

NO CHARGE Due to: Report of

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

<b>For Office Use Only</b> (Revised 1-11)		Zoning Official <u>BK 11 April 2012</u>	Building Official <u>T.C. 4-5-12</u>
AP# <u>1203-66</u>	Date Received <u>3/30</u>	By <u>1/2</u>	Permit # <u>30067</u>
Flood Zone <u>X</u>	Development Permit <u>N/A</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>
Comments <u>Burn out replacement</u> <u>Grandfathered in prior to 1986 Zoning Regs based on old Septic tank points</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1st floor</u>	River <u>N/A</u> In Floodway <u>N/A</u>
<input checked="" type="checkbox"/> Site Plan with Setbacks Shown	<input checked="" type="checkbox"/> EH # <u>12-0164-E</u>	<input type="checkbox"/> EH Release	<input type="checkbox"/> Well letter <input checked="" type="checkbox"/> Existing well
<input checked="" type="checkbox"/> Recorded Deed or Affidavit from land owner	<input checked="" type="checkbox"/> Installer Authorization	<input type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel #	<input type="checkbox"/> STUP-MH	<input type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form
IMPACT FEES: EMS		Fire	Corr
Road/Code		School	= TOTAL Impact Fees Suspended March 2009

Property ID # 08-5.5-16-05490-035 Subdivision The Hunt Place

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 14x62 Year 1981
- Applicant Gayle Eddy/Wilbert Austin Phone # 386-697-5037
- Address 10237 SW 40TH Terr Lake Butler FL 32054
- Name of Property Owner David Weeks Phone# 386-752-8518
- 911 Address 661 SW Seville Pl. Lake City FL 32025
- Circle the correct power company - FL Power & Light - Clay Electric  
(Circle One) - Suwannee Valley Electric - Progress Energy

This is for the  
2nd 911  
tenant

- Name of Owner of Mobile Home LOUIS WEEKS Phone # 386-292-3274
- Address 6659 S.W. Seville Pl. Lake City FL 32025
- Relationship to Property Owner Son
- Current Number of Dwellings on Property 1
- Lot Size \_\_\_\_\_ Total Acreage 5.3 acres
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home yes (70)
- Driving Directions to the Property 90 to 47 S to 240 Flashing Ls.  
Turn Rt to Madden Rd to Darryl turn Lt 9  
to Marvin Hunt take Lt go to Seville turn Rt. 1/4 mile
- Name of Licensed Dealer/Installer Gayle Eddy Phone # 352-494-2326
- Installers Address 10237 SW 40TH Terr Lake Butler FL 32054
  - License Number FL1025339 Installation Decal # 10072

Left Wilbert a message 4-11-12



# COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

Installer Gayle Eddy License # 141025339  
911 Address where home is being installed 661 SW Seville Pl.  
Lake Butler Fl.  
Manufacturer Viega Length x width 14 x 62

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 ghe

Typical pier spacing



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

Diagram showing the layout of the home with piers indicated by squares. The layout is labeled "Single Wide".

marriage wall piers within 2' of end of home per Rule 15C

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 # 10072  
Triple/Quad ☐ Serial # FDGA2R2266

## PIER SPACING TABLE FOR USED HOMES

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

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

## PIER PAD SIZES

I-beam pier pad size 16 x 16

Perimeter pier pad size 16 x 16

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 Single wide Pier pad size

Single wide

## POPULAR PAD SIZES

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

## ANCHORS

4 ft 5 ft

## FRAME TIES

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

## OTHER TIES

Number 5

Sidewall  
Longitudinal  
Marriage wall  
Shearwall

## TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)  
Manufacturer Opel Tec  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer



# COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

## POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1200 psf or check here to declare 1000 lb. soil without testing.

x 1200 x 1200 x 1200

## 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 1200 x 1200 x 1200

## TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

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

Installer's initials

## ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

## 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. 15-C

## Plumbing

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

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

## Site Preparation

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

## Fastening multi wide units

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

## Gasket (weatherproofing requirement)

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

Type gasket Pg.

Installed:

Between Floors Yes  
Between Walls Yes  
Bottom of ridgebeam Yes

## Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15-C  
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

Date

3-27-12

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/30 BY TA 1203-66  
OWNERS NAME Louis WEEKS IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO  
PHONE \_\_\_\_\_ CELL 386.298.3274

ADDRESS \_\_\_\_\_

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

DRIVING DIRECTIONS TO MOBILE HOME 90 West, (1) pinemont (2) Magical Terr,  
1st, (2) shady LN, (3) Vista Terr, 2nd drive - through gate  
to back to mH - gate is not locked.

MOBILE HOME INSTALLER BRADIE ELLY PHONE \_\_\_\_\_ CELL 352.494.2326

MOBILE HOME INFORMATION

MAKE FIES YEAR 1982 SIZE 14 x 62 COLOR Brown

SERIAL No. FJGAR2264

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

Date of Payment: N/A

Paid By: N/A

Notes: BURN OUT

- FEES - WAIVED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING  
F 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 / SIDING ( ) 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: Fix All Floors & Bottom Board

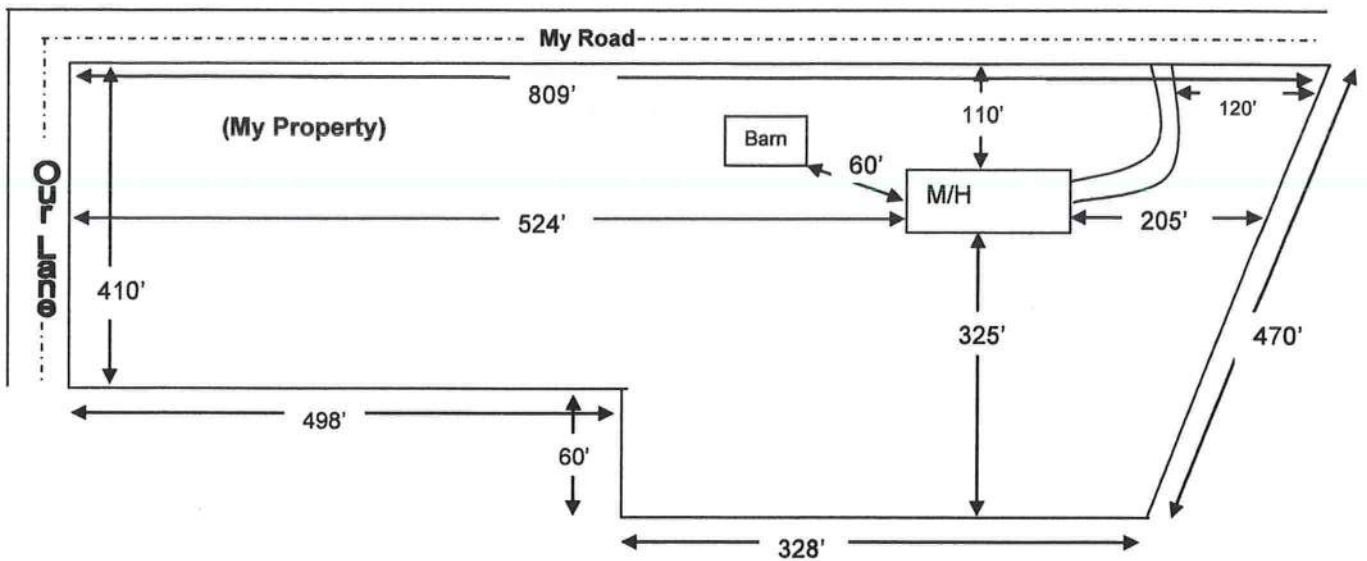
NOT APPROVED ✓ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS Zone I House  
Can't Install OK Zone II 1.6. 4-9-12

