

DATE 03/30/2011

Columbia County Building Permit**PERMIT**

This Permit Must Be Prominently Posted on Premises During Construction

000029279

APPLICANT ROBERT MINNELLA PHONE 352-472-6010
 ADDRESS 25743 SW 22 PLACE NEWBERRY FL 32669
 OWNER MICHAEL TUCKER PHONE 352.339.2502
 ADDRESS 590 SW OLD BELLAMY ROAD HIGH SPRINGS FL 32643
 CONTRACTOR ERNEST JOHNSON PHONE 352-494-8099
 LOCATION OF PROPERTY 441-S TO OLD BELLAMY, GO APPROX. .5 MILE ON LEFT, 1ST DRIVE
PAST OLD LAKE CITY ROAD
 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 AG-3 MAX. HEIGHT 35
 Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 2 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 04-7S-17-09889-006 SUBDIVISION TRINKER FARMS
 LOT 5B,6 BLOCK _____ PHASE _____ UNIT 0 TOTAL ACRES 14.17

_____ IH1025249 _____
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING 11-0151-M BK HD N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: FLOOR ONE FOOT ABOVE THE ROADREPLACING BURNT MOBILE HOME ON THIS PROPERTY - FIRE REPORT INCLUDEDNO CHARGE PER ORDINANCE Check # or Cash NO CHARGE**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 0.00INSPECTORS OFFICE *[Signature]* CLERKS OFFICE *CH*

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

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11)		Zoning Official <u>BZK 24.03.11</u>	Building Official <u>ND 3-22-11</u>
AP# <u>1103-27</u>	Date Received <u>3/18/11</u>	By <u>LLT</u>	Permit # <u>29279</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>(NO Change Burn Out) Replacing MHA Meets Density Requirements</u>			
FEMA Map# <u>N/A</u>	Elevation <u>N/A</u>	Finished Floor <u>1' above</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>11-0151-M</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 checked="" type="checkbox"/> State Road Access	<input checked="" type="checkbox"/> 911 Sheet
<input type="checkbox"/> Parent Parcel # _____	<input type="checkbox"/> STUP-MH _____	<input checked="" type="checkbox"/> F W Comp. letter	<input checked="" type="checkbox"/> VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____		<input checked="" type="checkbox"/> Out County <input checked="" type="checkbox"/> In County	
Road/Code _____ School _____		= TOTAL _____ Impact Fees Suspended March 2009 _____	

Property ID # 04-75-17-09889-006 Subdivision Trinkner Farms

- New Mobile Home ☒ Used Mobile Home _____ MH Size 32x76 Year 2011
- Applicant Robert Minnella Phone # (352) 472-6010
- Address 25743 SW 22 PL Newberry, FL 32669
- Name of Property Owner Michael Tucker Phone# (352) 339-2502
- 911 Address 590 SW Old Bellamy Rd High Springs, FL 32643
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Kristen Keene Phone # (352) 339-2502
 Address 590 Old Bellamy Rd High Springs, FL 32643
- Relationship to Property Owner Grand daughter
- Current Number of Dwellings on Property 1
- Lot Size 667x663x905x864x 202x265 Total Acreage 14.17
- 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 - Burn out
- Driving Directions to the Property 441 South to Old Bellamy Rd (TR) prop 1/2 mile on left - 1st dw past Old Lake City Rd
- Name of Licensed Dealer/Installer Ernest S. Johnson Phone # (352) 494-8099
- Installers Address 22204 SE US Hwy 301 Hawthorne, FL 32640
 - License Number IH1025249 Installation Decal # 3431

JW spoke w/ Robert. 3.24.11

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 Ernest J. Johnson License # TH1025249

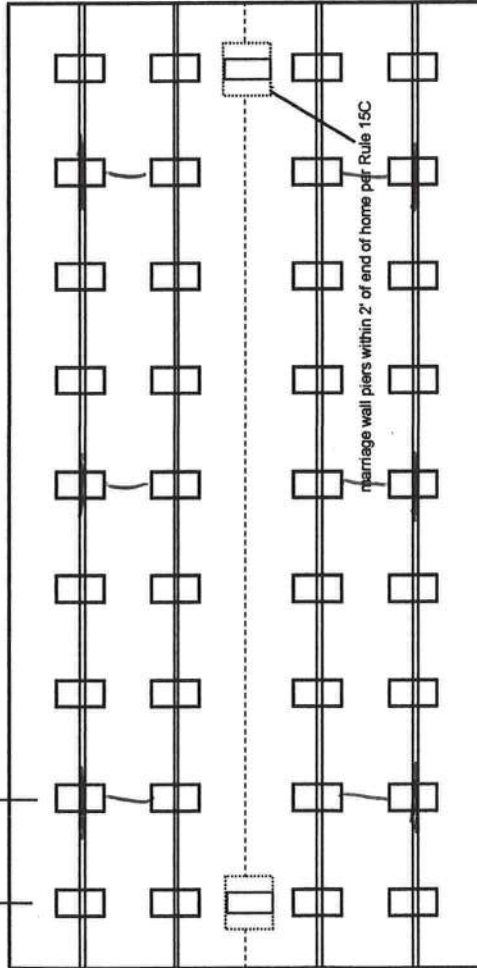
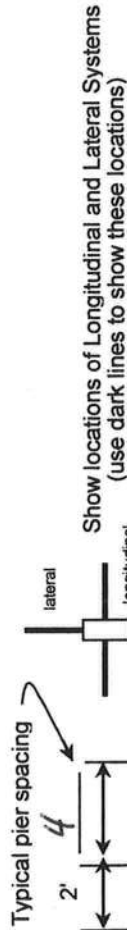
911 Address where home is being installed 590 SW Old Bellamy Rd
High Springs, FL 32643

