

fire Damage No Charge for Permit

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official _____ Building Official TM 5/3/13

AP# 1304-90 Date Received 4-30-13 By UA Permit # 31019

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Section 2.3.1 Legal Lot of Record Replacing Burned House with MH

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

☒ Site Plan with Setbacks Shown ☒ EH # 13-0253-E ☐ EH Release ☐ Well letter ☒ Existing well

☐ Recorded Deed or Affidavit from land owner ☒ Installer Authorization MA State Rd Access ☒ 911 Sheet Same Location

☐ Parent Parcel # _____ ☒ STUP-MH _____ ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form

IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Out County ☒ In County

Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 MA Ellisville Water Sys

Property ID # 14-75-16-04220-000 Subdivision _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x66 Year 1995 (Michael) 813-505-1745
- Applicant Michael Douglas HARRIET DOUGLAS Phone # 386-454-1214
- Address 268 SW DOUGLAS CT 454-3856
- Name of Property Owner HARRIET DOUGLAS Phone# 386-454-1214
- 911 Address 268 SW DOUGLAS CT fort White fl 32038
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home HARRIET DOUGLAS Phone # 386-454-1214
Address 268 SW DOUGLAS CT
- Relationship to Property Owner SELF
- Current Number of Dwellings on Property 1 (SFD - fire)
- Lot Size 4.5 Total Acreage 4.5
- 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 REPLACING WITH MH
- Driving Directions to the Property 47 South, (D) 27, (R)
SHILOH RD, (D) DOUGLAS CT, Then 1st house on Douglas Ct
- Name of Licensed Dealer/Installer Steven Cox Phone # 352-472-6562
- Installers Address 600 SE 43RD AVE Trenton FLA 32693
- License Number IA 1025399-1 Installation Decal # 14276

Spoke to Michael on 5-7-13

COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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

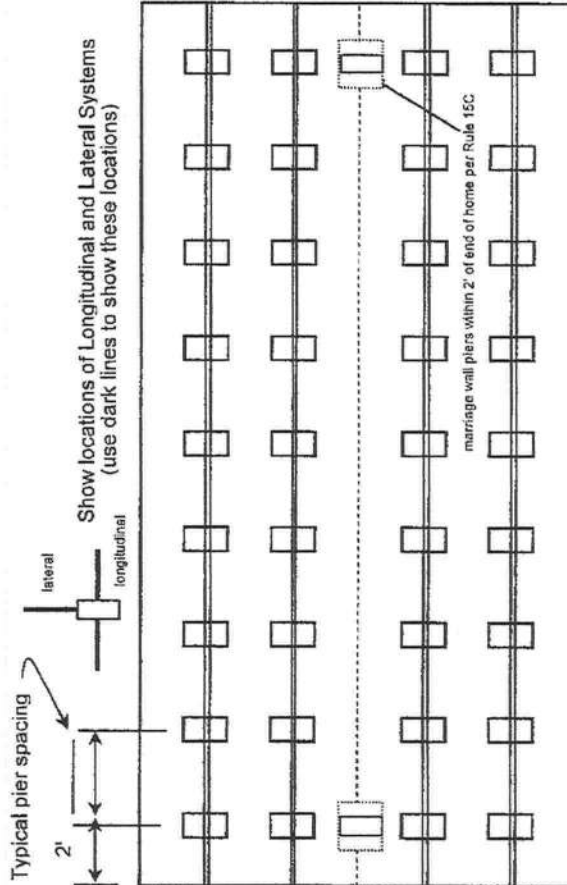
Installer Steven Cox License # IA1025399-1
911 Address where home is being installed 268 SW Douglas Ct Ft White

Manufacturer Skyline Length x width 14X66

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 SC



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 # 14276

Triple/Quad ☐ Serial # 2761-1027-H

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 psf	3'	4'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 10X30

Perimeter pier pad size 16X16

Other pier pad sizes (required by the mfg.) Double Piers

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 _____

POPULAR PAD SIZES

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

ANCHORS

4 ft ☒ 5 ft

FRAME TIES

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

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer MAL'S
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

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 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 276 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

Steven Cox

Date Tested

4/29/13

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. 15A

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket ✓
Pg. _____
Installed: Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