SIGNATURE Sam C ID NUMBER 364 DATE 4-5-12

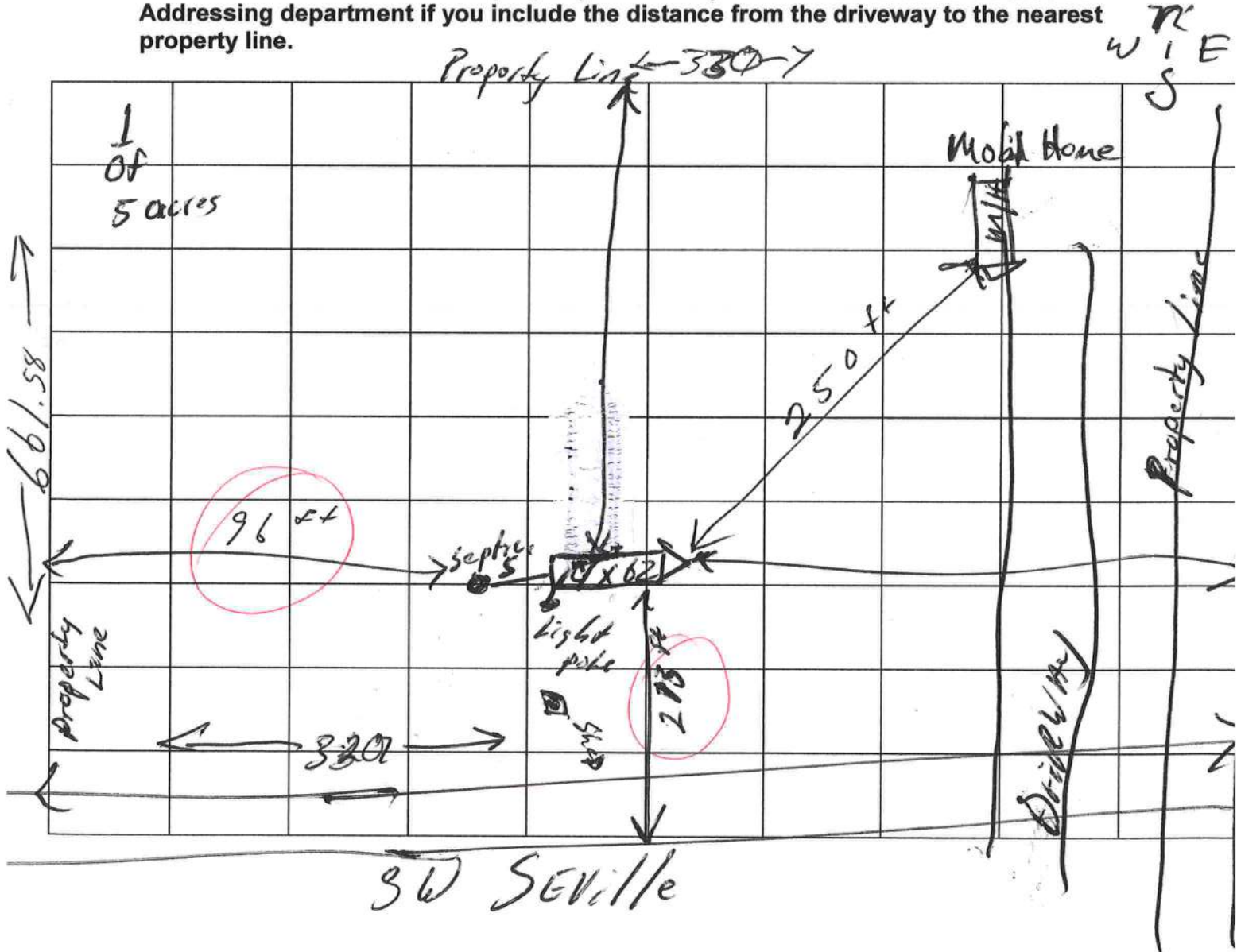
Wilbert: 386-697-5037  
Austin



# 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.



## MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1203-66 CONTRACTOR Gayle Eddy PHONE 3524942326

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>Louis Weeks</u> License #:	Signature <u>[Signature]</u> Phone #: <u>292-3274</u>
✓ MECHANICAL/ A/C	Print Name <u>Louis Weeks</u> License #:	Signature <u>[Signature]</u> Phone #:
✓ PLUMBING/ GAS <u>759</u>	Print Name <u>Gayle Eddy</u> License #: <u>TH1025339</u>	Signature <u>[Signature]</u> Phone #: <u>3524942326</u>

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

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

Contractor Forms: Subcontractor form: 1/11

**AFFIDAVIT**

**STATE OF FLORIDA  
COUNTY OF COLUMBIA**

This is to certify that I, (We), David Weeks  
owner of the below described property:

Tax Parcel No. 08-55-16-03490-035

Subdivision (name, lot, block, phase) The hunt place Lot 35

Give my permission to Louis Weeks to place a  
mobile home/travel trailer/single family home (circle one) on the above mentioned  
property.

I (We) understand that this could result in an assessment for solid waste and fire  
protection services levied on this property.

David E. Weeks  
Owner

\_\_\_\_\_  
Owner

SWORN AND SUBSCRIBED before me this 21 day of March,  
2012. This (these) person(s) are personally known to me or produced  
ID DLW200165312640.

Joseph L. Dicks, Jr.  
Notary Signature







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, Gayle Eddy, give this authority for the job address show below  
Installer License Holder Name  
only, 441 SW Seville Pl. Lake City, 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)
Wilbert Austin		<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.