Manufacturer Live Oaks Homes Length x width 76' x 32'

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 EJ



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 # 3431

Triple/Quad ☐ Serial # Ordered

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 17 1/2 x 25 1/2"

Perimeter pier pad size Doors

Other pier pad sizes (required by the mfg.) ---

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

See Pier Load Diag.

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

OTHER TIES

Number 28
Sidewall N/A
Longitudinal N/A
Marriage wall N/A
Shearwall N/A

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer ---
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver 1101V

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

Assume 1000 lb.

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 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 require 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. 45-47

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 42
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 4

Site Preparation

Debris and organic material removed Yes
Water drainage: Natural ☒ Swale ☐ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: Lag Length: 6" Spacing: 2'
Walls: Type Fastener: Lag Length: 6" Spacing: 2'
Roof: Type Fastener: Lag Length: 6" Spacing: 2'
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 Foam

Installed:

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

Weatherproofing

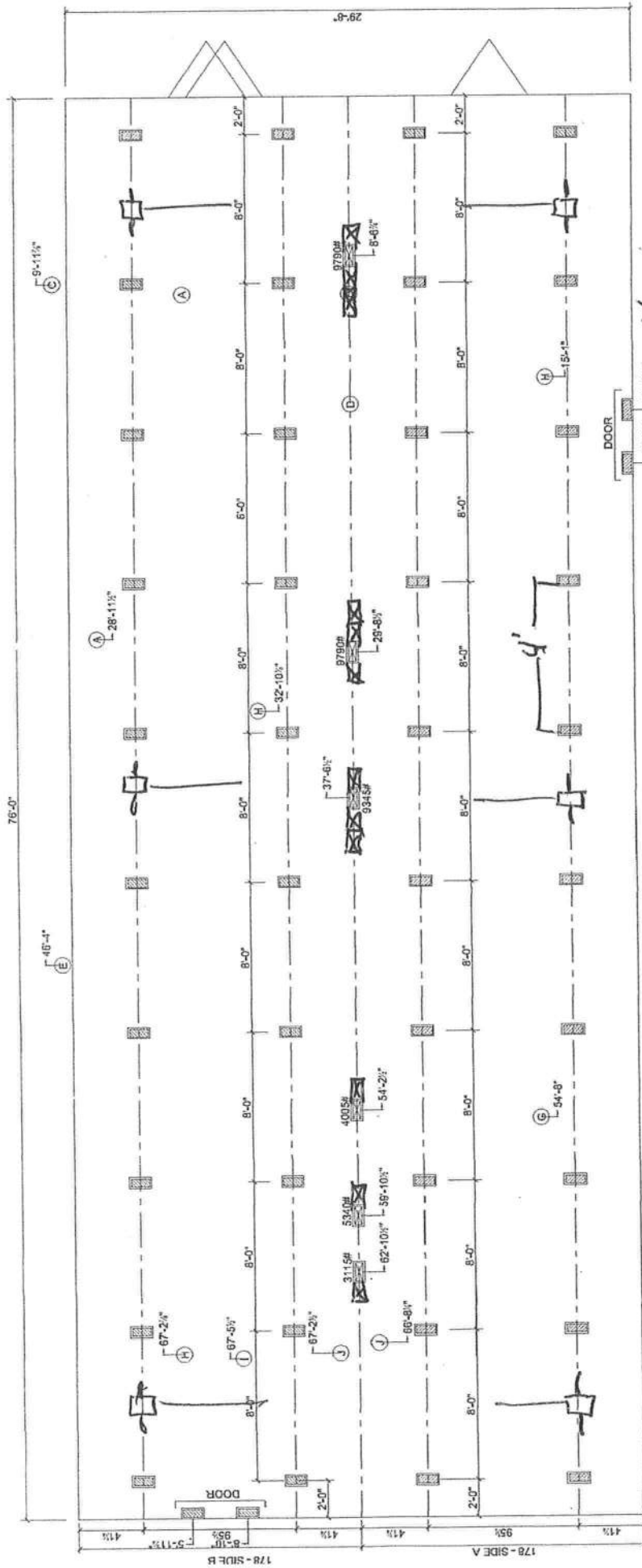
The bottomboard will be repaired and/or taped. Yes ☒ Pg. 50-51
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

