

DATE 12/16/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000027524

APPLICANT SUZANA REEVES PHONE 752-5355  
ADDRESS 466 SW DEPUTY J. DAVIS LAKE CITY FL 32055  
OWNER BRICE JORDAN PHONE 697-4215  
ADDRESS 154 NW JORDAN COURT LAKE CITY FL 32055  
CONTRACTOR CHESTER KNOWLES PHONE 397-3619  
LOCATION OF PROPERTY 90W, TR LAKE JEFFERY RD, TL JORDAN CT, 1ST PLACE ON  
RIGHT  
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 A-3 MAX. HEIGHT  
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 05-3S-16-01990-000 SUBDIVISION Suzana Reeves  
LOT BLOCK PHASE .00 UNIT 0 TOTAL ACRES 1.09

IH0000509  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING 08-756 CS WR N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: PROOF ON FIRE LOSS ON FILE, NO CHARGE FOR PERMIT, ONE FOOT  
ABOVE THE ROAD, REMAINING PARCEL FROM SPECIAL FAMILY LOT

PERMITS Check # or Cash

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by  
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by  
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by  
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by  
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by  
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by  
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by  
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00  
INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS  
PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED  
FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR  
IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY  
BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN  
180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A  
PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION  
EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN  
APPROVED INSPECTION WITHIN 180 DAYS.

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



# PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 1-10-08) Zoning Official afw-12/9/08 Building Official WU 12/9/08

AP# 0812-10 Date Received 12.8.08 By GT Permit # 27524

Flood Zone X Development Permit \_\_\_\_\_ Zoning A-3 Land Use Plan Map Category A-3

Comments No charge - Burnout, Proof of loss on file  
remaining parcel from special family lot permits

FEMA Map# \_\_\_\_\_ Elevation \_\_\_\_\_ Finished Floor \_\_\_\_\_ River \_\_\_\_\_ In Floodway \_\_\_\_\_

☒ Site Plan with Setbacks Shown ☒ EH # \_\_\_\_\_ ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # \_\_\_\_\_ ☐ STUP-MH \_\_\_\_\_ ☐ F W Comp. letter

IMPACT FEES: EMS \_\_\_\_\_ Fire empty Corr \_\_\_\_\_ Road/Code \_\_\_\_\_

School \_\_\_\_\_ = TOTAL \_\_\_\_\_

Property ID # 05-35-16-01990-000 Subdivision \_\_\_\_\_

- New Mobile Home X Used Mobile Home \_\_\_\_\_ MH Size 32x76 Year 07
- Applicant Suzana Reeves Phone # 386-752-5355
- Address 466 SW Deputy J. Davis Lane Lake City FL 32024
- Name of Property Owner Brice Jordan Phone # 386-697-4215
- 911 Address 154 NW Jordan Court Lake city FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric  
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Brice Jordan Phone # 386-697-4215
- Address 154 NW Jordan Court Lake city FL 32055
- Relationship to Property Owner Self
- Current Number of Dwellings on Property 1
- Lot Size 1.09 Total Acreage 1.090
- 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
- Driving Directions to the Property 90 west to Lake Jeffery Rd turn  
Right on Lake Jeffery go 6.8 miles to Jordan Court turn  
left and you are at site on 1st Right
- Name of Licensed Dealer/Installer Chester Knowles Phone # 386-397-3619
- Installers Address 5801 SW SR 47 Lake city FL 32024
- License Number IH0000509 Installation Decal # 300494

Spoke to Suzanna



PERMIT NUMBER

Installer J.L. "Chester" Knowles License # EH 0000509

Address of home being installed

154 NW Jordan Court  
Lake City, FL 32055

Manufacturer

Firstwood Length x width 32 x 76

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

Understand Lateral Arm Systems cannot be used on any home (new or used) where the external ribs exceed 5 ft 4 in.

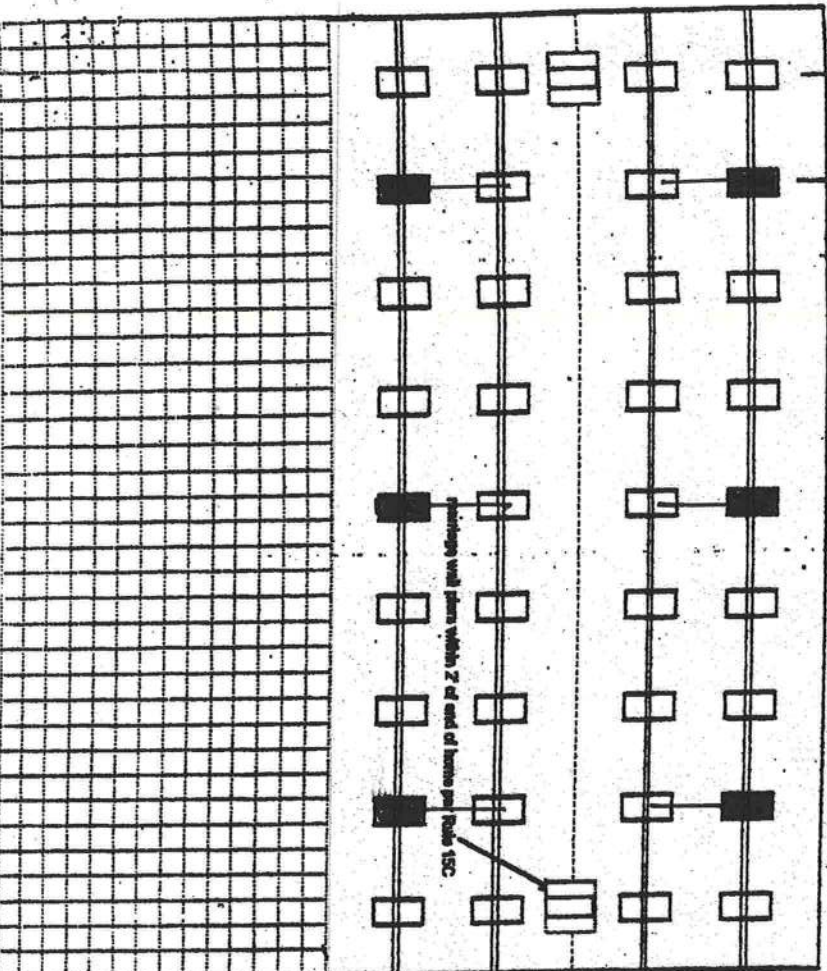
Installer's Initials

J.L.K.

Typical pier spacing



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



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☒

Home is installed in accordance with Rule 15-C. ☐

Single wide ☐ Wind Zone II ☒ Wind Zone III ☐

Double wide ☒ Installation Detail # 300494

Triple/Quad ☐ Serial # 79967 A-B

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	16' x 16' (256)	16 1/2' x 16 1/2' (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	28' x 28' (784)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	5'	6'	7'	8'	9'
2000 psf	5'	6'	7'	8'	9'	10'
2500 psf	6'	7'	8'	9'	10'	11'
3000 psf	7'	8'	9'	10'	11'	12'
3500 psf	8'	9'	10'	11'	12'	13'

Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23 1/4 x 31 1/4

Pettimeter pier pad size N/A

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

POPULAR PAD SIZES

Pad Size	Sq ft
18 x 18	258
18 x 18	288
18.5 x 18.5	342
18 x 22.5	380
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	448
24 x 24	576
26 x 26	676

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

12' 23 1/4 x 31 1/4

11' 23 1/4 x 31 1/4

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver Technology

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Oliver Technology

Skewwall Longitudinal Marriage wall Shearwall

Number 2

N/A

2

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1.0 x 1.0 x 1.0

POCKET PENETROMETER TESTING METHOD

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

x 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is 1100 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

Jessie L. "Christer" Knowles

Date Tested

12-2-08

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. 15C-1

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☐ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 6" Spacing: 20'  
Walls: Type Fastener: SCRS Length: 4" Spacing: 24"  
Roof: Type Fastener: STRAPS Length: 1 1/4" Spacing: 48"  
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

J.L.K.