Gayle Eddy TH1025339 1-3-12  
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

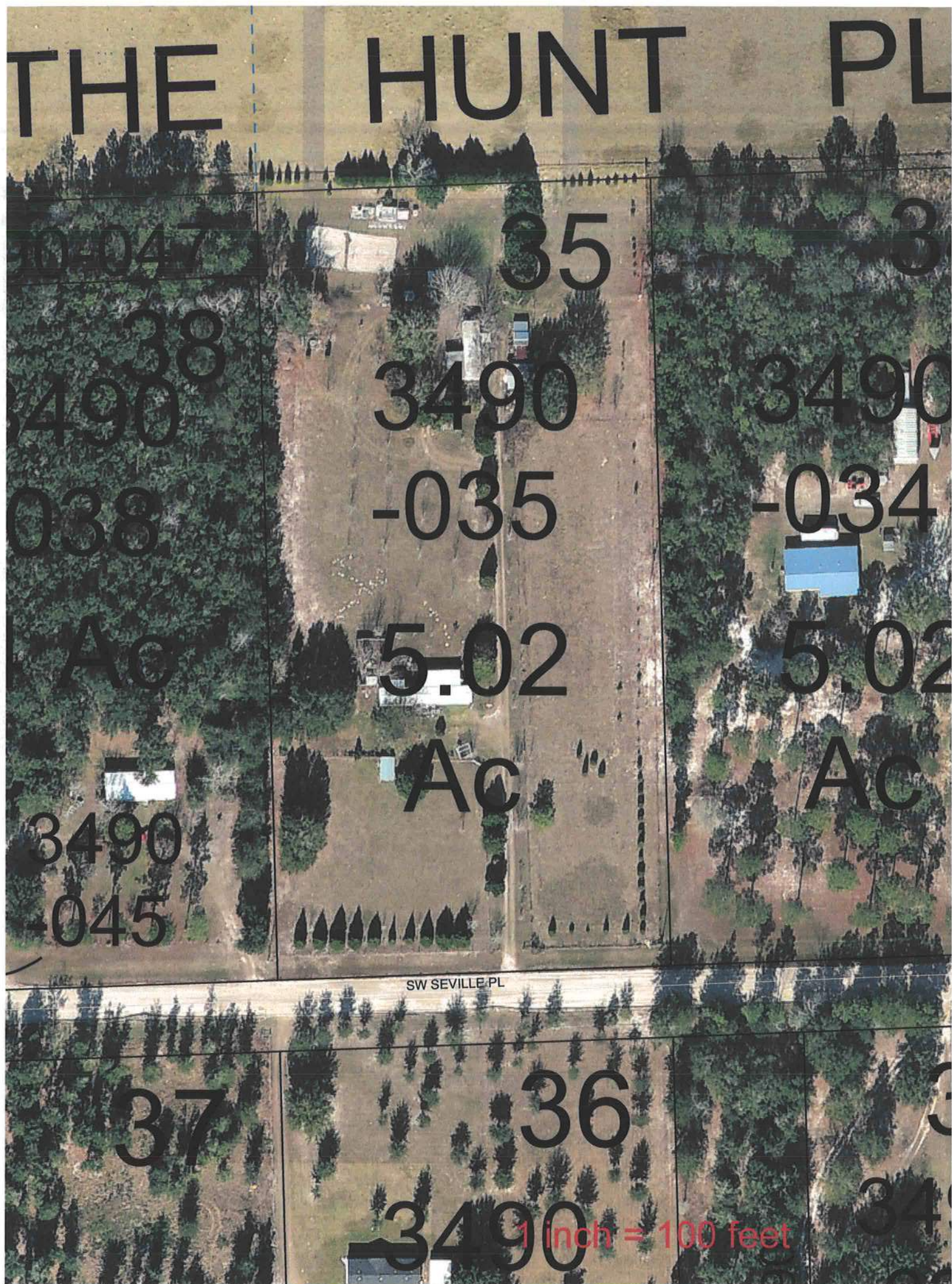
The above license holder, whose name is Gayle Eddy,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 3 day of Jan, 2012.

Laurie Hodson  
NOTARY'S SIGNATURE



(Seal/Stamp)









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

PERMIT NO. 17-5K645  
DATE PAID: 3/21/12  
FEE PAID: 125.00  
RECEIPT #: 1837307  
April 29

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: David Weeks

AGENT: Louis Weeks

TELEPHONE: 386-292-3274

MAILING ADDRESS: 659 SW Seville Place

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

PROPERTY INFORMATION

LOT: 35 BLOCK: \_\_\_\_\_ SUBDIVISION: The Hunt Place PLATTED: 11-2-77

PROPERTY ID #: 08-55-16-03490-035 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 659 SW Seville Place 32004

DIRECTIONS TO PROPERTY: 47 to 240 T/R to Mauldin T/R to Dairy T/L to Martin Hunt T/L to Seville T/R Land on Right Look for 659 on post.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Mobile Home</u>	<u>2</u>	<u>980</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 3-21-12