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 Cristofor Date 3-15-11



4x5' Anchors
 Oliver 1101V
 All pads = 17 1/2 x 25 1/2"

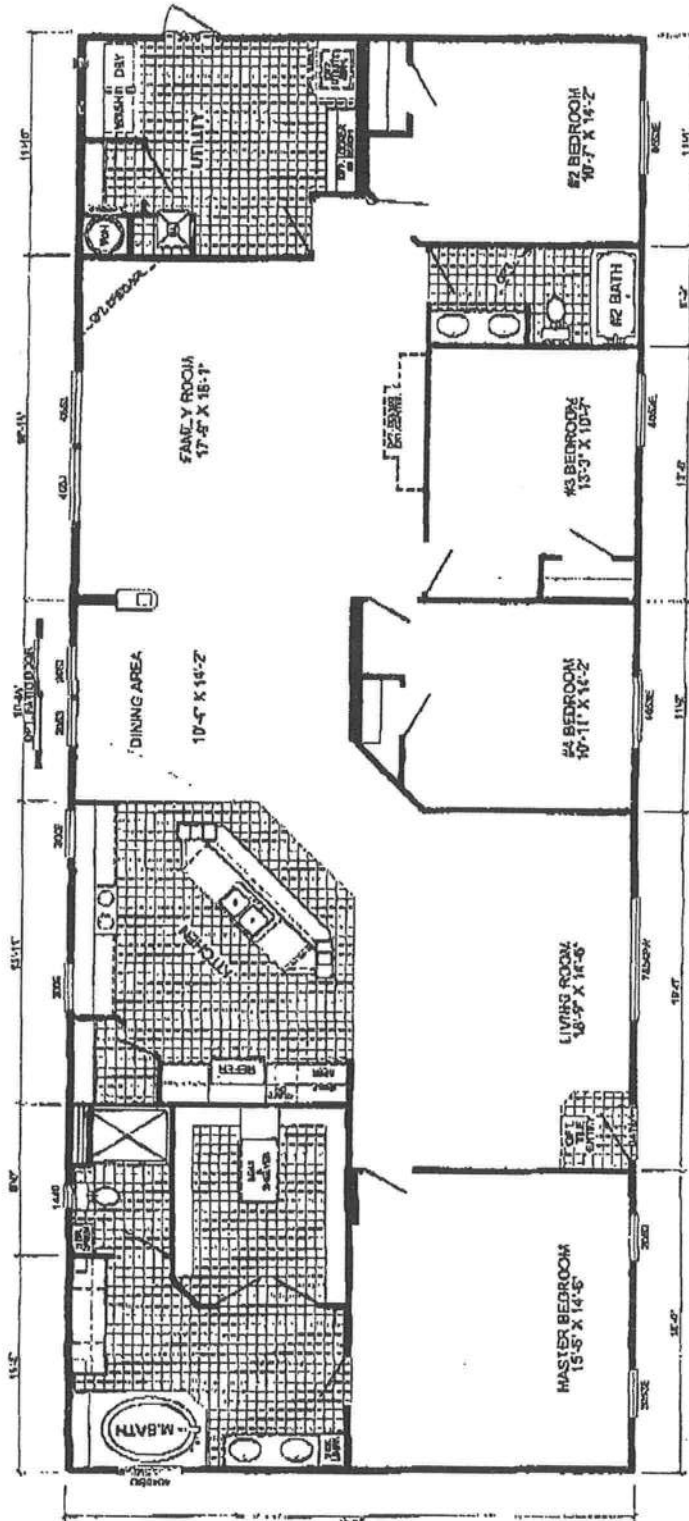
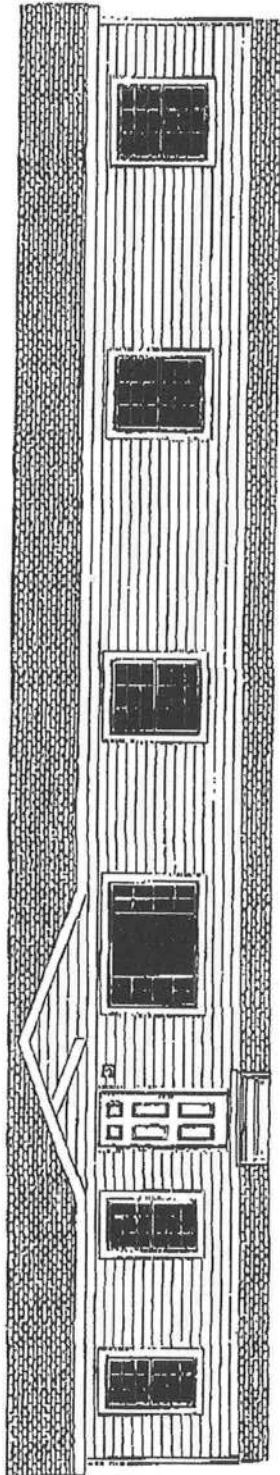
MARRIAGE LINE OPENING SUPPORT PIER/TYP.

