		FL		3 2 2010		42		10-0000814		000					

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					

1 ID CF1 Type 92	Dispatch	<input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73	
	Arrival	<input checked="" type="checkbox"/>	3	2	2010	11:52					
	Clear	<input checked="" type="checkbox"/>	3	2	2010	13:17					
2 ID CF5 Type 10	Dispatch	<input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73	
	Arrival	<input checked="" type="checkbox"/>	3	2	2010	11:52					
	Clear	<input checked="" type="checkbox"/>	3	2	2010	13:17					
3 ID E42 Type 11	Dispatch	<input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
	Arrival	<input checked="" type="checkbox"/>	3	2	2010	11:52					
	Clear	<input checked="" type="checkbox"/>	3	2	2010	13:17					
4 ID E48 Type 11	Dispatch	<input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
	Arrival	<input checked="" type="checkbox"/>	3	2	2010	11:52					
	Clear	<input checked="" type="checkbox"/>	3	2	2010	13:17					
5 ID POV Type 99	Dispatch	<input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73	
	Arrival	<input checked="" type="checkbox"/>	3	2	2010	11:52					
	Clear	<input checked="" type="checkbox"/>	3	2	2010	13:17					
6 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>									
	Clear	<input type="checkbox"/>									
7 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>									
	Clear	<input type="checkbox"/>									
8 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>									
	Clear	<input type="checkbox"/>									
9 ID Type	Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		
	Arrival	<input type="checkbox"/>									
	Clear	<input type="checkbox"/>									

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		MM DD YYYY		FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		29091		FL		3 2		2010		42		10-0000814		000					

B Apparatus or Resource *		Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel.	
		Check if same as alarm date Month Day Year Hours/mins								
1 ID CF1 Type 92		Dispatch <input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	1		73
		Arrival <input checked="" type="checkbox"/>	3	2	2010	11:52				
		Clear <input checked="" type="checkbox"/>	3	2	2010	13:17				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0009	Boozer, David	FMD	X	58	11		

2 ID CF5 Type 10		Dispatch <input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	1		73
		Arrival <input checked="" type="checkbox"/>	3	2	2010	11:52				
		Clear <input checked="" type="checkbox"/>	3	2	2010	13:17				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0001	Atkinson, Tres	FC	X	58	11		

3 ID E42 Type 11		Dispatch <input checked="" type="checkbox"/>	3	2	2010	11:46	<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
		Arrival <input checked="" type="checkbox"/>	3	2	2010	11:52					75	76
		Clear <input checked="" type="checkbox"/>	3	2	2010	13:17						

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
MCCA02	McCabe, James	DE	X	11	12	81	86
TURN01	Turner, Michael	FF	X	58	11	12	

A		MM DD YYYY		29091		FL		3 2 2010		42		10-0000814		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *							

B Apparatus or Resource *	Date and Times	Sent	Number of * People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID E48	Dispatch <input checked="" type="checkbox"/>	3	2	2010	11:46	Sent <input checked="" type="checkbox"/>	2					73	74
	Type 11	Arrival <input checked="" type="checkbox"/>	3	2	2010	11:52	<input checked="" type="checkbox"/>						75	76
		Clear <input checked="" type="checkbox"/>	3	2	2010	13:17								

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0018	Cervantes, Tad	SC	X	11	12		
0051	Herndon, Paul	FF	X	58	11		

2	ID POV	Dispatch <input checked="" type="checkbox"/>	3	2	2010	11:46	Sent <input checked="" type="checkbox"/>	2				73	
	Type 99	Arrival <input checked="" type="checkbox"/>	3	2	2010	11:52	<input checked="" type="checkbox"/>						
		Clear <input checked="" type="checkbox"/>	3	2	2010	13:17							

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0058	Maples, William "Billy"	FF	X	58	11		
COLE01	Cole, Anthony	FF	X	73			

3	ID	Dispatch <input type="checkbox"/>					Sent <input type="checkbox"/>						
	Type	Arrival <input type="checkbox"/>					<input type="checkbox"/>						
		Clear <input type="checkbox"/>											

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				



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 LETTER OF AUTHORIZATION

I, Bernie Thrift, give this authority for the job address show below
Installer License Holder Name

only, _____, and I do certify that
Job Address

the below 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	Authorized Person is... (Check one)
ROLAND L. TARDIF	<i>RL Tardif</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property 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.

Bernie Thrift
License Holders Signature (Notarized)

1H0000075 6-8-10
License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Bernie Thrift,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this _____ day of _____, 20____.

Laurel Diane Lominack
NOTARY'S SIGNATURE

LAUREL DIANE LOMINACK
NOTARY PUBLIC
STATE OF FLORIDA
Comm# DD964008
Expires 3/29/2014

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1006-22 CONTRACTOR BERNIE THRIET PHONE 623-0046

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

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

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

ELECTRICAL	Print Name <u>Travis Hunter</u> License #:	Signature <u>[Signature]</u> Phone #:
MECHANICAL/ A/C	Print Name <u>Travis Hunter</u> License #:	Signature <u>[Signature]</u> Phone #:
PLUMBING/ GAS	Print Name <u>Travis Hunter</u> License #:	Signature <u>[Signature]</u> Phone #:
ROOFING	Print Name _____ License #:	Signature _____ Phone #:
SHEET METAL	Print Name _____ License #:	Signature _____ Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #:	Signature _____ Phone #:
SOLAR	Print Name _____ License #:	Signature _____ Phone #:

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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.

**CERTIFICATE OF
M/H OCCUPANCY**

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 17-3S-17-04964-002

Building permit No. 000028664

Permit Holder BERNIE THRIFT

Owner of Building TRAVIS & AMY INVESTMENTS, LLC

Location: 2358 N. US HWY 441

Date: 07/15/2010



Travis Thrift

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)