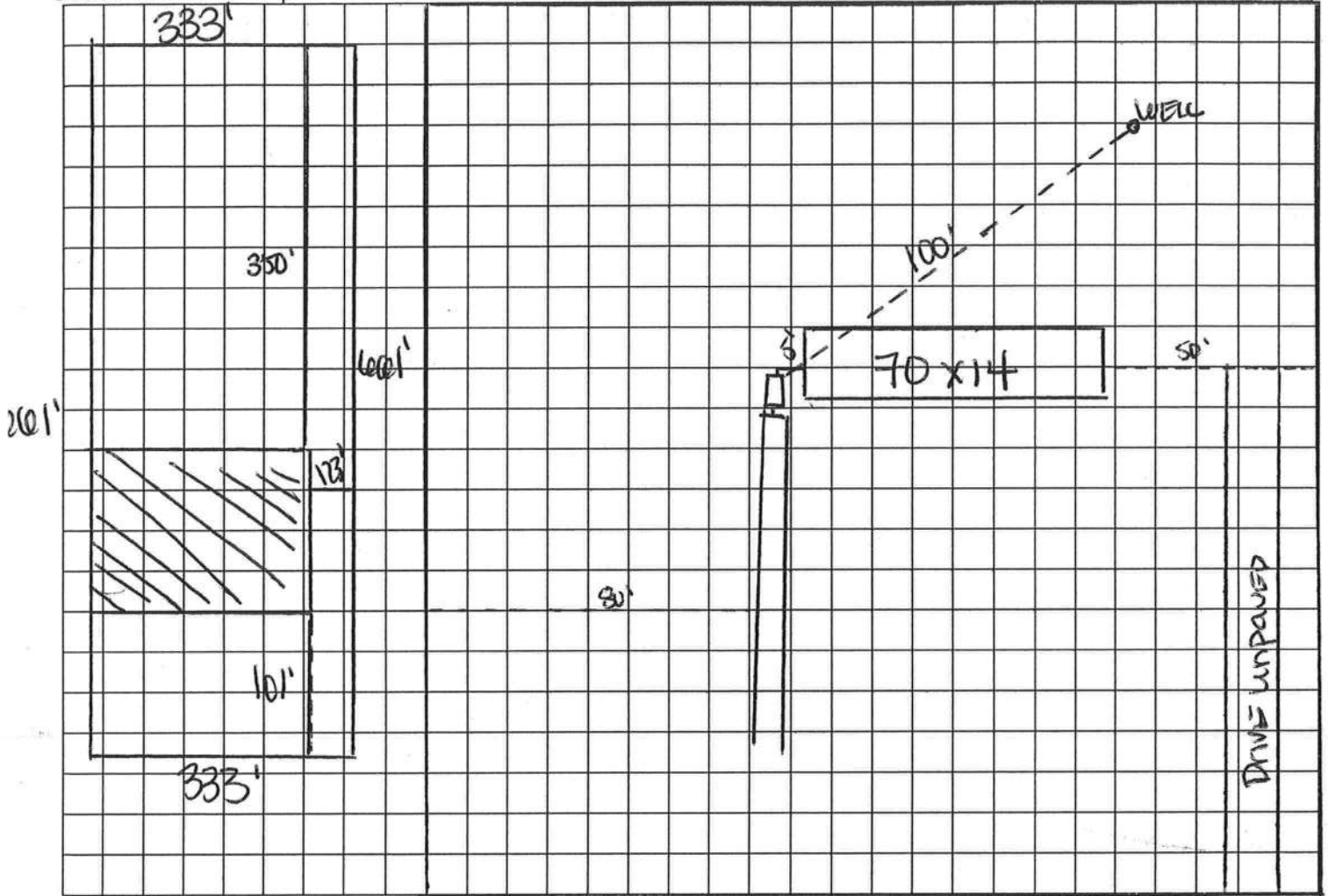


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0164E

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: *[Signature]*

Plan Approved *[Signature]* Not Approved \_\_\_\_\_

By *[Signature]* Date 4/3/12 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

*[Circular Stamp]*

CNTY# AGY# SUB# RPT#

29 1 TMI 3375

AUDIT #



# STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

 L# 1338256  
 T# 702790297  
 B# 777637  
 S# 6711572

TITLE NUMBER		VEHICLE/VESSEL IDENTIFICATION #		YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC	
40905177		FDGA2R2266		1982	FIES	HS	UNK	62'		
DATE OF ISSUE MO. DAY YEAR		TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
03 29 12		TRT	PRIVATE							

Applicant/Owner's Name & Address LOUIS EDWARD WEEKS 659 SW SEVILLE PL LAKE CITY, FL 32024	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">BIRTHDATE</th> <th colspan="3">RESIDENT</th> <th>CNTY</th> </tr> <tr> <th>SEX</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Y</th> <th>N</th> <th>ALIEN</th> <th>RES.#</th> </tr> <tr> <td>M</td> <td>09</td> <td>15</td> <td>65</td> <td>X</td> <td></td> <td></td> <td>29</td> </tr> </table> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">1st OWNER FL/DL# OR F.E.I.D.#</td> <td style="width:50%;">2nd OWNER FL/DL# OR UNIT #</td> </tr> <tr> <td>W200525653350</td> <td></td> </tr> </table>	BIRTHDATE				RESIDENT			CNTY	SEX	MO.	DAY	YEAR	Y	N	ALIEN	RES.#	M	09	15	65	X			29	1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #	W200525653350	
BIRTHDATE				RESIDENT			CNTY																						
SEX	MO.	DAY	YEAR	Y	N	ALIEN	RES.#																						
M	09	15	65	X			29																						
1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #																												
W200525653350																													

VOLUNTARY CONTRIBUTIONS			

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.50	21.00	99.25

**Action Requested:** TRANSFER TITLE      **Brands:**

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	03/29/2012		XX		<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS			SALVAGE TYPE	

SELLER INFORMATION	CONSUMER OR SALES TAX EXEMPTION #
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS	
DEALER LICENSE NO.	

SALES TAX AND USE REPORT	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$	300.00
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL REASON(S) CHECKED <input type="checkbox"/> OTHER	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$	21.00
<input checked="" type="checkbox"/> SELLING PRICE VERIFIED			

APPLICANT CERTIFICATION	
I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE. <input type="checkbox"/> I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. <input type="checkbox"/> I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION. I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	
_____ Signature of Applicant/Owner	_____ Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06      SCAN CODE      MVT



## COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 \* FAX: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

### Addressing Maintenance

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

DATE REQUESTED: 4/2/2012 DATE ISSUED: 4/4/2012

#### ENHANCED 9-1-1 ADDRESS:

659 SW SEVILLE PL  
LAKE CITY FL 32024

#### PROPERTY APPRAISER PARCEL NUMBER:

08-5S-16-03490-035

#### Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE  
ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT  
Columbia County 9-1-1 Addressing / GIS Department

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

<b>A</b>	29091	FL	01	29	2012	48	CCFR12CAD000293	0	<b>NFIRS-1 Basic</b>
	FOID	State	Incident Date			Station	Incident Number	Exposure	

<b>B</b>	Location Type	Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.					Census Tract	-	
	<input checked="" type="checkbox"/> Street address	659	SE	SEVILLE			PL		
	Intersection	Number/Milepost		Prefix		Street or Highway		Street Type	Suffix
	In front of					LAKE CITY		FL	32024
	Rear of	Apt./Suite/Room		City				State	Zip Code
	Adjacent to								
	Directions	Cross Street, Directions or National Grid, as applicable							
	US National Grid								

<b>C</b>	Incident Type	121	Fire in mobile home used as fixed residence
<b>D</b>	Aid Given or Received		
1	Mutual aid received		
2	Automatic aid received		
3	Mutual aid given		
4	Automatic aid given		
5	Other aid given		
	<input checked="" type="checkbox"/> None		

<b>E1</b>	Dates and Times	Midnight is 0000	
	Month	Day	Year
	01	29	2012
	Hour	Min	Sec
	02	40	26
	ALARM always required		
	Alarm		
	Arrival		
	01	29	2012
	02	56	28
	ARRIVAL required, unless canceled or did not arrive		
	Controlled		
	CONTROLLED optional, except for wildland fires		
	Last Unit Cleared		
	01	29	2012
	05	51	17
	LAST UNIT CLEARED, required except for wildland fires		

<b>E2</b>	Shifts and Alarms	Local Option	
	A	1	48
	Shift or Platoon	Alarms	District
<b>E3</b>	Special Studies		
	Local Option		
	Special Study ID#	Special Study Value	

<b>F</b> Actions Taken	<b>G1</b> Resources	<b>G2</b> Estimated Dollar Losses and Values									
11 Extinguishment by fire service personnel	<input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Suppression</td> <td>4</td> <td>6</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>1</td> </tr> </table>	Suppression	4	6	EMS	0	0	Other	1	1	<b>LOSSES:</b> Required for all fires if known. None Optional for non-fires. Property \$ 18,000 Contents \$ 7,000 <b>PRE-INCIDENT VALUE:</b> Optional Property \$ 18,000 Contents \$ 7,000
Suppression		4	6								
EMS		0	0								
Other		1	1								
12 Salvage & overhaul											
Primary Action Taken (1)											
Additional Action Taken (2)											