SUPPORT PIER/TYP

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

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

Live Oak Homes
MODEL: L-3764A - 32 X 76
4-BEDROOM / 2-BATH



L-3764A
4-BEDROOM / 2-BATH
32 X 80 - Approx. 2254 Sq. Ft.

Date: 9/20/07
 * All room dimensions include double end square footage figures are approximate.

Return to (enclose self-addressed stamped envelope)

Name

Address

This Instrument Prepared by:

Address PETER B. CAGLE

6701 SUNSET DRIVE, SUITE 112

SOUTH MIAMI, FL 33143

Priority Access Parcel and location (if not) Number(s) 09859 006

Grantee(s) S S (s)

Name

Grantee(s) S S (s)

Name

Inst: 2004023390 Date: 10/19/2004 Time: 11:47

Doc Stamp-Deed: 1050.00

DC, P. Dewitt Cason, Columbia County B: 1028 P: 1242

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

WARRANTY DEED (STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture, made this 13 day of October, 2004, Between Rare Bird Farm, Inc., a Florida corporation whose post office address is 13101 S. Calusa Club Drive, Miami, FL 33186 of the County of Miami-Dade, State of Florida, grantor*, and Michael S. Tucker and Ingrid H. Tucker, as husband and wife whose post office address is 451 Crescent Dr., #14 Miami Springs FL 33166 of the County of Miami-Dade, State of Florida, grantee*.

Witnesseth that said grantor, for and in consideration of the sum of Ten Dollars, and other good and valuable consideration to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

SEE ATTACHED EXHIBIT "A"

SUBJECT TO taxes for the year 2004 and subsequent years.

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

*"Grantor" and "grantee" are used for singular or plural, as context requires.

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:

Witness Signature
Paul Maroff
Printed name
Paul Maroff, President
Witness Signature
Jillian Lasky
Printed name
Jillian Lasky

Rare Bird Farm, Inc., a Florida corporation

Signature
Paul Maroff

Printed name
Paul Maroff, President

13101 S. Calusa Club Drive, Miami, FL 33186

Post Office Address

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 13 day of October, 2004, by Paul Maroff, President for Rare Bird Farm, Inc., a Florida corporation personally known to me or who has produced a Drivers License as identification and did take an oath.

NOTARY PUBLIC:

Signature
Peter B. Cagle

Print Name: Peter B. Cagle

My Commission Expires:

State of Florida at Large (Seal)

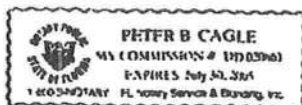


Exhibit A

Parcel A:

Lot 6, Trinkner Farms: Begin at the Northeast corner of the Northeast 1/4 of the Southwest 1/4, Section 4, Township 7 South, Range 17 East, Columbia County, Florida, and run thence South 06 deg. 18 min. 19 sec. East, 654.71 feet, thence South 87 deg. 58 min. 24 sec. West 703.05 feet thence North 03 deg. 13 min. 26 sec. West, 633.03 feet to the North line of said Southwest 1/4, thence North 87 deg. 58 min. 24 sec. East along said North line, 667.85 feet to the Point of Beginning.

Parcel B:

Parcel 5-B, Trinkner Farms: Begin at the Northwest corner of the Northwest 1/4 of the Southeast 1/4, Section 4, Township 7 South, Range 17 East, Columbia County, Florida, and run thence North 02 deg. 05 min. 32 sec. West along the West line of the Southwest 1/4 of the Northeast 1/4 of said Section 4, 265.03 feet to the South line of Bellamy Road, thence South 75 deg 48 min. 05 sec. East along said South line, 202.70 feet, thence South 07 deg. 48 min. 01 sec. East, 564.14 feet; thence South 01 deg. 59 min. 38 sec. East, 300.00 feet, thence South 87 deg. 58 min. 24 sec. West, 202.05 feet, thence North 06 deg. 18 min. 19 sec. West, 654.71 feet to the Point of Beginning.