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

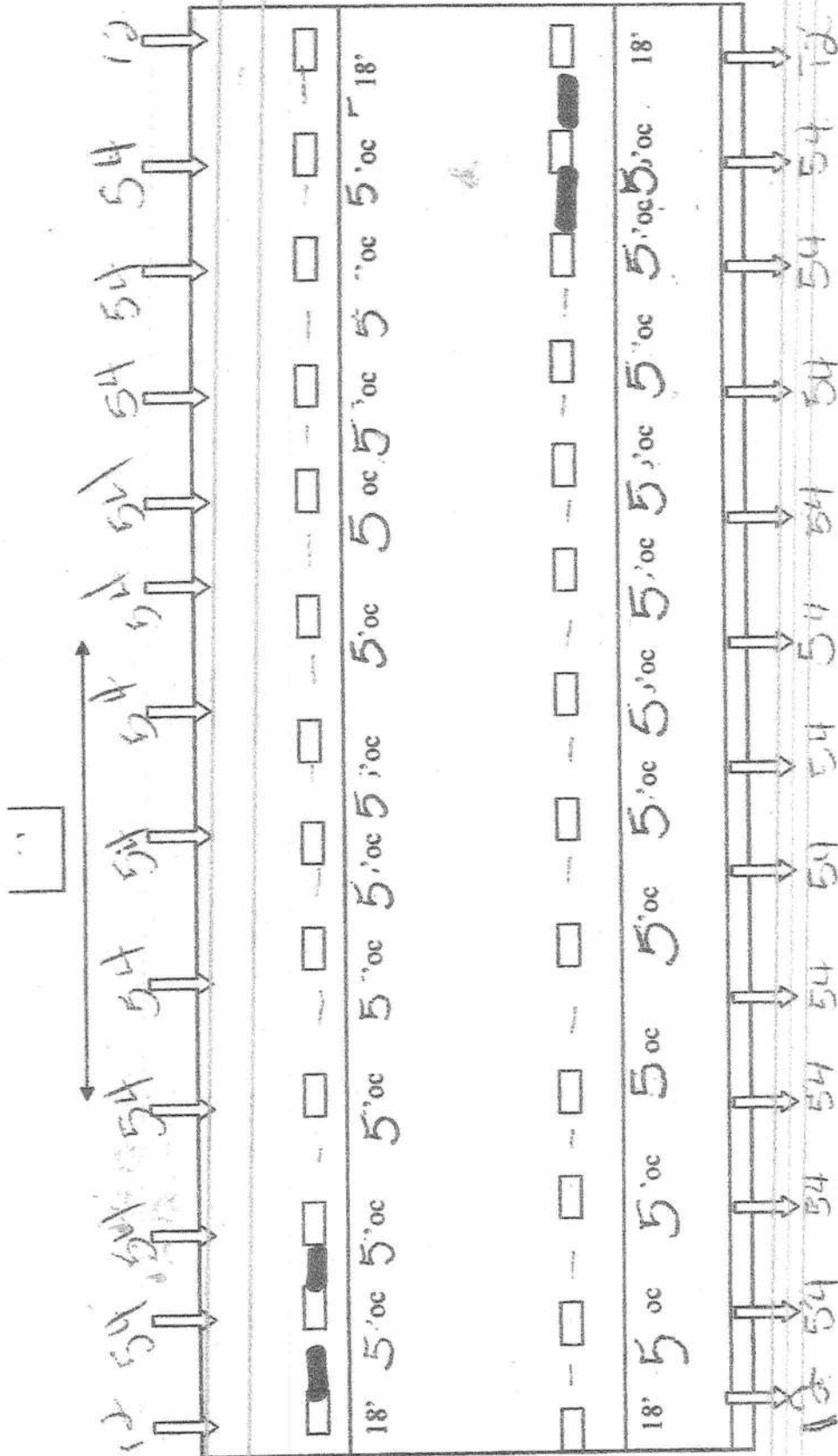
Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature

Steven Cox

Date

4/29/13



Anchors

niers

Columbia Co Mike Douglas

License Number: IH / 1025399 / 1		Name: STEVEN E. COX	
Order #: 1026	Label #: 14276	813-565-1745	
Homeowner:	Manufacturer:		
Address:	Year Model:		
City/State/Zip:	Length & Width:		
Phone #:	Type Longitudinal System:		
Date Installed:	Type Lateral Arm System:		
Installed Wind Zone:	New Home: _____ Used Home: _____		
Note:	Data Plate Wind Zone:		
<div style="display: flex; justify-content: space-between;"> <div> (Check Size of Home) Single _____ Double _____ Triple _____ </div> <div> HUD Label #: Soil Bearing / PSF: Torque Probe / in-lbs: Permit #: </div> </div>			

STATE OF FLORIDA

INSTALLATION CERTIFICATION LABEL

LABEL # 14276 STEVEN E. COX NAME IH / 1025399 / 1	DATE OF INSTALLATION 1026 ORDER # CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325 AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.
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INSTRUCTIONS
PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

Minute Man anchors, Inc.

Installation Instructions for Model LLBS Longitudinal and Lateral Bracing System Approved for Florida

Revised: 6/17/02

Note: Your set must be designed by a Registered Professional Engineer if all or one of the following conditions occur:

Location is within 1,500 feet of Coast
Pier Height exceeds 48"
Sidewall height exceeds 96"

Roof eaves exceeds 16"
Main beam spacing exceeds 99.5"

1. Refer to the Home Manufacturer Installation Instructions for pier locations. 6" Disc anchors 48" long with vertical ties are required at maximum 5'-4" center along both sidewalls starting a maximum of 2'-0" in from each end of the home. Vertical ties must be used at all connection points furnished by the home manufacturer. Centerline anchors to be sized according to soil torque condition. Any manufacturer's specifications for sidewall anchor loads in excess of 4,000 lbs require a 5' anchor.
2. Refer to the Foundation Plans for the location of Longitudinal Lateral Bracing System.. (See Attached). Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location.
3. Remove turf to expose firm soil at each SD3 pad location.
4. Attach tube clip to SD3 pier pads (see Detail Assembly Drawing) center pad under beam, level pad. Angle Drive Pins may be driven vertically through four (4) slots in SD3 pier pad now or after home is totally set. Angle drive pins may be driven up to ten degrees (10) off of vertical. If you choose to drive pins after home is set, do not cover slots in pier pad.
5. Level home on concrete blocks or deluxe steel pier by Minute Man.
6. Install Longitudinal and Lateral Bracing in accordance with Foundation Plan and Detail Assembly Drawing.
7. Install vertical anchors, frame ties and stabilizers at each lateral arm system location..

Thank you for using Minute Man Products, Inc. If you have any questions, please call Toll Free at (800) 438-7277.

305 West King St. East Flat Rock, North Carolina 28726

FLORIDA ZONE II AND III LONGITUDINAL AND LATERAL BRACING SYSTEMS PLACEMENT

For 5/12 Roof Pitch

Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. Systems must be as evenly spaced as possible.