<b>Completed Modules</b>	<b>H1 Casualties</b>	<input checked="" type="checkbox"/> None	<b>H3 Hazardous Materials Release</b>	<b>I Mixed Use Property</b>
<input checked="" type="checkbox"/> Fire-2	Fire Service 0 0		0 Special HazMat actions required or spill >= 55 gal.	00 Mixed use, other
<input checked="" type="checkbox"/> Structure Fire-3	Civilian 0 0		1 Natural gas: slow leak, no evac. or HazMat actions	10 Assembly use
Civilian Fire Cas.-4			2 Propane gas - Less than a 21 lb. tank	20 Educational use
Fire Service Cas.-5			3 Gasoline - vehicle fuel tank or portable container	33 Medical use
EMS-6			4 Kerosene - fuel-burning equipment/portable storage	40 Residential use
HazMat-7			5 Diesel fuel/fuel oil - vehicle fuel tank/portable	51 Row of stores
WildLand Fire-8			6 Household/office solvent or chemical spill	53 Enclosed mail
<input checked="" type="checkbox"/> Apparatus-9			7 Motor oil - from engine or portable container	58 Business and residential use
<input checked="" type="checkbox"/> Personnel-10			8 Paint - spills less than 55 gallons	59 Office use
Arson-11			N <input checked="" type="checkbox"/> None	60 Industrial use
				63 Military use
				65 Farm use
				NN Not mixed use



**J Property Use Structures**

131 Church, mosque, synagogue, temple, chapel  
161 Restaurant or cafeteria  
162 Bar or nightclub  
213 Elementary school, including kindergarten  
215 High school/junior high school/middle school  
241 Adult education center, college classroom  
311 24-hour care Nursing homes, 4 or more persons  
331 Hospital - medical or psychiatric

**Outside**

124 Playground  
655 Crops or orchard  
669 Forest, timberland, woodland  
807 Outside material storage area  
919 Dump, sanitary landfill  
931 Open land or field

341 Clinic, clinic-type infirmary  
342 Doctor, dentist or oral surgeon office  
361 Jail, prison (not juvenile)  
419 ☒ 1 or 2 family dwelling  
429 Multifamily dwelling  
439 Boarding/rooming house, residential hotels  
449 Hotel/motel, commercial  
459 Residential board and care  
464 Barracks, dormitory  
519 Food and beverage sales, grocery store  
936 Vacant lot  
938 Graded and cared-for plots of land  
946 Lake, river, stream  
951 Railroad right-of-way  
960 Street, other  
961 Highway or divided highway  
962 Residential street, road or residential driveway

539 Household goods, sales, repairs  
571 Service station, gas station  
579 Motor vehicle or boat sales, services, repair  
599 Business office  
615 Electric-generating plant  
629 Laboratory or science laboratory  
700 Manufacturing, processing  
819 Livestock, poultry storage  
882 Parking garage, general vehicle  
891 Warehouse  
981 Construction site  
984 Industrial plant yard - area

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

Property Use

419

Code

1 or 2 family dwelling

Property Use Description

**K1 Person/Entity Involved**

Local Option

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

Business Name (if Applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mr., Ms., Mrs. First Name William MI Last Name Weeks Suffix  
Number 659 Prefix SEVILLE Street or Highway PL Suffix  
Post Office Box LAKE CITY City  
State FL Zip Code 32024

**K2 Owner**

Same as person involved?

Local Option block.

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

Business Name (if Applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Mr., Ms., Mrs. First Name Louis MI Last Name Weeks Suffix  
Number 659 Prefix SEVILLE Street or Highway PL Suffix  
Post Office Box LAKE CITY City  
State FL Zip Code 32024

**L Remarks**

Local Option

E-48 responded to said location for a reported working structure fire. Upon our arrival we found a single wide mobile home with an addition, approximately 16 x 10. Fire was extending from mid point of the A-side and through the roof of the structure with heavy smoke pushing from B & D sides. Attack lines were pulled from E-48 and command was established. Water supply was established and crews made entry through the C side with 1 3/4 inch attack line. Crews encountered mechanical problems from the attack hose bursting. Crews were ordered out of the structure to retrieve back up line and to gain entry through an alternate door. Fire was knocked down and overhauled by Sta 46 and 48 crews. State Fire Marshal was summoned due to occupants complaining of smoke inhalation. (1) adult and (1) child were transported. Fire was deemed accidental from investigator Redding. Fire appeared to have started from a charcoal grill left on the porch and unattended. Scene was deemed secure and all units were released to return to station for equipment service. Red Cross was called for occupants by CF-2.

**M Authorization**

CASS01	GREGORY CASSADY	Lieutenant	48-Racetrack	01	29	2012
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CASS01	GREGORY CASSADY	Lieutenant	48-Racetrack	01	29	2012
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

A 29091 FL 01 29 2012 48 CCFR12CAD000293 0

NFIRS-2  
Fire

B Property Details

B1 1 Not Residential

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

B2 1 Buildings not involved

Number of buildings involved

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

C On-Site Materials or Products

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

On-site material (1)

On-site material (2)

On-site material (3)

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

On-Site Materials Storage Use

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

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

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

D Ignition

D1 86 Exterior, exposed surface

Area of fire origin

D2 43 Hot ember or ash

Heat Source

D3 12 Exterior sidewall covering, surface, finish

Item first ignited

Check box if fire spread was confined to object of origin.

D4 63 Sawn wood, including all finished lumber

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

E1 Cause of Ignition

Check this box if this is an exposure report

- 0 Cause, other (System generated code only, not used for data entry)  
1 Intentional  
2 X 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

11 Abandoned or discarded materials or products

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes

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

Estimated age of person involved

- 1 Male 2 Female

F1 Equipment Involved in Ignition

If equipment was not involved, skip to Section G

Equipment Involved  
Brand  
Serial  
Model  
Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

- 1 Portable  
2 Stationary

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

G Fire Suppression Factors

Enter up to three codes.