Type gasket Roll Foam  
Pg. Factory Installed  
15C-1

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

Weatherproofing

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

Miscellaneous

Skirting to be installed. Yes ☒ No ☐  
Dryer vent installed outside of skirting. Yes ☐ N/A ☒  
Range downflow vent installed outside of skirting. Yes ☐ N/A ☒  
Drain lines supported at 4 foot intervals. Yes ☒  
Electrical crossovers protected. Yes ☒  
Other: 15C-1 may be my not have page #

IN SETUP MANUAL

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

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Jessie L. "Christer" Knowles

Date 12-2-08



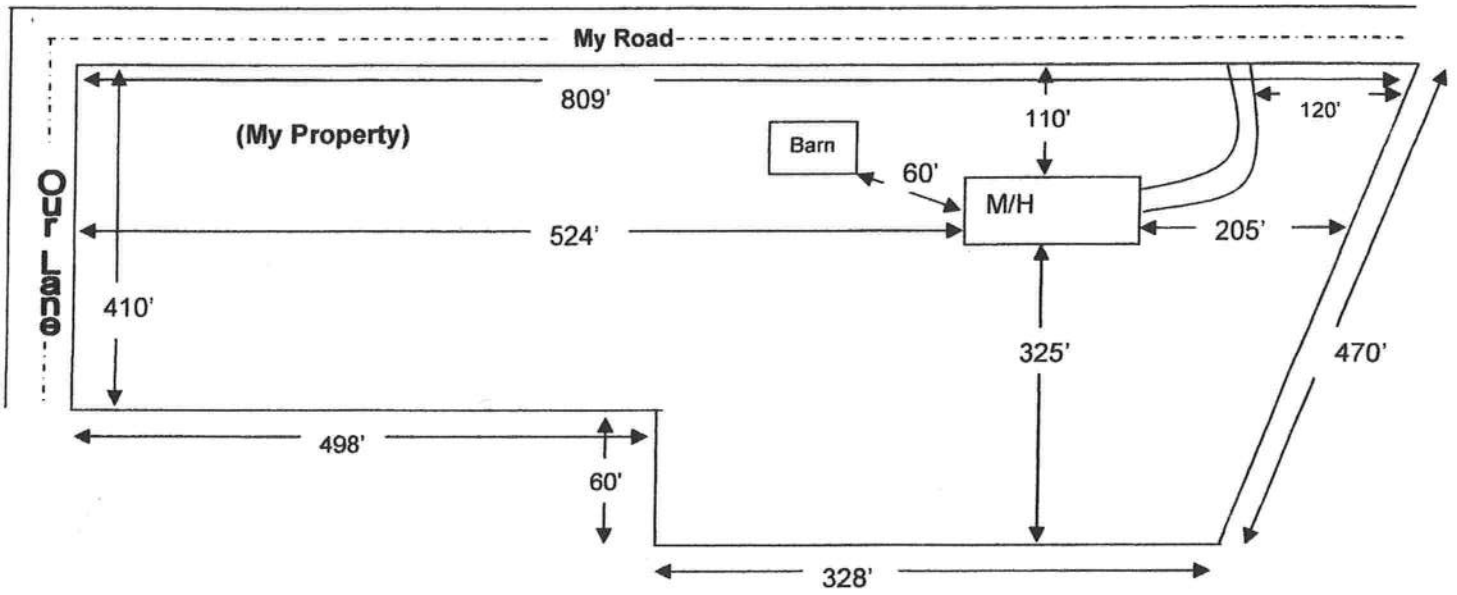
[illegible]

CHASSIS INFO		L.T.	SP.1.C.1
M.R. SPACING	95 1/2"	20	
T-BEAM SIZE	12"	M.T.	REV
		ALL	

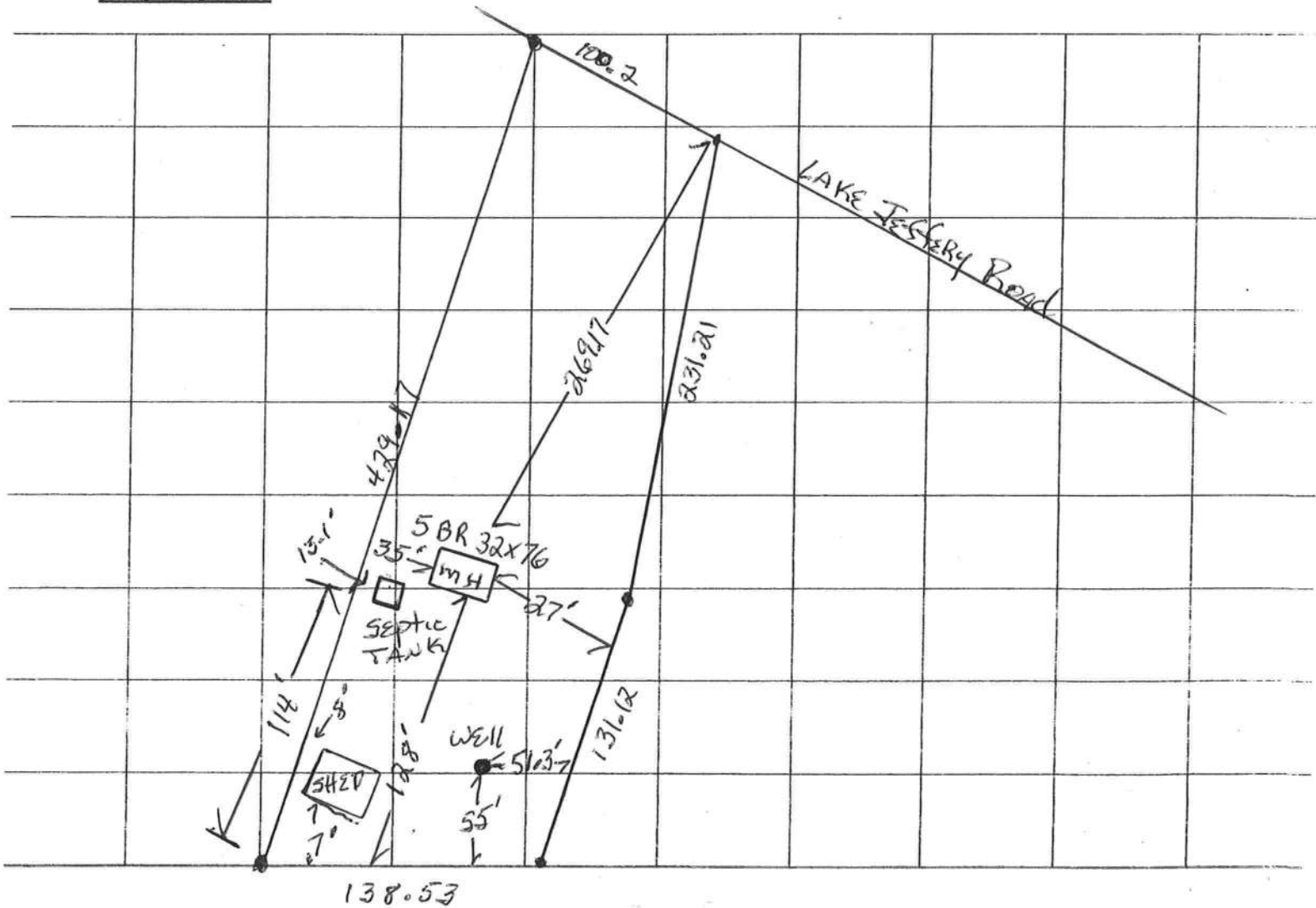
20	REV
SP.1C.1	REV

20	REV
SP.1C.1	REV

## 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.**



**LIMITED POWER OF ATTORNEY**

I, Jessie "Chuter" Knorr, License # 88888888 hereby  
authorize Suzana Reeves to be my representative and  
act on my behalf in all aspects of applying for a mobile home  
permit to be placed on the following described property located  
in Columbia County, Florida.

Property Owner: PATRICIA/Brice JORDAN  
911 Address: 154 NW Jordan Court Lake City FL 32055  
Parcel ID #: 01990-0001HX  
Sect: 05 Twp: 35 Rge: 16

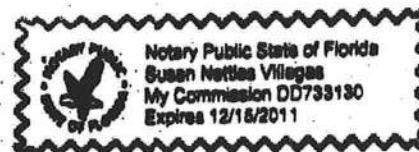
Jessie L. "Chuter" Knorr  
Mobile Home Installer Signature

12-3-08

Date

Overs to and subscribed before me this 3rd day  
of Dec, 2008.

Suzana Reeves  
Notary Public



My Commission expires 12/15/2011  
Commission Number DD733130  
Personally known ✓  
Produced ID (type): \_\_\_\_\_



## MOBILE HOME INSTALLERS AFFIDAVIT

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

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

I, Jessie L. "Chester" Knowles, License No., 1H0000569  
Please Type or Print

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

154 NW Jordan Court Lake city, FL 32055  
911 Address of the Job site

Will be done under my supervision.