Revised: 6/17/2002

HOME DIMENSIONS REPRESENT BOX SIZE

LEGEND



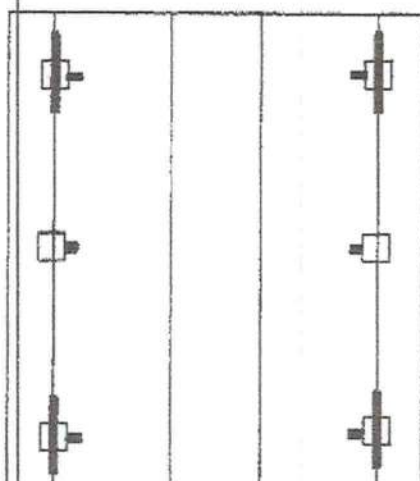
Longitudinal
Bracing System only



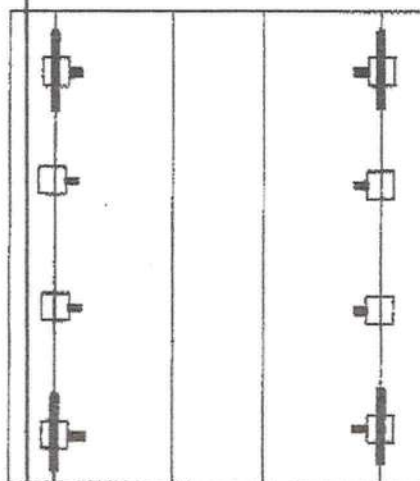
Longitudinal and Lateral
Bracing System



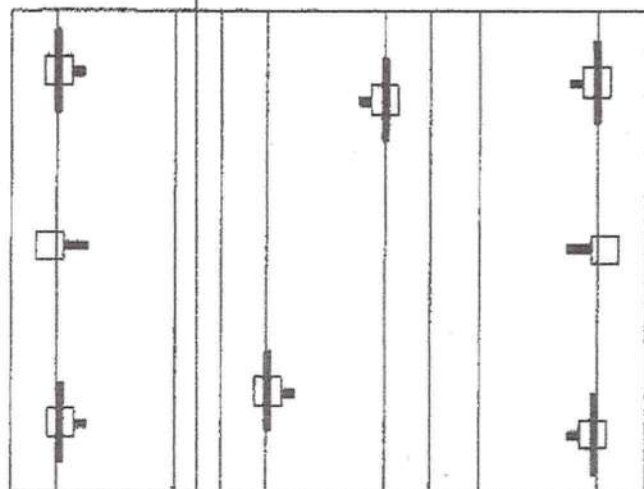
Lateral Bracing
System only



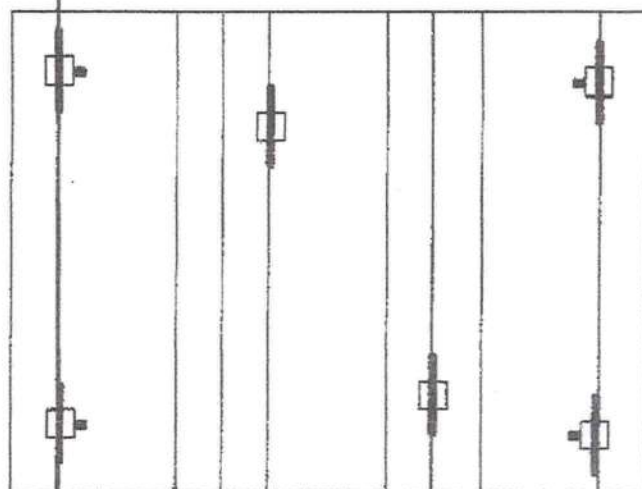
SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 52' LONG
6 SYSTEMS
56' INCLUDING HITCH



SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 76' LONG
8 SYSTEMS
80' INCLUDING HITCH



FOR TRIPLE WIDE OR TAG UNITS-
8 SYSTEMS OVER 52' BOX/ 56' INCLUDING HITCH



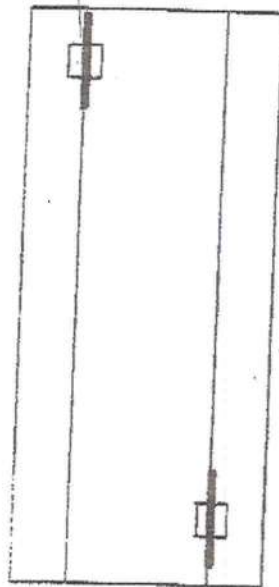
FOR TRIPLE WIDE OR TAG UNITS-
6 SYSTEMS- UP TO
52' BOX/ 56' INCLUDING HITCH

LONGITUDINAL BRACING SYSTEMS PLACEMENT FOR FLORIDA

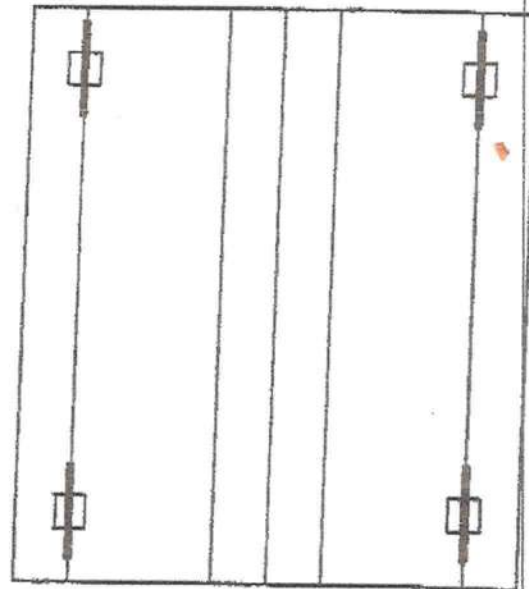
Use 650 anchors and 180 square inch stabilizers with frame ties and vertical ties at maximum 5' - 4" centers. Vertical ties must be used at all connection points furnished by the home manufacturer. Marriage wall anchors must be used in accordance with the home manufacturers instructions.