Parcel C:

An Easement for ingress, egress and utilities over and under the following described land: A strip of land 60 feet in width being 30 feet each side of a centerline described as follows:

Commence at the Southeast corner of the Southwest 1/4 of the Southeast 1/4, Section 4, Township 7 South, Range 17 East, and run thence South 87 deg. 38 min. 18 sec. West along the South line of said Section 4, 40.08 feet, thence North 01 deg. 59 min. 38 sec. West along the West line of Old Lake City Road (a county maintained graded road), 1650.13 feet to the Point of Beginning, thence South 87 deg. 58 min. 54 sec. West 808.95 feet, thence North 02 deg. 09 min. 24 sec. West, 305.00 feet, thence South 87 deg. 58 min. 54 sec. West, 1510.92 feet to the centerpoint of a cul-de-sac having a radius of 50 feet and to the Point of Termination.

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>02/01/2011</u> * Station <u>45</u> Incident Number <u>11-0001142</u> * Exposure <u>000</u> * <div style="float:right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div>		NFIRS -1 Basic							
B Location* <input type="checkbox"/> 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 <u> </u> - <u> </u> <input checked="" type="checkbox"/> Street address <u>590</u> <u>SW</u> <u>Old Bellamy</u> <u>RD</u> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <u> </u> <u>Lake City</u> <u>FL</u> <u>32025</u> - <u> </u> <input type="checkbox"/> Rear of Apt./Suite/Room City State Zip Code <input type="checkbox"/> Adjacent to <u> </u> <input type="checkbox"/> Directions <u> </u> <small>Cross street or directions, as applicable</small>									
C Incident Type * <u>121</u> <u>Fire in mobile home used as</u> <small>Incident Type</small>		E1 Date & Times Midnight is 0000 <small>Check boxes if dates are the same as Alarm</small> Month <u>02</u> Day <u>01</u> Year <u>2011</u> Hr <u>01</u> Min <u>37</u> Sec <u>00</u> <small>ALARM always required</small> <input checked="" type="checkbox"/> Arrival <u>02</u> <u>01</u> <u>2011</u> <u>01:48:00</u> <small>ARRIVAL required, unless canceled or did not arrive</small> <input type="checkbox"/> Controlled <u> </u> <u> </u> <u> </u> <u> </u> <small>CONTROLLED Optional, Except for wildland fires</small> <small>LAST UNIT CLEARED, required except for wildland fires</small> <input checked="" type="checkbox"/> Last Unit <u> </u> <u> </u> <u> </u> <u> </u> <input checked="" type="checkbox"/> Cleared <u>02</u> <u>01</u> <u>2011</u> <u>05:14:00</u>							
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received <u> </u> <u> </u> 2 <input type="checkbox"/> Automatic aid recvd. <u> </u> <u> </u> 3 <input type="checkbox"/> Mutual aid given <u> </u> <u> </u> 4 <input type="checkbox"/> Automatic aid given <u> </u> <u> </u> 5 <input type="checkbox"/> Other aid given <u> </u> <u> </u> N <input checked="" type="checkbox"/> None <u> </u> <u> </u> <small>Their FDID Their State Their Incident Number</small>		E2 Shift & Alarms Local Option <u>B</u> <u>01</u> <u>1</u> <small>Shift or Alarms District Platoon</small>							
F Actions Taken * <u>11</u> <u>Extinguishment by fire</u> <small>Primary Action Taken (1)</small> <u> </u> <u> </u> <small>Additional Action Taken (2)</small> <u> </u> <u> </u> <small>Additional Action Taken (3)</small>		E3 Special Studies Local Option <u> </u> <u> </u> <small>Special Study ID# Special Study Value</small>							
G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0006</u> Personnel <u>0012</u> Suppression <u> </u> <u> </u> EMS <u> </u> <u> </u> Other <u>0002</u> <u> </u> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. <u>None</u> Property \$ <u> </u> , <u>060</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u> </u> , <u>030</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u> </u> , <u>060</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u> </u> , <u>030</u> , <u>000</u> <input type="checkbox"/>							
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Deaths</td><td>Injuries</td></tr><tr><td>Fire Service <u> </u></td><td><u> </u></td></tr><tr><td>Civilian <u> </u></td><td><u> </u></td></tr></table> H2 Detector Required for Confined Fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		Deaths	Injuries	Fire Service <u> </u>	<u> </u>	Civilian <u> </u>	<u> </u>
Deaths	Injuries								
Fire Service <u> </u>	<u> </u>								
Civilian <u> </u>	<u> </u>								
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway							
		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use 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 <small>Lookup and enter a Property Use code only if you have NOT checked a Property Use box:</small> Property Use <u>419</u> <u>1 or 2 family dwelling</u>							
NFIRS-1 Revision 03/11/99									

K1 Person/Entity Involved

Local Option: ☐ Business name (if applicable): _____ Area Code: 352 Phone Number: 316-3727