Jessie L. "Chester" Knowles  
Signature

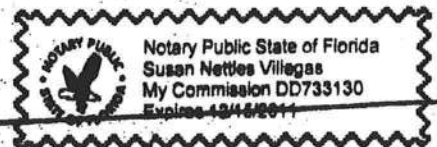
Sworn to and subscribed before me this 3rd day of December 2008.

Notary public: Susan Villegas My commission Expires: 12/15/2011  
Signature Date

Personally Known: ☒

Produce Valid Identification: \_\_\_\_\_

Stamp or seal





**SWORN STATEMENT OF PROOF OF LOSS**

Our File No. 07-7652

\$271,312.00  
 Amt of Policy at Time of Loss  
 08/03/2007  
 Date Issued  
 08/03/2008  
 Date Expires

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

592-411-654  
 Policy Number

AGENCY AT  
 AGENCY

TO THE UNIVERSAL PROPERTY & CASUALTY OF 1110 W. COMMERCIAL BLVD. SUITE 100, FORT LAUDERDALE, FL  
 At the time of loss, by the above indicated policy of insurance, you insured  
PATRICIA JORDAN

154 NW JORDAN CT, LAKE CITY, FL, 32055  
 against loss by FIRE upon the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

**1. Time and Origin:** A FIRE loss occurred about ; , on 10/16/2007  
 The cause and origin of the said loss were:  
FIRE

**2. Occupant:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:

**3. Title and Interest:** At the time of the loss the interest of your insured in the property described therein was  
 No other person or persons had any other interest therein or incumbrance thereon, except:  
BANK OF AMERICA

**4. Changes:** Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy possession, location or exposure of the property described except:

**5. Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss, \$271,312.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Whole Loss and Damage was \$244,506.31  
 7. Less Deductible and/or Participation by the Insured \$0.00  
**8. The Amount Claimed under the above numbered policy is** \$244,506.31

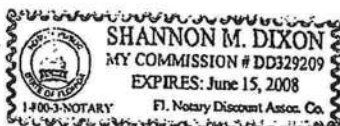
The said loss did not originate by any act, design of procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparations of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Florida Patricia Jordan 12-10-07  
 County of Columbia

Subscribed and sworn to before me this 10<sup>th</sup> day of December, 2007 Insured

Adjuster: Michael Moran



Shannon M. Dixon Notary Public/Adjuster

**UNIVERSAL ADJUSTING CORPORATION  
PROPERTY STATEMENT**

December 4, 2007

Insured: **JORDAN, P.**  
Claim No. **07-7652**

Coverage	Item	Replacement Cost	Depreciation	A.C.V.
Coverage A	<b>Dwelling</b>	<b>\$168,033.89</b>		
	Non-Recoverable Depreciation		\$0.00	
	Sub-total			<b>\$168,033.89</b>
	*Deductible			<b>ABSORBED</b>
	*Excess (If Applicable)			<b>\$8,437.89</b>
	<b>Total</b>		<b>POLICY LIMIT</b>	<b>\$159,596.00</b>
Coverage B	<b>Other Structures</b>	<b>\$0.00</b>		
	Non-Recoverable Depreciation		\$0.00	
	Sub-total			<b>\$0.00</b>
	*Deductible			<b>\$0.00</b>
	*Excess (If Applicable)			<b>\$0.00</b>
	<b>Total</b>			<b>\$0.00</b>
Additional Cov A	<b>Landscaping</b>	<b>\$2,112.31</b>		
	*Deductible			<b>\$0.00</b>
	*Excess (If Applicable)			<b>\$0.00</b>
	<b>Total</b>			<b>\$2,112.31</b>
Coverage C	<b>Contents</b>	<b>\$79,934.78</b>		
	Non-Recoverable Depreciation		\$0.00	
	Sub-total			
	Less Prior Advance Payment		\$5,000.00	<b>\$0.00</b>
	*Excess (If Applicable)			<b>\$136.78</b>
	<b>Total</b>		<b>POLICY LIMIT</b>	<b>\$74,798.00</b>
Coverage D	<b>Loss Of Use</b>	<b>\$8,000.00</b>		
	Less Prior Advance Payment		\$8,000.00	<b>\$0.00</b>
	*Excess (If Applicable)			<b>\$0.00</b>
	<b>Total</b>			<b>\$0.00</b>
Other	*Deductible	<b>\$0.00</b>		<b>\$0.00</b>
	*Excess (If Applicable)			<b>\$0.00</b>
	<b>Total</b>			<b>\$0.00</b>
<b>TOTAL DEDUCTIBLE</b>				<b>ABSORBED</b>
<b>TOTAL PAYMENT</b>				<b>\$236,506.31</b>

**NOTES:**

**THIS SETTLEMENT OFFER REFLECTS THE PAYMENT RECOMMENDATION(S) OF OUR FIELD REPRESENTATIVE AS ESTIMATED AND SUBMITTED IN REPORT. POLICY LIMITS HAVE BEEN PAID FOR COVERAGES "A"(DWELLING) AND "C"(CONTENTS). DUE TO ESTIMATES FOR REPAIR AND REPLACEMENT ARE IN EXCESS OF THESE LIMITS, POLICY DEDUCTIBLE HAS BEEN ABSORBED INTO CLAIM SETTLEMENT.**

**Dave Link  
Adjuster**

11,762.38

7993.48  
19,755.86

72,750.45



<b>A</b> <div style="display: flex; justify-content: space-between;"> <div> <b>FDID</b> 29091  <b>State</b> FL  <b>Incident Date</b> 10/16/2007  <b>Station</b> 42  <b>Incident Number</b> 07-0003750  <b>Exposure</b> 000         </div> <div> <input type="checkbox"/> Delete  <input type="checkbox"/> Change  <input type="checkbox"/> No Activity         </div> </div>		<b>MM DD YYYY</b> 10 16 2007		<b>NFIRS -1</b> Basic	
<b>B Location*</b> <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.					
<div style="display: flex;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Street address  <input type="checkbox"/> Intersection  <input type="checkbox"/> In front of  <input type="checkbox"/> Rear of  <input type="checkbox"/> Adjacent to  <input type="checkbox"/> Directions         </div> <div style="flex: 2;">           Number/Milepost Prefix Street or Highway            154 NW Jordan            City State Zip Code            Lake City FL 32025            Cross street or directions, as applicable         </div> </div>					
<b>C Incident Type *</b> 111 Building fire Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Data. Alarm * 10/16/2007 01:32:00 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 10/16/2007 01:41:00 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 10/16/2007 06:11:00		<b>E2 Shift &amp; Alarms</b> Local Option A 01 1 Shift or Alarm District Platoon	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID Their State Their Incident Number		<b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value			
<b>F Actions Taken *</b> 11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) Additional Action Taken (3)		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0004 0008 EMS other 0001 <input type="checkbox"/> Check box if resource counts include aid received resources.		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. Property \$ 180,000 Contents \$ 050,000 PRE-INCIDENT VALUE: Optional Property \$ 180,000 Contents \$ 050,000	
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input checked="" 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		<b>H1* Casualties</b> None Deaths Injuries Fire Service 001 Civilian <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		<b>H3 Hazardous Materials Release</b> 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 9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form	
<b>J Property Use* Structures</b> 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/boarding 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

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

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

**K2 Owner**

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

Local Option

Business name (if Applicable)

386

697

4215

Area Code

Phone Number

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

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 154 NW Jordan CT  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 FL 32025  
 State Zip Code

**L Remarks**

Local Option

Dispatched to a single story house fire. Upon arrival found the house approximately half involved with fire. Pulled two preconnects from E42 and began attack. Notified power company of downed line. Fire was coming from the front of the house and was vented in the living room. We used T43 and T42 for water shuttles. After initial knockdown we set up a generator and lights. We used QR42 for foam application during mop up. We used approximately 21 gallons of foam. We had to cut several holes in the floor and porch to access the underside of the house for mop up. After fire was out, investigation showed the fire began in the living room. Owners daughter said she had been having electrical trouble in that room with the lights and fan. Also involved in the fire was a 2006 Dodge 3500 dually pick up truck 4x4. It was completely engulfed in the flames. Firefighter Mays was slightly injured when he approached the fire without proper equipment. The house was vacant at the time due to the daughter moving out and the parents not yet moved in.