For Roof slopes up to 5/12 pitch

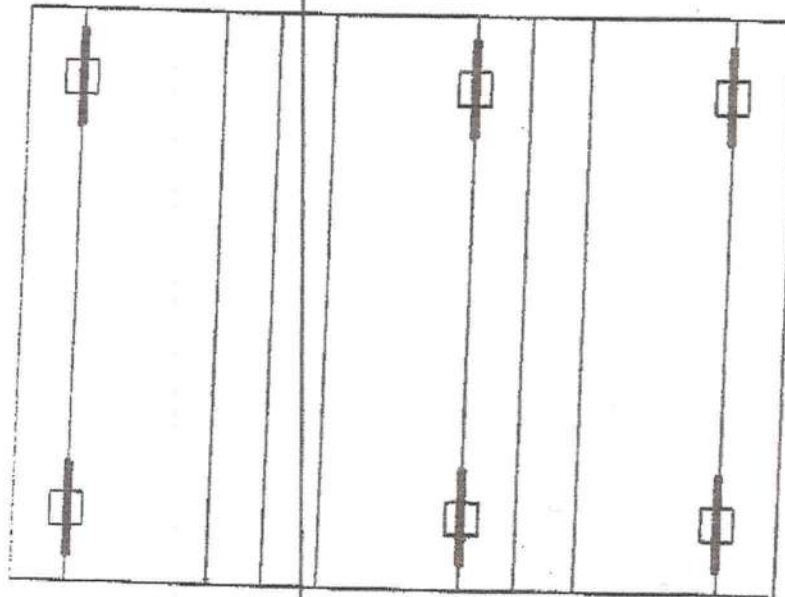
Systems must be placed no more than 16' from end of home



UP TO 16'
SINGLE WIDE



UP TO 32'
DOUBLE WIDE



UP TO 48' TRIPLE WIDE
OR DOUBLE WIDE WITH TAG

See Longitudinal and Lateral Bracing System detail assembly drawing.

FLORIDA ZONE II AND III LONGITUDINAL AND LATERAL BRACING SYSTEMS PLACEMENT

For 5/12 Roof Pitch

Each system is required to have a frame tie and stabilizer attached at each lateral arm stabilizing location. Systems must be as evenly spaced as possible.