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

Mr., Ms., Mrs. First Name: Bobby MI: Last Name: Keene Suffix: _____

Number: 590 Prefix: SW Street or Highway: Old Bellamy Street Type: RD Suffix: _____

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

State: FL Zip Code: 32025

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

K2 Owner

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

Business name (if Applicable): _____ Area Code: 352 Phone Number: 231-1336

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

Mr., Ms., Mrs. First Name: Michael MI: Last Name: Tucker Suffix: _____

Number: 592 Prefix: SE Street or Highway: Old Bellamy Street Type: RD Suffix: _____

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

State: FL Zip Code: 32025

L Remarks

Local Option: _____

We were dispatched to a structure fire at a mobile home. Upon arrival we found a double wide mobile home partially involved at the Western end of the building. We made an offensive attack through the front door of the home with 2 - 1 3/4" hand lines. Fire was contained to the; living room, dining room, kitchen and master bedroom with extensive damage to the attic area. Spoke with the occupants who stated they were sleeping in the master bedroom when they noticed a noise that sounded like animals running under the mobile home along with a pounding noise. Mr. Keene went to the kitchen area and saw fire coming from a storage shed which was located about 8' from the end of the mobile home. There was a breeze way which connected the two structures. Mr. Keene attempted to extinguish the fire with a fire extinguisher but was unable to contain the fire. In searching for an area of origin, it was noticed that the lower deck area of the breeze way was totally destroyed. Observed area surrounding area of burn with significant damage to the lower portion of the shed indicating fire was a low burn. Also noticed similar characteristics in regards to mobile home damage with complete burn out in the mobile home adjacent to the deck area. Dug this area for possible cause and found an electrical line which was located under the deck area with extreme damage, with numerous lines welded together. Traced lines back to service, which was removed from the structure and found a 30 AMP single pole breaker which was in the tripped position. In addition to the 30 AMP there was a 50 AMP double pole breaker along with a 20 AMP single pole, all of which were tripped. American Red Cross was notified and responded.

Citizen's Insurance Company Cathy Cain Adjuster 14557 NW US Highway 441 #100 Alachua, FL 32615 386 462 5858

Authorization

Officer in charge ID: 0008 Signature: Bickel, Brian David Position or rank: LT Assignment: _____ Month: 02 Day: 01 Year: 2011

check box if same as Officer making report ID in charge. ☐ 0009 Signature: Boozer, David L. Position or rank: FMD Assignment: _____ Month: 02 Day: 01 Year: 2011

A	29091	FL	2	1	2011	45	11-0001142	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 1S Supplemental
	<small>FDID *</small>	<small>State *</small>	<small>Incident Date *</small>			<small>Station</small>	<small>Incident Number *</small>	<small>Exposure *</small>		

K1 Person/Entity Involved [352] - [339] - [2502]

Business name if applicable Phone Number

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

[] **Kristen** [] **Keene** []
Mr., Ms., Mrs. First Name MI Last Name Suffix

[590] [SW] [Old Bellamy] [RD]
Number Prefix Street or highway Street Type Suffix

[] [] [Lake City]
Post office box Apt./Suite/Room City

[FL] [32025] - []
State Zip Code

K2 Person/Entity Involved [] - [] - []

Business name if applicable Phone Number

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

[] **Brianna** [] **Keene** []
Mr., Ms., Mrs. First Name MI Last Name Suffix

[590] [SW] [Old Bellamy] [RD]
Number Prefix Street or highway Street Type Suffix

[] [] [Lake City]
Post office box Apt./Suite/Room City

[FL] [32025] - []
State Zip Code

K3 Person/Entity Involved [] - [] - []

Business name if applicable 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

K4 Person/Entity Involved [] - [] - []

Business name if applicable 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

K5 Person/Entity Involved [] - [] - []

Business name if applicable 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