**L Authorization**

0019

Officer in charge ID

Crawford, Jeffrey

Signature

LT

Position or rank

Assignment

10

Month

24

Day

2007

Year

Check Box if ☒ same as Officer making report ID in charge.

0019

Member making report ID in charge.

Crawford, Jeffrey

Signature

LT

Position or rank

Assignment

10

Month

24

Day

2007

Year



<b>A</b> <div style="display: flex; justify-content: space-between;"> <div>FDID <u>29091</u> *</div> <div>State <u>FL</u> *</div> <div>Incident Date <u>10</u> <u>16</u> <u>2007</u> *</div> <div>Station <u>42</u></div> <div>Incident Number <u>07-0003750</u> *</div> <div>Exposure <u>000</u> *</div> <div> <input type="checkbox"/> Damage  <input type="checkbox"/> Change  <input type="checkbox"/> No Activity         </div> </div>		<b>NFIRS - 2</b> <b>Fire</b>	
<b>B Property Details</b>  <b>B1</b> <u>0001</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i>  <b>B2</b> <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i>  <b>B3</b> <u>      </u> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires) <input type="checkbox"/> Less than one acre</i>		<b>C On-Site Materials</b> <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;"> <u>      </u> On-site material (1)   <u>      </u> On-site material (2)   <u>      </u> On-site material (3)         </div> <div style="flex: 1;">           1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service             1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service             1 <input type="checkbox"/> Bulk storage or warehousing            2 <input type="checkbox"/> Processing or manufacturing            3 <input type="checkbox"/> Packaged goods for sale            4 <input type="checkbox"/> Repair or service         </div> </div>	
<b>D Ignition</b>  <b>D1</b> <u>14</u> <u>Common room, den,</u> <i>Area of fire origin *</i>  <b>D2</b> <u>13</u> <u>Electrical arcing</u> <i>Heat source *</i>  <b>D3</b> <u>UU</u> <u>Undetermined</u> <i>Item first ignited *</i> 1 <input type="checkbox"/> Check box if fire spread was confined to object of origin  <b>D4</b> <u>      </u> <u>      </u> <i>Type of material first ignited Required only if item first ignited code is 00 or &lt;70</i>		<b>E1 Cause of Ignition</b> <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation  <b>E2 Factors Contributing To Ignition</b> <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None <i>Factor Contributing To Ignition (1)</i> <u>      </u> <u>      </u> <i>Factor Contributing To Ignition (2)</i>  <b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved  7 <input type="checkbox"/> Age was a factor <i>Estimated age of person involved</i> <u>      </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
<b>F1 Equipment Involved In Ignition</b> <input type="checkbox"/> None If Equipment was not involved, skip to Section G <u>      </u> <u>      </u> <i>Equipment Involved</i>  <b>Brand</b> <u>      </u> <b>Model</b> <u>      </u> <b>Serial #</b> <u>      </u> <b>Year</b> <u>      </u>		<b>F2 Equipment Power</b> <u>      </u> <u>      </u> <i>Equipment Power Source</i>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary  <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>	
<b>H1 Mobile Property Involved</b> <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input checked="" type="checkbox"/> Involved in ignition and burned		<b>H2 Mobile Property Type &amp; Make</b> <u>11</u> <u>Automobile, passenger</u> <i>Mobile property type</i>  <u>DO</u> <u>Dodge</u> <i>Mobile property make</i>	
<b>Pick up truck</b> <i>Mobile property model</i> <u>      </u> <u>2006</u> <i>Year</i>  <u>      </u> <u>      </u> <u>      </u> <i>License Plate Number State VIN Number</i>		<b>Local Use</b> <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> 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 sheds) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure		<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input checked="" 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		<b>I3 Building * Height</b> Count the ROOF as part of the highest story 001 Total number of stories at or above grade Total number of stories below grade		<b>I4 Main Floor Size*</b> NFIRS-3 Structure Fire , 002 , 400 Total square feet OR Length in feet BY Width in feet	
<b>J1 Fire Origin *</b> 001 <input type="checkbox"/> Below Grade Story of fire 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) 001 Number of stories w/ extreme damage (75 to 100% flame damage)		<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L <b>K1</b> _____ Item contributing most to flame spread <b>K2</b> _____ Type of material contributing most of flame spread Required only if item contributing code is 00 or <70			
<b>J2 Fire Spread *</b> 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 type="checkbox"/> Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin		<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined		<b>L3 Detector Power Supply</b> 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			
<b>L2 Detector Type</b> 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		<b>L4 Detector Operation</b> 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		<b>L5 Detector Effectiveness</b> 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			
<b>M1 Presence of Automatic Extinguishment System *</b> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M		<b>M3 Automatic Extinguishment System Operation</b> 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		<b>M5 Automatic Extinguishment System Failure Reason</b> 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			
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AEB 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated _____ Number of sprinkler heads operating		NFIRS-3 Revision 01/19/99			



<b>A</b>		MM DD YYYY		Station		Incident Number		Exposure		Delete <input type="checkbox"/> Change <input type="checkbox"/>		NFIRS - 9 Apparatus or Resources
		29091	FL	10	16	2007	42	07-0003750	000			
<b>B</b>		Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min				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
1	ID E40 Type 11	Dispatch	<input checked="" type="checkbox"/>	10	16	2007	01:32	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression		73 74
	Arrival	<input checked="" type="checkbox"/>	10	16	2007	01:41	<input type="checkbox"/> EMS				75	
	Clear	<input checked="" type="checkbox"/>	10	16	2007	06:11	<input type="checkbox"/> Other					
2	ID E42 Type 11	Dispatch	<input checked="" type="checkbox"/>	10	16	2007	01:32	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression		73 74
	Arrival	<input checked="" type="checkbox"/>	10	16	2007	01:41	<input type="checkbox"/> EMS				75	76
	Clear	<input checked="" type="checkbox"/>	10	16	2007	06:11	<input type="checkbox"/> Other					
3	ID QR42 Type 12	Dispatch	<input checked="" type="checkbox"/>	10	16	2007	01:32	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression		73 74
	Arrival	<input checked="" type="checkbox"/>	10	16	2007	01:41	<input type="checkbox"/> EMS				75	
	Clear	<input checked="" type="checkbox"/>	10	16	2007	06:11	<input checked="" type="checkbox"/> Other					
4	ID T42 Type 24	Dispatch	<input checked="" type="checkbox"/>	10	16	2007	01:32	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression		73 74
	Arrival	<input checked="" type="checkbox"/>	10	16	2007	01:41	<input type="checkbox"/> EMS				75	76
	Clear	<input checked="" type="checkbox"/>	10	16	2007	06:11	<input type="checkbox"/> Other					
5	ID T43 Type 24	Dispatch	<input checked="" type="checkbox"/>	10	16	2007	01:32	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression		73 74
	Arrival	<input checked="" type="checkbox"/>	10	16	2007	01:41	<input type="checkbox"/> EMS				75	76
	Clear	<input checked="" type="checkbox"/>	10	16	2007	06:11	<input type="checkbox"/> Other					
6	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		<input type="text"/>
	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS		<input type="text"/>
	Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other		<input type="text"/>
7	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		<input type="text"/>
	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS		<input type="text"/>
	Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other		<input type="text"/>
8	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		<input type="text"/>
	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS		<input type="text"/>
	Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other		<input type="text"/>
9	ID <input type="text"/> Type <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression		<input type="text"/>
	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> EMS		<input type="text"/>
	Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other		<input type="text"/>

<b>Type of Apparatus or Resources</b>		
<b>Ground Fire Suppression</b> 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 <b>Heavy Ground Equipment</b> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <b>Aircraft</b> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	<b>Marine Equipment</b> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <b>Support Equipment</b> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <b>Medical &amp; Rescue</b> 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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>More Apparatus?</b>          Use Additional          Sheets       </div> <b>Other</b> 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