Revised: 6/17/2002

HOME DIMENSIONS REPRESENT BOX SIZE

LEGEND



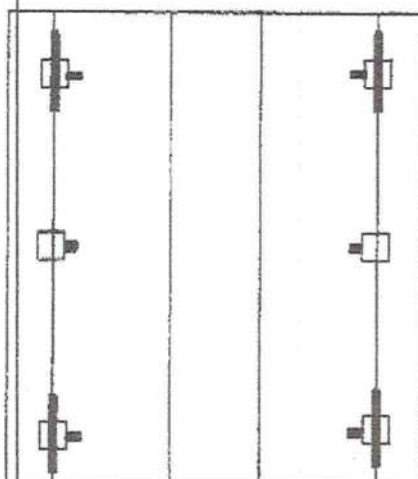
Longitudinal
Bracing System only



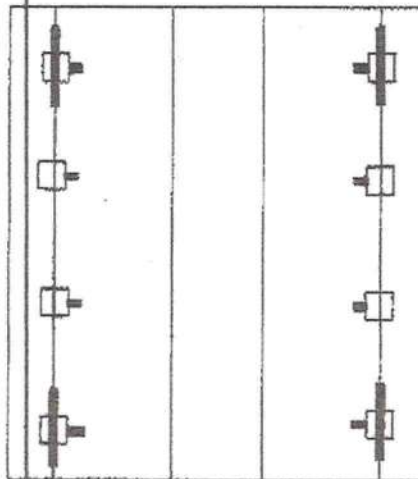
Longitudinal and Lateral
Bracing System



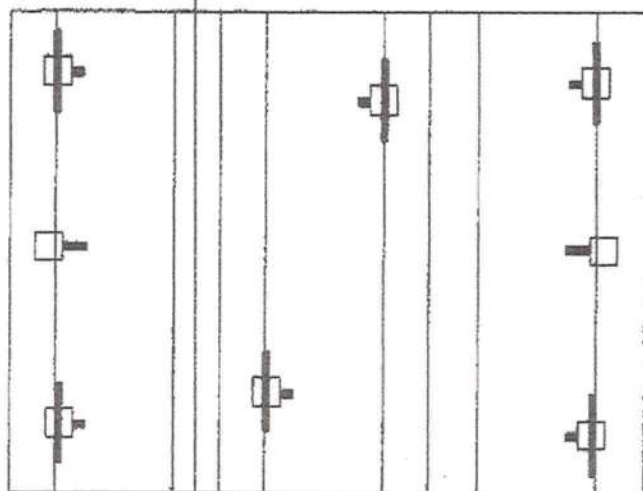
Lateral Bracing
System only



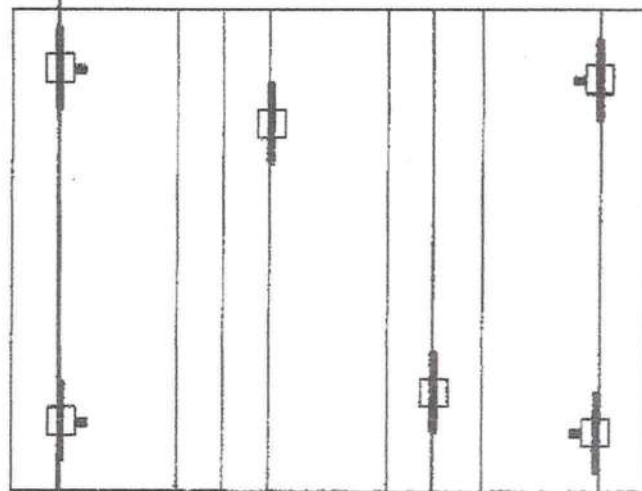
SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 52' LONG
6 SYSTEMS
56' INCLUDING HITCH



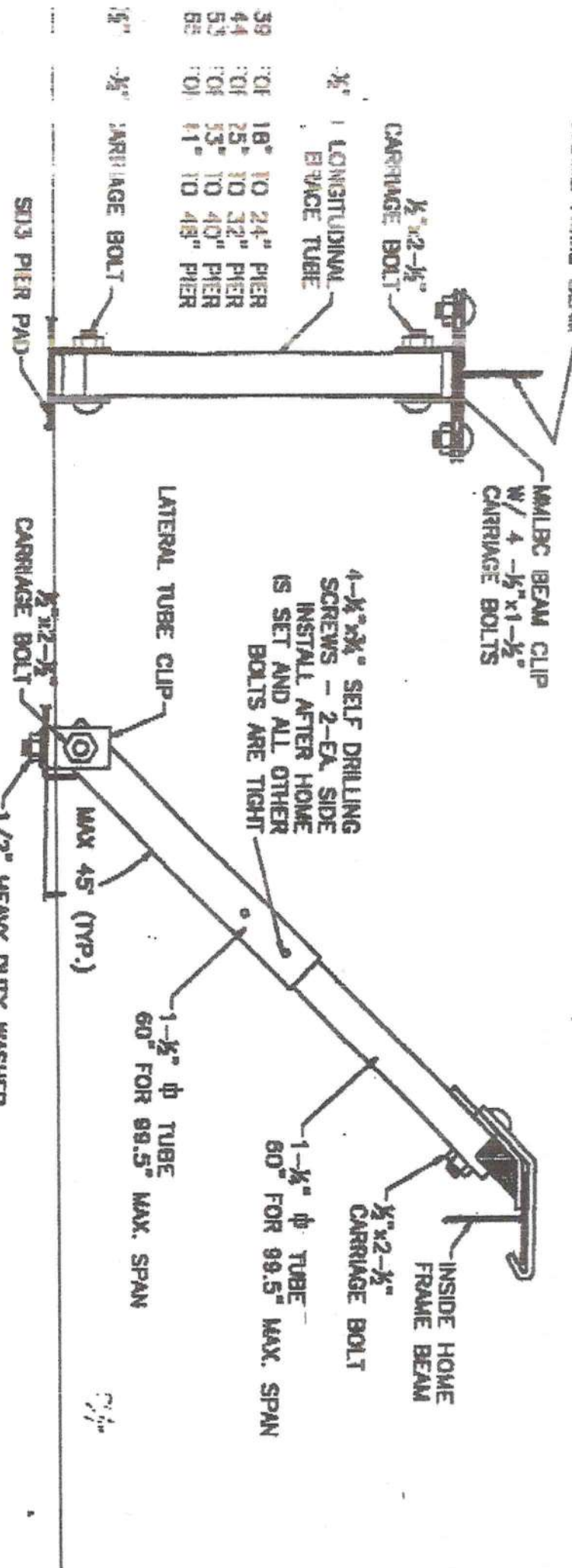
SINGLE AND DOUBLE WIDE
UP TO 32' WIDE AND 76' LONG
8 SYSTEMS
80' INCLUDING HITCH