141 Floor collapse

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

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

H2 Mobile Property Type and Make

Mobile property type  
Mobile property make

Mobile property model

License Plate Number FL State VIN

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



<b>A</b>	FDID 29091	State FL	Incident Date MM DD YYYY 01 29 2012	Station 48	Incident Number CCFR12CAD000293	Exposure 0	<b>NFIRS-3 Structure Fire</b>
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<b>J1 Fire Origin</b> If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other 1 Enclosed building 2 <input checked="" type="checkbox"/> Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	<b>J2 Building Status</b> 0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	<b>J3 Building Height</b> Count the roof as part of the highest story. Total number of stories at or above grade 1 Total number of stories below grade 0	<b>J4 Main Floor Size</b> Total square feet 1, 200 OR Length in feet BY Width in feet
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<b>J1 Fire Origin</b> 1 Below Grade Story of fire origin <b>J2 Fire Spread</b> If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of origin	<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) 1 Number of stories w/extreme damage (75 to 100% flame damage)	<b>K Type of Material Contributing Most to Flame Spread</b> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <b>K1</b> Item contributing most to flame spread <b>K2</b> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70
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<b>L1 Presence of Detectors</b> (In area of the fire) 1 <input checked="" type="checkbox"/> Present N None present U Undetermined <b>L2 Detector Type</b> 0 Detector type, other 1 <input checked="" type="checkbox"/> Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	<b>L3 Detector Power Supply</b> 0 Detector power supply, other 1 <input checked="" type="checkbox"/> Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined <b>L4 Detector Operation</b> 1 Fire too small to activate detector 2 Detector operated 3 <input checked="" type="checkbox"/> Detector failed to operate U Undetermined	<b>L5 Detector Effectiveness</b> Required if detector failed to operate 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined <b>L6 Detector Failure Reason</b> Required if detector failed to operate 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 <input checked="" type="checkbox"/> Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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<b>M1 Presence of Automatic Extinguishing System</b> 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined <b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined <b>M3 Number of Sprinkler Heads Operating</b> Required if system operated Number of sprinkler heads operating	<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined
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**A** FDID  State  Incident Date    Station  Incident Number  Exposure

**NFIRS-9  
Apparatus  
or  
Resource**

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)						Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year	Hour/Min							
1	ID <input type="text" value="E46"/> Type <input type="text" value="11"/>	Dispatch <input type="text"/>	<input type="text"/>			Sent <input type="text" value="2"/>		Other <input type="text"/>	<input type="text" value="73"/>	<input type="text" value="74"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0256"/>					<input checked="" type="checkbox"/> Suppression	<input type="text" value="75"/>	<input type="text" value="76"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0551"/>					EMS		
2	ID <input type="text" value="E48"/> Type <input type="text" value="11"/>	Dispatch <input type="text"/>	<input type="text"/>			Sent <input type="text" value="2"/>		Other <input type="text"/>	<input type="text" value="73"/>	<input type="text" value="74"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0256"/>					<input checked="" type="checkbox"/> Suppression	<input type="text" value="75"/>	<input type="text" value="76"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0551"/>					EMS		
3	ID <input type="text" value="T48"/> Type <input type="text" value="24"/>	Dispatch <input type="text"/>	<input type="text"/>			Sent <input type="text" value="1"/>		Other <input type="text"/>	<input type="text" value="73"/>	<input type="text" value="74"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0303"/>					<input checked="" type="checkbox"/> Suppression	<input type="text" value="75"/>	<input type="text" value="76"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0543"/>					EMS		
4	ID <input type="text" value="T44"/> Type <input type="text" value="24"/>	Dispatch <input type="text"/>	<input type="text"/>			Sent <input type="text" value="1"/>		Other <input type="text"/>	<input type="text" value="73"/>	<input type="text" value="74"/>
		Arrival <input type="checkbox"/>	<input type="text"/>					<input checked="" type="checkbox"/> Suppression	<input type="text" value="75"/>	<input type="text" value="76"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0551"/>					EMS		
5	ID <input type="text" value="CF2"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0240"/>			Sent <input type="text" value="1"/>		Other <input checked="" type="checkbox"/>	<input type="text" value="73"/>	<input type="text"/>
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0256"/>			<input checked="" type="checkbox"/>		Suppression	<input type="text"/>	<input type="text"/>
		Clear <input checked="" type="checkbox"/>	<input type="text" value="01/29/12"/> <input type="text" value="0551"/>					EMS	<input type="text"/>	<input type="text"/>



<b>A</b>		FDID: 29091		State: FL		Incident Date: MM 01 DD 29 YYYY 2012		Station: 48		Incident Number: CCFR12CAD000293		Exposure: 0		<b>NFIRS-10 Personnel</b>	
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B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent		Number of People		Apparatus Use		Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)								Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min									
1	ID: E46 Type: 11	Dispatch				Sent	2			Other		73	74
		Arrival	X	01/29/12	0256					X Suppression		75	76
		Clear	X	01/29/12	0551					EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken	
HEND01		HENDERSON, SHAWN		Firefighter		11		12					
WALD01		WALDRON, JOHN		Reservist		58		11					

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent		Number of People		Apparatus Use		Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)								Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min									
2	ID: E48 Type: 11	Dispatch				Sent	2			Other		73	74
		Arrival	X	01/29/12	0256					X Suppression		75	76
		Clear	X	01/29/12	0551					EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken	
CASS01		CASSADY, GREGORY		Lieutenant		11		12		81		86	
SHERR01		SHERROUSE, RANDY		Firefighter		58		11		12			

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent		Number of People		Apparatus Use		Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)								Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min									
3	ID: T48 Type: 24	Dispatch				Sent	1			Other		73	74
		Arrival	X	01/29/12	0303					X Suppression		75	76
		Clear	X	01/29/12	0543					EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken	
SULL01		SULLIVAN, DANNY		Reservist		58		11					

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent		Number of People		Apparatus Use		Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)								Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min									
4	ID: T44 Type: 24	Dispatch				Sent	1			Other		73	74
		Arrival								X Suppression		75	76
		Clear	X	01/29/12	0551					EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken	
MIKE01		ARCHER, MIKEL		Part Time FF		58		11					

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent		Number of People		Apparatus Use		Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)								Check ONE box for each apparatus to indicate its main use at the incident.		List up to 4 actions for each apparatus and each personnel.	
		Month/Day/Year		Hour/Min									
5	ID: CF2 Type: 92	Dispatch	X	01/29/12	0240	Sent	X	1		X Other		73	
		Arrival	X	01/29/12	0256					Suppression			
		Clear	X	01/29/12	0551					EMS			
Personnel ID		Name		Rank Or Grade		Action Taken		Action Taken		Action Taken		Action Taken	
BOOZ01		BOOZER, DAVID		Division Chief		58		11					

Model No. \_\_\_\_\_

Manufacturer \_\_\_\_\_

Information regarding the operation, maintenance, warranty, or performance of this product must appear on the product label or label in the literature.

1

Instructions for use, operation, maintenance, and design specifications are found in the appropriate sections of the instruction manual and information manual and must be followed with each system type.

The manufacturer is designed to comply with the Federal Building Energy Efficiency Act (FEEA) of 1976 and the Energy Conservation Act (EPCA) of 1976.