<b>A</b>		MM DD YYYY		29091		FL		10 16 2007		42		07-0003750		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
<b>B Apparatus or Resource *</b>		Date and Times <small>Check if same as alarm date</small>								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 <small>List up to 4 actions for each apparatus and each personnel.</small>			
Use codes listed below		Month Day Year Hours/mins								Sent <input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75			
1 ID E40 Type 11		Dispatch <input checked="" type="checkbox"/> 10 16 2007 01:32 Arrival <input checked="" type="checkbox"/> 10 16 2007 01:41 Clear <input checked="" type="checkbox"/> 10 16 2007 06:11								Sent <input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75			
Personnel ID		Name								Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
0019		Crawford, Jeffrey								LT		X		58		11		81	
2 ID E42 Type 11		Dispatch <input checked="" type="checkbox"/> 10 16 2007 01:32 Arrival <input checked="" type="checkbox"/> 10 16 2007 01:41 Clear <input checked="" type="checkbox"/> 10 16 2007 06:11								Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76			
Personnel ID		Name								Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
0078 MAYS01		Redish, Collin Mays, Chauncey								FF FF		X X		11 58		12 11			
3 ID QR42 Type 12		Dispatch <input checked="" type="checkbox"/> 10 16 2007 01:32 Arrival <input checked="" type="checkbox"/> 10 16 2007 01:41 Clear <input checked="" type="checkbox"/> 10 16 2007 06:11								Sent <input checked="" type="checkbox"/>		2		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74 75			
Personnel ID		Name								Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
0012 0046		Bullard, Alex Grisson, Michael								FF FF		X X		11 11					

<b>A</b>		29091		FL	10	16	2007	42	07-0003750	000	<input type="checkbox"/> Delete	NFIRS - 10 Personnel
		FOID *		State *		Incident Date *		Station		Incident Number *		

B Apparatus or Resource <small>Use codes listed below</small>	Date and Times <small>Check if phone or alarm date</small>				Sent	Number of People	Use	Actions Taken	
	Month Day Year Hours/mins				<input type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel. <div style="display: flex; justify-content: space-between;"> <span>73 74</span> <span>75 76</span> </div>	
					<input checked="" type="checkbox"/>	2			

1	ID T42 Type 24	Dispatch <input checked="" type="checkbox"/> 10 16 2007 01:32 Arrival <input checked="" type="checkbox"/> 10 16 2007 01:41 Clear <input checked="" type="checkbox"/> 10 16 2007 06:11	Sent <input checked="" type="checkbox"/>					
---	-------------------	---	--	--	--	--	--	--

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0028	DuCoeur, Billy	FF	X	58	11	12	
0029	DuCoeur, Trey	FF	X	11	12		

2	ID T43 Type 24	Dispatch <input checked="" type="checkbox"/> 10 16 2007 01:32 Arrival <input checked="" type="checkbox"/> 10 16 2007 01:41 Clear <input checked="" type="checkbox"/> 10 16 2007 06:11	Sent <input checked="" type="checkbox"/>				
---	-------------------	---	--	--	--	--	--

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0083	Sherrouse, Randy	FF	X	58	11	12	

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



<b>A</b>	FDID	29091	FL	State	MM	DD	10	16	YYYY	2007	42	Station	07-0003750	Incident Number	000	Exposure	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	Insurance and \$Loss
----------	------	-------	----	-------	----	----	----	----	------	------	----	---------	------------	-----------------	-----	----------	---------------------------------	---------------------------------	----------------------

**B Estimated Dollar Loss & Value**

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$180,000.00	\$180,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$50,000.00	\$50,000.00	\$0.00	\$0.00

**C<sub>1</sub> Insurance Company**

Wiley Insurance Company			
Business name if applicable		Contact Name	
Street or highway			
Post office box		City	
State	Zip Code	Phone Number	
Agent Name			
Policy Number		<input checked="" type="checkbox"/> Buildings <input type="checkbox"/> Vehicles <input type="checkbox"/> Contents	
Policy Coverage			

3

After Recording Mail To:  
Mortgage Information Services, Inc.  
Attn: Recording Dept  
2889 N. Commerce Parkway  
Mesa, FL 33045

Inst: 2004023227 Date: 10/15/2004 Time: 15:48

Doc Stamp-Deed : 0.70

*mk* DC, P. DeWitt Cason, Columbia County B: 1028 P: 635

This document prepared by:  
Brice Jordan  
154 Northwest Jordan Court  
Lake City, FL 32055

(Space Above for use of Clerk)

### QUITCLAIM DEED

The State of Florida  
County of Columbia

This Quitclaim Deed, made on the 28<sup>th</sup> day of September, 2004 between Brice Jordan and Patricia Jordan, husband and wife, of 154 Northwest Jordan Court, Lake City, FL 32055, County of Columbia, State of Florida, party of the first part, and Brice Jordan and Patricia Jordan, his wife as tenants by the entirety, and Shannon Marie Dixon, a married woman, all as joint tenants with right of survivorship, of Columbia, County of Columbia, State of Florida, party of the second part, witness:

That the party of the first part, for and in consideration of the sum of One Dollar (\$1.00), and other good and valuable considerations to him in hand paid by the party of the second part, the receipt of which is acknowledged, does hereby remise, release, and quitclaim to the party of the second part, his heirs and assigns forever, the following described land:

A CERTAIN PARCEL OF REAL PROPERTY LOCATED IN THE STATE OF FLORIDA, COUNTY OF COLUMBIA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCE AT THE SE CORNER OF SECTION 5, TOWNSHIP 3 SOUTH, RANGE 16 EAST AND RUN NORTH ALONG THE EAST LINE OF SAID SECTION, A DISTANCE OF 216 FEET; THENCE WEST ALONG THE NORTH LINE OF LANDS OF HUNTSVILLE METHODIST CHURCH 387 FEET FOR A POINT OF BEGINNING; THENCE N. 21 DEGREES 51 FEET EAST, 628.00 FEET, MORE OR LESS TO THE SOUTH RIGHT OF WAY LINE OF STATE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE 232 FEET; THENCE S 25 DEGREES 30 FEET WEST 800 FEET, MORE OR LESS TO THE INTERSECTION OF THE NORTH LINE OF HUNTSVILLE METHODIST CHURCH LANDS EXTENDED; THENCE EAST 300 FEET TO POINT OF BEGINNING.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO WILLIAM JORDAN FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON DECEMBER 2, 2002 IN BOOK 966 AT PAGE 1916.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO SHANNON DIXON FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON DECEMBER 5,

*BJ*  
*PJ.*  
*SMJ*  
*JWO*

Inst:2004023227 Date:10/15/2004 Time:15:48  
Doc Stamp-Deed : 0.70  
DC, P. Dewitt Cason, Columbia County B:1028 P:637

2003 IN BOOK 989 AT PAGE 994.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON JULY 18,  
2003 IN BOOK 989 AT PAGE 104.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON MAY 24,  
2004 IN BOOK 1016 AT PAGE 1017.

Assessor's Parcel No.: 01990-000

More commonly Known as: 154 Northwest Jordan Court, Lake City, FL 32055

Prior Recorded Document Reference: Recorded: January, 29, 1999 in Book  
0883, at Page 0989, Instrument# 99-11303.

In witness, the party of the first part has executed this deed on the date first above  
written.

When the context requires, singular nouns and pronouns include the plural.

Signed, sealed and delivered in the presence  
of:

Witness 1

Signature:

Printed Name:

*James W. Diton Jr.*  
James W. Diton Jr.

Witness 2

Signature:

Printed Name:

*C. J. Brabson, Jr.*  
C. J. BRABSON, JR.

Witness 1

Signature:

Printed Name:

*James W. Diton Jr.*  
James W. Diton Jr.

Witness 2

Signature:

Printed Name:

*C. J. Brabson, Jr.*  
C. J. BRABSON, JR.

*Brice Jordan*  
BRICE JORDAN

*Patricia Jordan*  
PATRICIA JORDAN



Inst:2004023227 Date:10/15/2004 Time:15:48

Loc Stamp-Deed : 0.70

DC, P. Dewitt Cason, Columbia County B:1028 P:636

STATE OF FLORIDA

COUNTY OF COLUMBIA

SS:

I hereby certify that on this day before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Brice Jordan and Patricia Jordan known to me to be the persons described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, and an oath was not taken. [Check One]: ( ) said persons are personally known to me.