NFIRS-11 Revision 6/9/98



AP# 1103-27

STATE OF FLORIDA
DEPARTMENT OF HEALTH

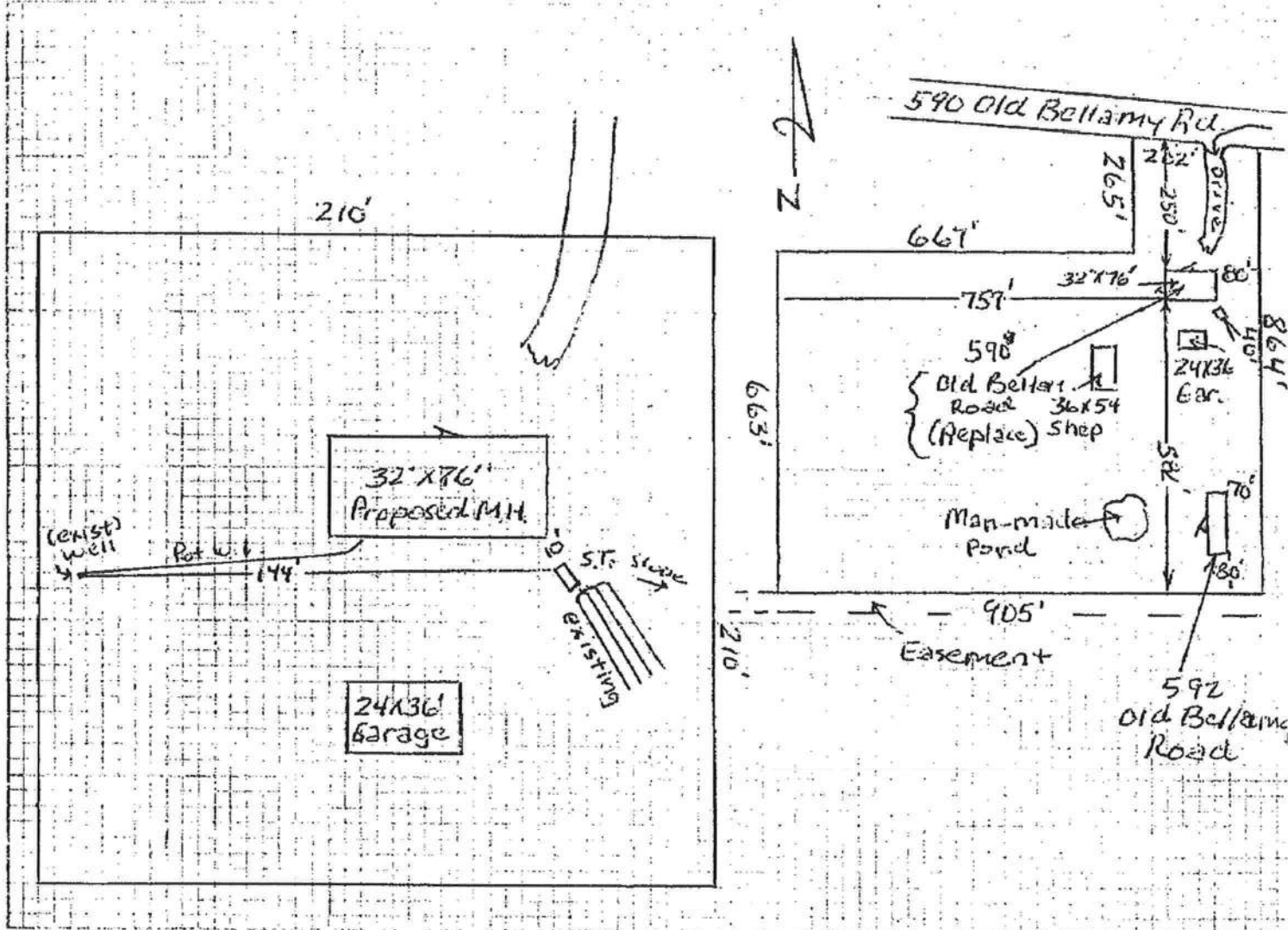
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

Michael Tocker / Kristen Keene

PART II - SITE PLAN

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



Notes:

Site Plan submitted by:

Robert Minichella

Signature

03-15-11

Agent

Title

Plan Approved _____

Not Approved _____

Date

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

app 1103-27

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: 3/21/2011 DATE ISSUED: 3/23/2011

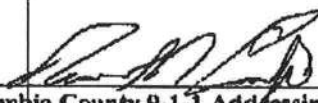
ENHANCED 9-1-1 ADDRESS:

590 SW OLD BELLAMY RD
HIGH SPRINGS FL 32643
PROPERTY APPRAISER PARCEL NUMBER:
04-7S-17-09889-006

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR NEW STRUCTURE.

Address Issued By:


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.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1103-27CONTRACTOR Ernest S JohnsonPHONE (352) 472-6016
(352) 494-8099

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.

ok 1127 MECHANICAL/ A/C <u>B</u> PLUMBING/ GAS <u>725</u> ok	ELECTRICAL	Print Name <u>Randall S Weeks</u>	Signature <u>Randall S Weeks</u>
		License #: <u>EB 0000081</u>	Phone #: <u>(352) 205-6722</u>
	MECHANICAL/ A/C <u>B</u>	Print Name <u>Randall S Weeks</u>	Signature <u>Randall S Weeks</u>
		License #: <u>CAC 054737</u>	Phone #: <u>(352) 205-6722</u>
	PLUMBING/ GAS <u>725</u>	Print Name <u>Ernest S. Johnson</u>	Signature <u>Robert Minnette (PCA)</u>
		License #: <u>IH 1025249</u>	Phone #: <u>(352) 494-8099</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 Form: Subcontractor form: 1/11