Equipment	Manufacturer	Model No.	Engineers	Manufacturer	Model No.
For heating	Carrier	6000	Carrier	Carrier	6000
For air conditioning	Carrier	6000	Carrier	Carrier	6000
For ventilation	Carrier	6000	Carrier	Carrier	6000
For refrigeration	Carrier	6000	Carrier	Carrier	6000
Water heater	Carrier	6000	Carrier	Carrier	6000

**DESIGN ROOF LOAD ZONE MAP**

Zone I: 30 PSF  
Zone II: 30 PSF  
Zone III: 40 PSF

**DESIGN WIND ZONE MAP**

Zone I: 15 PSF  
Zone II: 15 PSF  
Zone III: 15 PSF

**HEATING AND COOLING DESIGN BASIS CERTIFICATE**

**DESIGN WINTER CLIMATE ZONE**

Zone I: 15 PSF  
Zone II: 15 PSF  
Zone III: 15 PSF

The above heating equipment has the capacity to maintain average 70° F temperature in this home at outdoor temperatures as low as \_\_\_\_\_.

To maintain comfort, economy, and to conserve energy, it is recommended that this home be insulated with exterior winter design temperature (WDT) is not higher than \_\_\_\_\_.

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

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home meets the minimum required air conditioning system of up to 15,000 Btu/hr. (1.5 tons) which are suitable for a condenser with the appropriate Air Conditioning and Refrigeration Institute Standards. When the air conditioning or heat pump system is used at 15,000 Btu/hr. (1.5 tons) or greater, the air conditioning system is suitable for the installation of central air conditioning.

The above information is provided in the product literature and is not to be used for any other purpose.

To ensure the efficient operation of the equipment, it is recommended that the equipment be installed in accordance with the instructions in the literature and Chapter 10 of the National Building Code of America, 1990 Edition, and Chapter 10 of the International Building Code, 1990 Edition.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE VISIBLE HEAT GAIN:

Walls (surface area and U-value) \_\_\_\_\_

Floors (surface area and U-value) \_\_\_\_\_

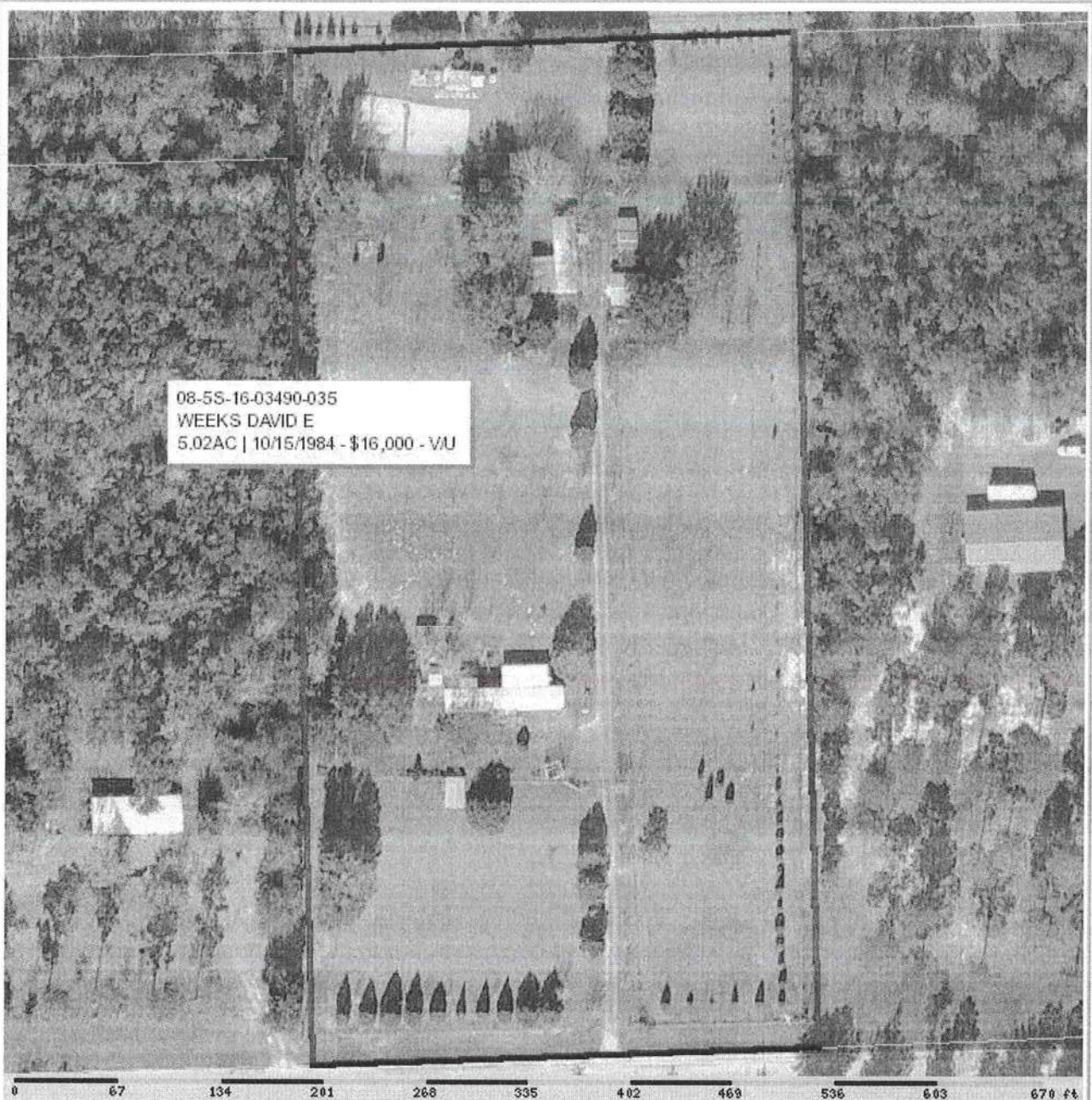
Roofs (surface area and U-value) \_\_\_\_\_

Windows (surface area and U-value) \_\_\_\_\_

Doors (surface area and U-value) \_\_\_\_\_

Other (surface area and U-value) \_\_\_\_\_





# **Columbia County Property Appraiser**

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

**PARCEL: 08-5S-16-03490-035 - MOBILE HOM (000200)**

LOT 35 THE HUNT PLACE S/D. ORB 549-636, (DC 1189-853 JULIETTE WEEKS)

NOTES:

Name: WEEKS DAVID E

Site: 661 SW SEVILLE PL

Mail: 661 SW SEVILLE PL  
LAKE CITY, FL 32024

Sales Info: 10/15/1984 \$16,000.00 V / U

## **2011 Certified Values**

Land	\$36,582.00
Bldg	\$5,259.00
Assd	\$29,159.00
Exmpt	\$29,159.00
Taxbl	Cnty: \$0 Other: \$0   Schl: \$0

This information, GIS Map Updated, 3/12/2012, 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.