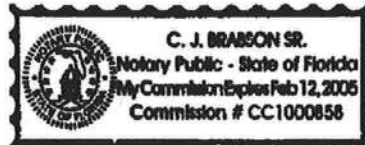
(X) said persons provided the following type of identification:

NOTARY RUBBER STAMP/SEAL

Witness my hand and official seal in the county and state  
last aforesaid this 28 day of September, 2004

*C. J. Brabson, Sr.*  
NOTARY PUBLIC

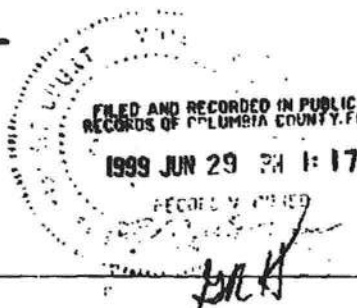
*C. J. BRABSON, SR.*



P.J.  
B J  
SMD  
JWD

Recording Fees \$  
Documentary Stamps \$  
Total:  
Prepared by And Return To  
**SOUTHEAST TITLE GROUP, LLP**  
Address 2015 So. First Street  
Lake City, FL 32056  
SE File #99Y-05057KW/KIM WATSON  
Property Appraisers Parcel I.D. Number(s):  
5-35-16-01990-000  
Grantee(s) S.S.#(s):

Documentary Stamp 294.00  
Intangible Tax  
P. DeWitt Cason  
Clerk of Court  
By [Signature] D.C.  
**99-11303**



### WARRANTY DEED

THIS WARRANTY DEED made and executed the 24<sup>th</sup> day of June, 1999 by JAMES EARL DICKS, JR., A/K/A JAMES E. DICKS and SHEA MICHELE DICKS, A/K/A MICHELE S. DICKS, HIS WIFE, hereinafter called the Grantor, to BRICE JORDAN and PATRICIA JORDAN, HIS WIFE, whose post office address is: Rt. 8, Box 398, Lake City, Florida 32055 hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" shall include singular and plural, 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 TEN DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate, lying and being in COLUMBIA County, State of Florida, viz:

COMMENCE AT THE SE CORNER OF SECTION 5, TOWNSHIP 3 SOUTH, RANGE 16 EAST AND RUN NORTH ALONG THE EAST LINE OF SAID SECTION, A DISTANCE OF 210 FEET; THENCE WEST ALONG THE NORTH LINE OF LANDS OF HUNTSVILLE METHODIST CHURCH 367 FEET FOR A POINT OF BEGINNING; THENCE N 21°51'EAST, 628.00 FEET, MORE OR LESS TO THE SOUTH RIGHT OF WAY LINE OF STATE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE 232 FEET; THENCE S 25°30'WEST, 800 FEET, MORE OR LESS TO THE INTERSECTION OF THE NORTH LINE OF HUNTSVILLE METHODIST CHURCH LANDS EXTENDED; THENCE EAST 300 FEET TO POINT OF BEGINNING.

**SUBJECT TO:** EASEMENT GRANTED TO SUWANNEE VALLEY ELECTRIC COOP., IN O.R. BOOK 713, PAGE 577.

**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 Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby 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 easements, restrictions and reservations of record, if any, and taxes accruing subsequent to December 31, 1998.

**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:

[Signature]  
Witness:

Bonita Hadwin  
Witness:

[Signature]  
Witness:

Kim Watson  
Witness:

[Signature]  
JAMES EARL DICKS, JR.  
Address: 6 SHADY LANE

MILTON, FLORIDA 32570

[Signature]  
SHEA MICHELE DICKS  
Address: 6 SHADY LANE  
MILTON, FLORIDA 32570

EX 0883 PG 0989

OFFICIAL RECORDS

STATE OF FLORIDA  
COUNTY OF Columbia

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared JAMES EARL DICKS, JR. AND SHEA MICHELE DICKS, HIS WIFE, who produced the identification described below, and who acknowledged before me that they executed the foregoing instrument.

Witness my hand and official seal in the county and state aforesaid this 24<sup>th</sup> day of June, 1999.

[Signature]  
Notary Public:  
Identification Examined: \_\_\_\_\_  
drivers license



executive line

**This Indenture**

(The words "grantor" and "grantee" shall be construed to include all parties and assigns or heirs in the entire instrument.)

This Instrument Prepared by:  
Harlan E. MarkhamAn Officer of 0710 REG 638  
Associated Land Title Group, Inc.  
For Purposes of 1814 1981  
File #170-28954 Parcel ID# 05-15-16-01990-000

Made this 10th day of February

1990 Between

JOHN M. BYRNES, a married man not residing on the property

of the County of \_\_\_\_\_, State of FLORIDA, grantor, and  
JAMES E. DICKS AND HIS WIFE, MICHELE S. DICKS (SS#: \_\_\_\_\_)  
\_\_\_\_\_ )whose post-office address is P.O. BOX 1034 Lake City, Florida 32056  
of the County of COLUMBIA, State of Florida, grantor.Whereas, That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor to hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in  
Columbia County, Florida, to-wit:

TOWNSHIP 3 SOUTH - RANGE 16 EAST

SECTION 5: Commence at the Southeast Corner of said Section and run North along the East line of said Section, a distance of 210 feet; thence West along the North line of lands of Huntsville Methodist Church 367 feet for a POINT OF BEGINNING; thence North 21 deg 51' East 628 feet, more or less, to the South right of way line of State Road; thence Westerly along said right of way line 232 feet; thence South 25 deg 30' West 800 feet, more or less, to the intersection of the North line of Huntsville Methodist Church lands extended; thence East 380 feet to the POINT OF BEGINNING.

Subject to easements and restrictions of record, if any, which are specifically not extended or reimposed hereby. Subject to 1990 taxes and assessments.

DOCUMENTARY STAMP 203.50

INTANGIBLE TAX #

P. LARRY CASIN, CLERK OF  
COUNTY, COLUMBIA COUNTYBY *[Signature]*

00-1751



and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whatsoever.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written.  
Signed, sealed and delivered in our presence:*[Signature]*  
*[Signature]**[Signature]* (Seal)  
JOHN M. BYRNES (Seal)STATE OF Florida  
COUNTY OF BrevardI HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared  
JOHN M. BYRNES a married man not residing on the property1) me in person at the person(s) described in and who executed the foregoing instrument and acknowledged before me the propriety of same.  
Witness my hand and official seal on the County and State last aforesaid this 10th day of February 1990*[Signature]*  
Notary Public, STATE OF FLORIDA  
My Commission Expires 12/31/91



This Instrument Prepared by & return to:

Name: MARY SANDAGE, an employee of  
NORTH CENTRAL FLORIDA TITLE,  
LLC.

Address: 343 NW COLE TERRACE, SUITE 101  
LAKE CITY, FLORIDA 32055  
File No. 08Y-11022TL

Parcel I.D. #: 01990-000

Inst:200812021813 Date:12/4/2008 Time:3:06 PM  
Doc Stamp-Deed:0.70

DC, P. DeWitt Cason, Columbia County Page 1 of 2 B:1163 P:877

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS CORRECTIVE WARRANTY DEED** Made the 4th day of December, 2008 A.D., by  
BRICE JORDAN and PATRICIA JORDAN, HIS WIFE; and SHANNON MARIE DIXON, A MARRIED  
WOMAN, hereinafter called the grantor, to BRICE JORDAN, A MARRIED MAN, and SHANNON MARIE  
DIXON, A MARRIED WOMAN, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, whose post office  
address is 154 NW JORDAN CT., LAKE CITY, FL 32055, 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:

COMMENCE AT THE SE CORNER OF SECTION 5, TOWNSHIP 3 SOUTH, RANGE 16 EAST,  
COLUMBIA COUNTY, FLORIDA AND RUN NORTH ALONG THE EAST LINE OF SAID  
SECTION, A DISTANCE OF 210.00 FEET; THENCE WEST ALONG THE NORTH LINE OF  
LANDS OF HUNTSVILLE METHODIST CHURCH 367 FEET FOR A POINT OF BEGINNING;  
THENCE N 21°51' EAST 628.00 FEET, MORE OR LESS, TO THE SOUTH RIGHT OF WAY  
LINE OF STATE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE 232  
FEET; THENCE S 25°30' WEST 800 FEET, MORE OR LESS, TO THE INTERSECTION OF THE  
NORTH LINE OF HUNTSVILLE METHODIST CHURCH LANDS EXTENDED; THENCE EAST  
300 FEET TO THE POINT OF BEGINNING.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO WILLIAM JORDAN FROM  
BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON DECEMBER 2, 2002 IN  
BOOK 968, AT PAGE 1916. (A.K.A. PARCEL "C")

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO SHANNON DIXON FROM  
BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED DECEMBER 6, 2002 IN  
BOOK 969, AT PAGE 394. (A.K.A. PARCEL "B")

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON JULY 18, 2003  
IN BOOK 989, AT PAGE 104. (A.K.A. PARCEL "H")

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON MAY 24, 2004  
IN BOOK 1016, AT PAGE 1017. (A.K.A. PARCEL "A")