03-30-11;08:04AM;

ROB AND NANCY ;386 758-2187

2/ 2



STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

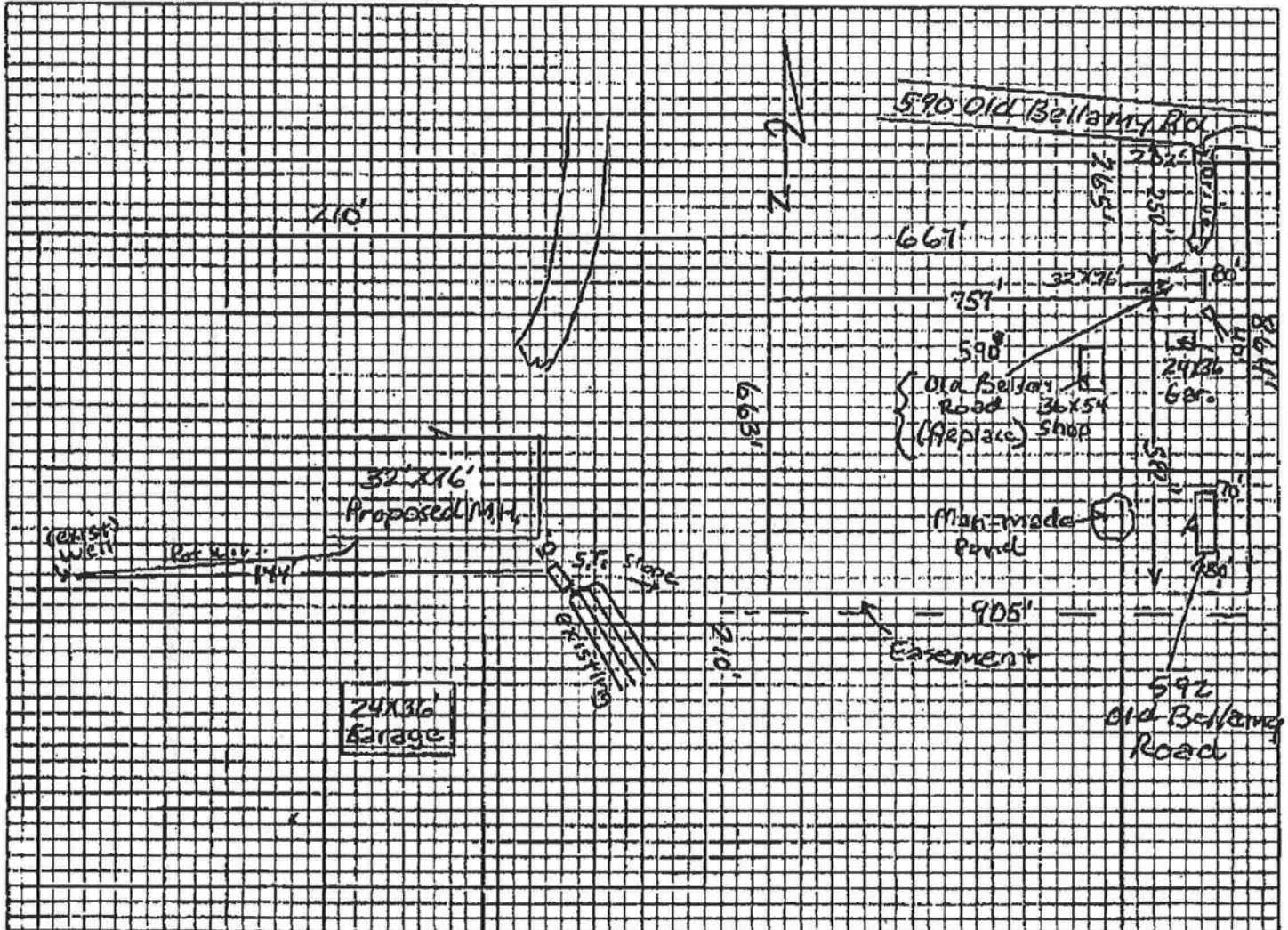
11-0151M

Michael Tucker / Kristen Keene

PART II - SITE PLAN

APP# 1103-27

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



Notes:

Site Plan submitted by: Robert Minnick 03-15-11

Signature

Agent

Plan Approved ☒Not Approved ☐

Date 3-30-11

By Salli Ford, Env. Health Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY
ON
CALVINY

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 04-7S-17-09889-006

Building permit No. 000029279

Permit Holder ERNEST JOHNSON

Owner of Building MICHAEL TUCKER

Location: 590 SW OLD BELLAMY RD, HIGH SPRINGS, FL 32643

Date: 04/18/2011



Frank Dicker

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)