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# Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Parcel: 08-5S-16-03490-035

&lt;&lt; Next Lower Parcel

Next Higher Parcel &gt;&gt;

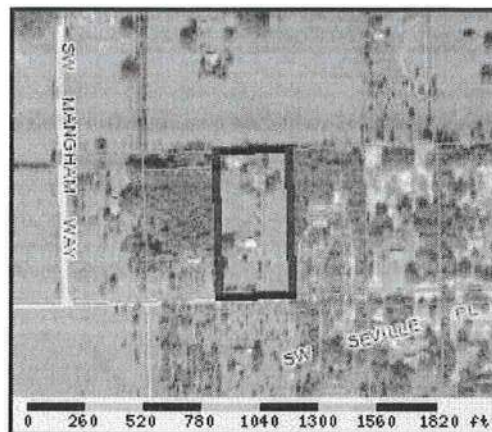
Interactive GIS Map

Print

## Owner & Property Info

Search Result: 1 of 1

Owner's Name	WEEKS DAVID E		
Mailing Address	661 SW SEVILLE PL LAKE CITY, FL 32024		
Site Address	661 SW SEVILLE PL		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	8516
Land Area	5.020 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 35 THE HUNT PLACE S/D. ORB 549-636, (DC 1189-853 JULIETTE WEEKS)		



## Property & Assessment Values

2011 Certified Values		
Mkt Land Value	cnt: (0)	\$36,582.00
Ag Land Value	cnt: (4)	\$0.00
Building Value	cnt: (1)	\$5,259.00
XFOB Value	cnt: (1)	\$400.00
Total Appraised Value		\$42,241.00
Just Value		\$42,241.00
Class Value		\$0.00
Assessed Value		\$29,159.00
Exempt Value	(code: HX VX SX WR)	\$29,159.00
Total Taxable Value	Cnty: \$0 Other: \$0   Schl: \$0	

## 2012 Working Values

**NOTE:**  
2012 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
10/15/1984	549/636	WD	V	U	01	\$16,000.00

## Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1983	BELOW AVG. (03)	922	1002	\$5,078.00
Note: All S.F. calculations are based on exterior building dimensions.						

## Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	0	\$400.00	0000001.000	0 x 0 x 0	(000.00)

## Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	4.02 AC	1.00/1.00/1.00/1.00	\$5,600.00	\$22,512.00
000000	VAC RES (MKT)	1 AC	1.00/1.00/1.00/1.00	\$5,600.00	\$5,600.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/12/2012





**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**  
**APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Applicant WEEKSPermit Application Number 89-397**PART III - SITE EVALUATION INFORMATION**

- Lot size appears to be as indicated on site plan: Yes ☒ No ☐
- Anticipated sewage flow from Part I 750 GPD Authorized sewage flow 7500 GPD
- Benchmark location Natural grade @ point of site evaluation
- Existing elevation (at time of site evaluation) of the proposed system site in relation to the benchmark is 0 inches above/below the benchmark.
- Proposed system distance to: Surface water 225 feet \_\_\_\_\_ feet \_\_\_\_\_ feet; Private potable wells 275 feet \_\_\_\_\_ feet \_\_\_\_\_ feet; Community public wells 200 feet \_\_\_\_\_ feet; Other public wells 710 feet \_\_\_\_\_ feet; Non-potable wells 250 feet \_\_\_\_\_ feet;
- Unobstructed area available for system installation 2000 ft<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup>
- Is lot subject to frequent flooding? Yes ☒ No ☐ 10 year flood? Yes \_\_\_\_\_ No ☒  
 If subject to a 10 year flood indicate: (a) the 10 year flood elevation in the area \_\_\_\_\_ feet MSL  
 (b) property elevation at proposed system location \_\_\_\_\_ feet MSL

**SOIL PROFILE - SAMPLE SITE 1**

COLOR	TEXTURE	DEPTH
Dark Grey	Clay	0" to 8"
Dark Grey	Clay	8" to 31"
Brown	Loam	31" to 36"
Brown	Sandy	36" to 46"
Grey	Loam	46" to _____"
		_____ " to _____"

**SOIL PROFILE - SAMPLE SITE 2**

COLOR	TEXTURE	DEPTH
		0" to _____"
		_____ " to _____"
		_____ " to _____"
		_____ " to _____"
		_____ " to _____"
		_____ " to _____"

USDA Soil Series Name (if Known) \_\_\_\_\_

USDA Soil Series Name (if Known) \_\_\_\_\_

USDA Soil texture classification on which drainfield size should be based \_\_\_\_\_

Water table at time of evaluation  
66 inches below/above existing gradeEstimated wet season water table 36 inches below/above existing grade

Type water table:

Perched ☒ Apparent \_\_\_\_\_Is matting found in the soil? Yes ☒ No ☐  
 At what depth? 24 inches \_\_\_\_\_ inches

Are vegetative species indicative of high water table? Yes \_\_\_\_\_ No \_\_\_\_\_

For property with contiguous ditches:  
 Depth of ditches \_\_\_\_\_ inches \_\_\_\_\_ inches  
 Depth of water in ditches \_\_\_\_\_ inches \_\_\_\_\_ inches

Other findings: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
DIVISION OF HEALTH  
Post Office Box 810 Jacksonville, Florida 32201

NO. 84-161

Application and Permit  
of  
Individual Sewage Disposal Facilities

Application/Permit

No. 84-161COLUMBIA County Health Department

## Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of plat of subdivision. If not platted, attach metes and bounds description.
6. Complete the following information section.

## Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 755-4100 Ex. 258 and give this office a 24-hour notice when ready for inspection.

4. HOUSE \_\_\_\_\_ BR MOBILE HOME 3 BR  
OTHER \_\_\_\_\_

## Section II - Information:

1. Property Address (Street & House No.) \_\_\_\_\_ PH. # 755-0917  
 Lot 35 Block \_\_\_\_\_ Subdivision The Hunt Place  
 Date Platted \_\_\_\_\_ Directions to Job \_\_\_\_\_

2. Owner or Builder David E. Weeks  
 P.O. Address Box 2576 City Lake City, Fla.  
 Septic tank system to be installed by: \_\_\_\_\_ Power Co. Clay

AAA - 11:30

Scale 1" = 50'

Occupant: \_\_\_\_\_

(Rear)

3. Specifications:  
900 gallon tank with  
225 square feet of  
 drainfield with at least  
 4" inside diameter pipe.

4. House to be constructed:  
 Check one: \_\_\_\_\_ FHA  
 \_\_\_\_\_ VA \_\_\_\_\_ Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: David E. Weeks  
 Please Print

Signature: Mr. David E. Weeks Date: April 9, 1984  
 (Name of Street or State Road)

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

## Section III - Application Approval &amp; Construction Authorization

Installation subject to following special conditions: \_\_\_\_\_

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.