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED FROM BRICE JORDAN,  
PATRICIA JORDAN, HIS WIFE AND SHANNON MARIE DIXON TO GLORIA M. TETI BY  
DEED RECORDED ON MAY 10, 2005 IN BOOK 1045, AT PAGE 2048. (A.K.A. PARCEL "G")

# Columbia County Property Appraiser

DB Last Updated: 10/21/2008

## 2008 Certified Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 05-3S-16-01990-000 HX

### Owner & Property Info

Search Result: 1 of 1

<b>Owner's Name</b>	JORDAN BRICE & PATRICIA &		
<b>Site Address</b>	JORDAN		
<b>Mailing Address</b>	SHANNON MARIE DIXON (JTWS) 154 NW JORDAN CT LAKE CITY, FL 32055		
<b>Use Desc. (code)</b>	SINGLE FAM (000100)		
<b>Neighborhood</b>	5316.00	<b>Tax District</b>	3
<b>UD Codes</b>	MKTA01	<b>Market Area</b>	01
<b>Total Land Area</b>	1.090 ACRES		
<b>Description</b>	COMM SE COR, RUN N 210 FT, W 367 FT FOR POB, RUN N 628 FT TO CR-250, W ALONG R/W 232 FT, S 800 FT TO CHURCH LOT, E 300 FT TO POB, EX 0.49 AC DESC ORB 967-231 & EX 0.98 AC DESC ORB 968-1916 & EX 0.51 AC DESC ORB 969-394 & EX 0.55 AC DESC ORB 989-104. ORB 537-320, 710-638, 883-989, QCD 1028-635, EX 0.50 AC DESC ORB 1045-2048 QCD 1073-1983, 1985 (CORR) QCD 1075-1282, 1284 (CORR)		

### GIS Aerial



### Property & Assessment Values

<b>Mkt Land Value</b>	cnt: (1)	\$16,153.00
<b>Ag Land Value</b>	cnt: (0)	\$0.00
<b>Building Value</b>	cnt: (1)	\$60,047.00
<b>XFOB Value</b>	cnt: (2)	\$2,986.00
<b>Total Appraised Value</b>		\$79,186.00

<b>Just Value</b>	\$79,186.00
<b>Class Value</b>	\$0.00
<b>Assessed Value</b>	\$73,432.00
<b>Exempt Value</b>	(code: HX) \$48,432.00
<b>Total Taxable Value</b>	\$25,000.00

### Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
9/28/2004	1028/635	QC	I	U	06	\$100.00
6/24/1999	883/989	WD	I	Q		\$42,000.00
2/10/1990	710/638	WD	I	Q		\$37,000.00

### Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1959	Vinyl Side (31)	1624	2204	\$60,047.00
<b>Note:</b> All S.F. calculations are based on exterior building dimensions.						

### Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	1993	\$2,300.00	1.000	0 x 0 x 0	(.00)
0294	SHED WOOD/	2001	\$686.00	196.000	14 x 14 x 0	(.00)





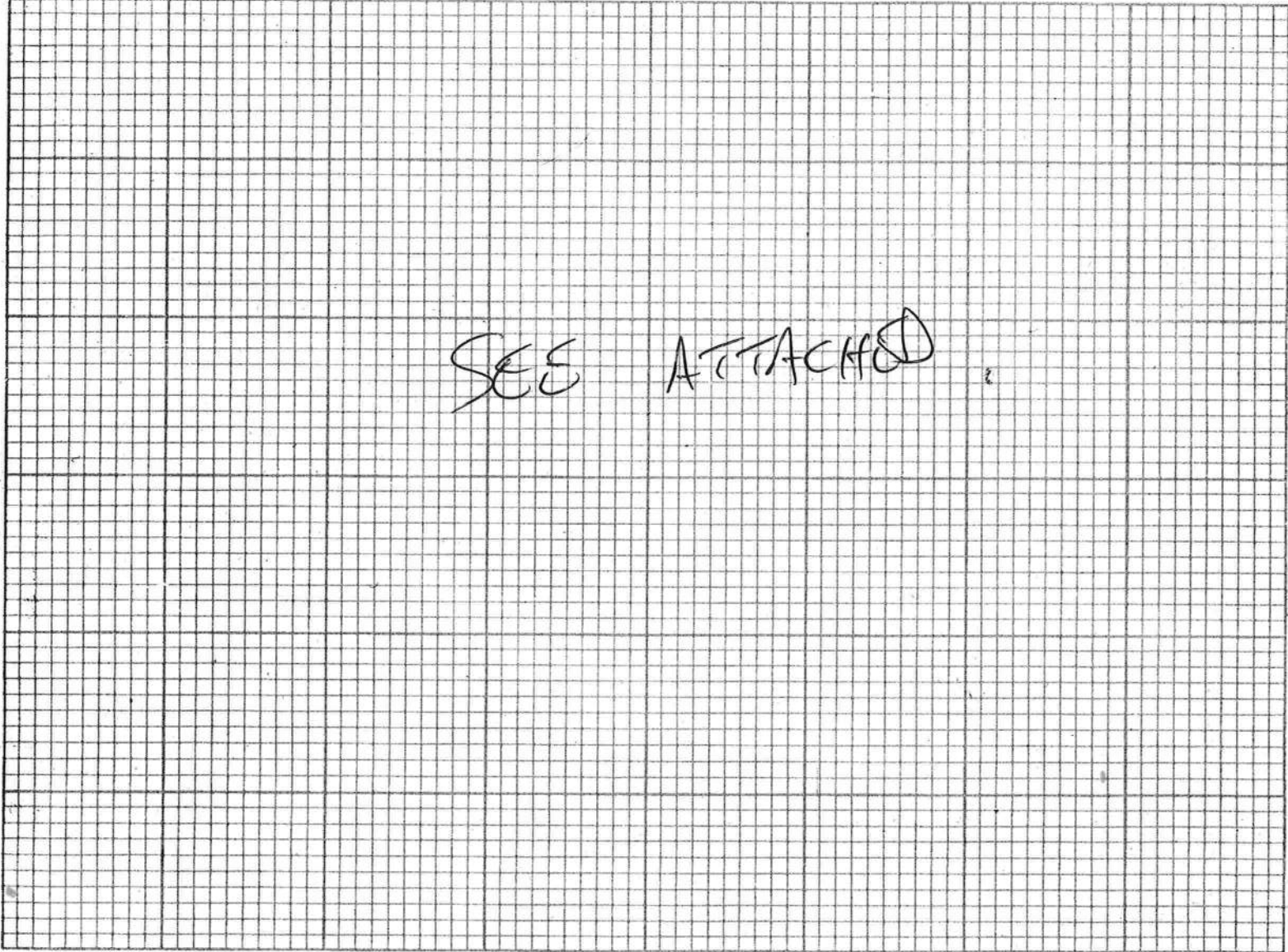
STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 08-0756-E

PART II - SITE PLAN

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



Notes: B+2 # 0812-10

Site Plan submitted by:

Suzanne Reeves

AGENT

Plan Approved ☒

APPROVED

Signature

Not Approved

Title

Date 12/16/8

By

[Signature]

**Columbia CHD**

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

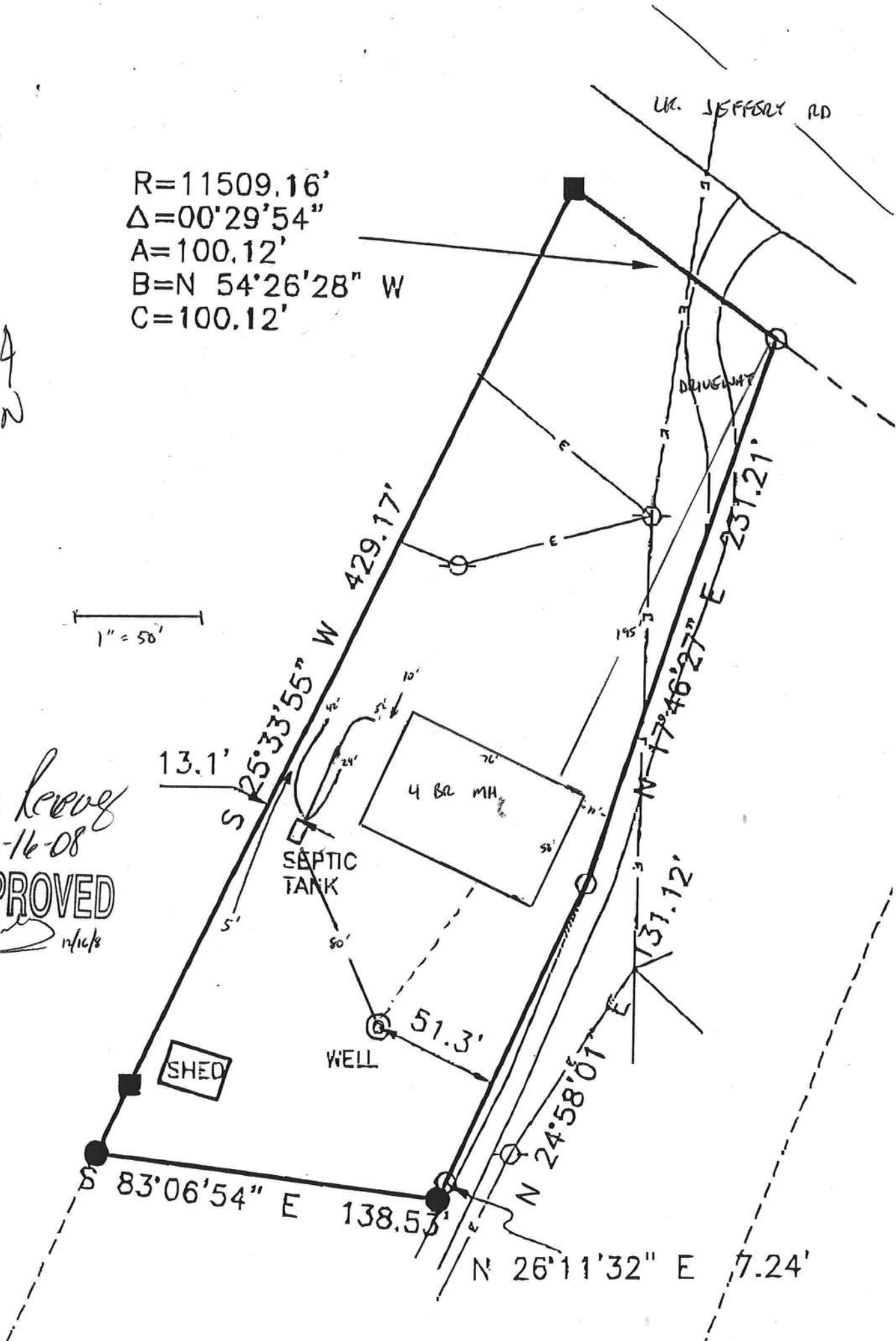


$R=11509.16'$   
 $\Delta=00^{\circ}29'54''$   
 $A=100.12'$   
 $B=N\ 54^{\circ}26'28''\ W$   
 $C=100.12'$

42

1" = 50'

Suzana Levey  
 12-16-08  
 APPROVED  
 [Signature]  
 n/c/s



**COLUMBIA COUNTY**  
**FLORIDA**

**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 05-3S-16-01990-000

Building permit No. 000027524

Permit Holder CHESTER KNOWLES

Owner of Building BRICE JORDAN

Location: 154 NW JORDAN CT., LAKE CITY, FL



Date: 01/06/2009

*Harry Brice*

Building Inspector

POST IN A CONSPICUOUS PLACE  
(Business Places Only)



This Instrument Prepared by & return to:  
Name: MARY SANDAGE, an employee of  
NORTH CENTRAL FLORIDA TITLE,  
LLC.  
Address: 343 NW COLE TERRACE, SUITE 101  
LAKE CITY, FLORIDA 32055  
File No. 08Y-11022TL

Parcel I.D. #: 01990-000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

Inst:200812021813 Date:12/4/2008 Time:3:06 PM  
Doc Stamp-Deed:0.70  
DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1163 P:877

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS CORRECTIVE WARRANTY DEED** Made the 4th day of December, 2008 A.D., by  
BRICE JORDAN and PATRICIA JORDAN, HIS WIFE; and SHANNON MARIE DIXON, A MARRIED  
WOMAN, hereinafter called the grantor, to BRICE JORDAN, A MARRIED MAN, and SHANNON MARIE  
DIXON, A MARRIED WOMAN, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, whose post office  
address is 154 NW JORDAN CT., LAKE CITY, FL 32055, 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:

COMMENCE AT THE SE CORNER OF SECTION 5, TOWNSHIP 3 SOUTH, RANGE 16 EAST,  
COLUMBIA COUNTY, FLORIDA AND RUN NORTH ALONG THE EAST LINE OF SAID  
SECTION, A DISTANCE OF 210.00 FEET; THENCE WEST ALONG THE NORTH LINE OF  
LANDS OF HUNTSVILLE METHODIST CHURCH 367 FEET FOR A POINT OF BEGINNING;  
THENCE N 21°51' EAST 628.00 FEET, MORE OR LESS, TO THE SOUTH RIGHT OF WAY  
LINE OF STATE ROAD; THENCE WESTERLY ALONG SAID RIGHT OF WAY LINE 232  
FEET; THENCE S 25°30' WEST 800 FEET, MORE OR LESS, TO THE INTERSECTION OF THE  
NORTH LINE OF HUNTSVILLE METHODIST CHURCH LANDS EXTENDED; THENCE EAST  
300 FEET TO THE POINT OF BEGINNING.

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO WILLIAM JORDAN FROM  
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LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
FROM BRICE JORDAN AND PATRICIA JORDAN BY DEED RECORDED ON JULY 18, 2003  
IN BOOK 989, AT PAGE 104. (A.K.A. PARCEL "H")

LESS AND EXCEPT THAT PORTION OF LAND CONVEYED TO ELIZABETH JORDAN  
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LESS AND EXCEPT THAT PORTION OF LAND CONVEYED FROM BRICE JORDAN,  
PATRICIA JORDAN, HIS WIFE AND SHANNON MARIE DIXON TO GLORIA M. TETI BY  
DEED RECORDED ON MAY 10, 2005 IN BOOK 1045, AT PAGE 2048. (A.K.A. PARCEL "G")

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD OF SHANNON MARIE  
DIXON.

**THIS IS A CORRECTIVE DEED GIVEN TO CORRECT THE LEGAL DESCRIPTIONS IN THOSE CERTAIN  
DEEDS RECORDED IN OFFICIAL RECORDS BOOK 1028, PAGE 635, OFFICIAL RECORDS BOOK 1073,  
PAGE 1983, OFFICIAL RECORDS BOOK 1073, PAGE 1985, OFFICIAL RECORDS BOOK 1075, PAGE 1282  
AND OFFICIAL RECORDS BOOK 1075, PAGE 1284.**

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

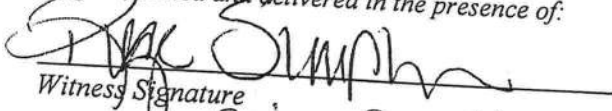
To Have and to Hold the same in fee simple forever.




And the grantor hereby covenants with said grantees that he/she is lawfully seized of said land in fee simple; that he/she 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, 2007.

In Witness Whereof, the said grantor has signed and sealed these presents, the day and year first above written. Any words referring to the Grantor, whether singular or plural, regardless of gender, shall be construed to include all Grantors named above.

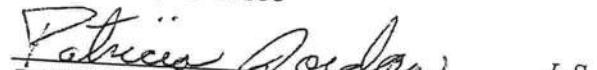
Signed, sealed and delivered in the presence of:

  
Witness Signature  
Regina Simpkins  
Printed Name

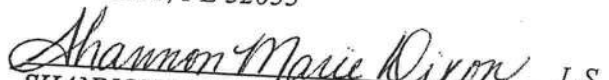
  
Witness Signature  
Mary Sendage  
Printed Name

  
BRICE JORDAN L.S.

Address:  
LAKE CITY, FL 32055


  
PATRICIA JORDAN L.S.

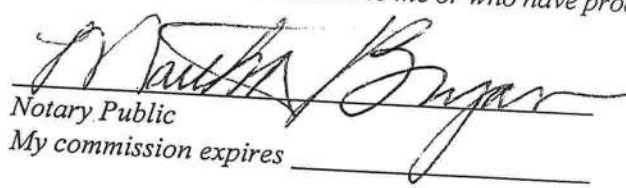
Address:  
LAKE CITY, FL 32055

  
SHANNON MARIE DIXON L.S.

Address:  
LAKE CITY, FL 32055,

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 14th day of December, 2008, by BRICE JORDAN and PATRICIA JORDAN, HIS WIFE; and SHANNON MARIE DIXON, who are known to me or who have produced  as identification.

  
Notary Public

My commission expires \_\_\_\_\_