FOR TRIPLE WIDE OR TAG UNITS-
8 SYSTEMS OVER 52' BOX/ 56' INCLUDING HITCH



FOR TRIPLE WIDE OR TAG UNITS-
6 SYSTEMS- UP TO
52' BOX/ 56' INCLUDING HITCH



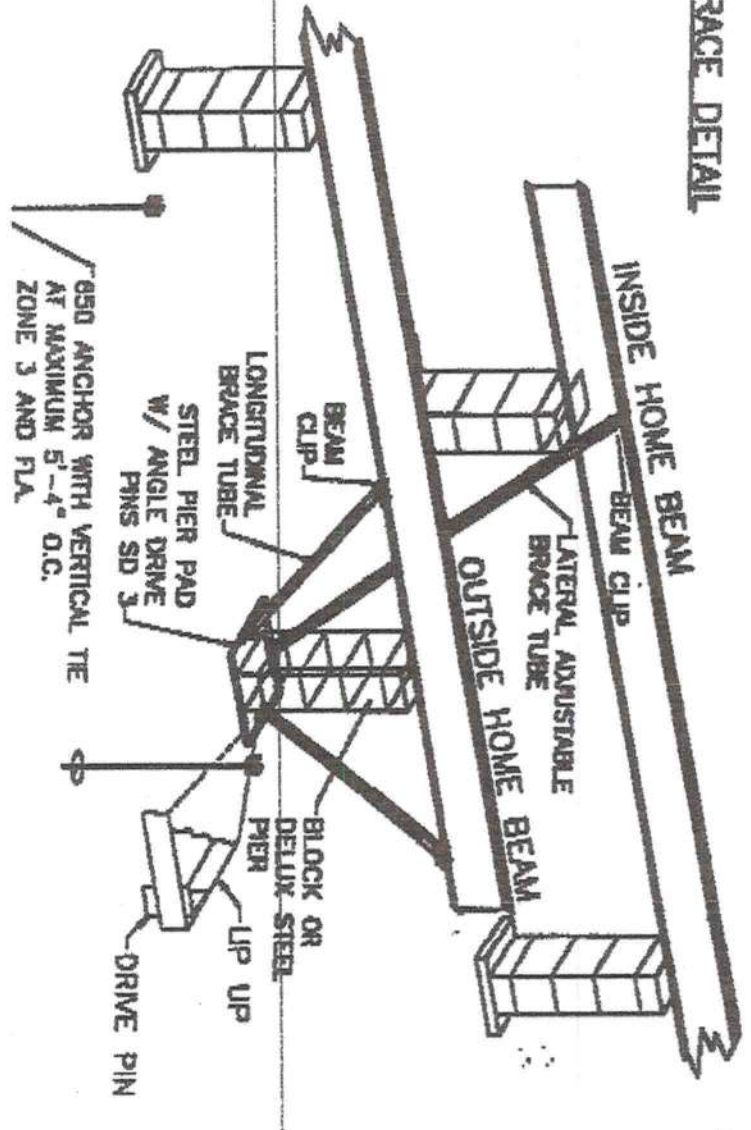
LONGITUDINAL BRACE DETAIL

LATERAL BRACE DETAIL

LONGITUDINAL & LATERAL BRACING SYSTEM DETAIL ASSEMBLY DRAWING

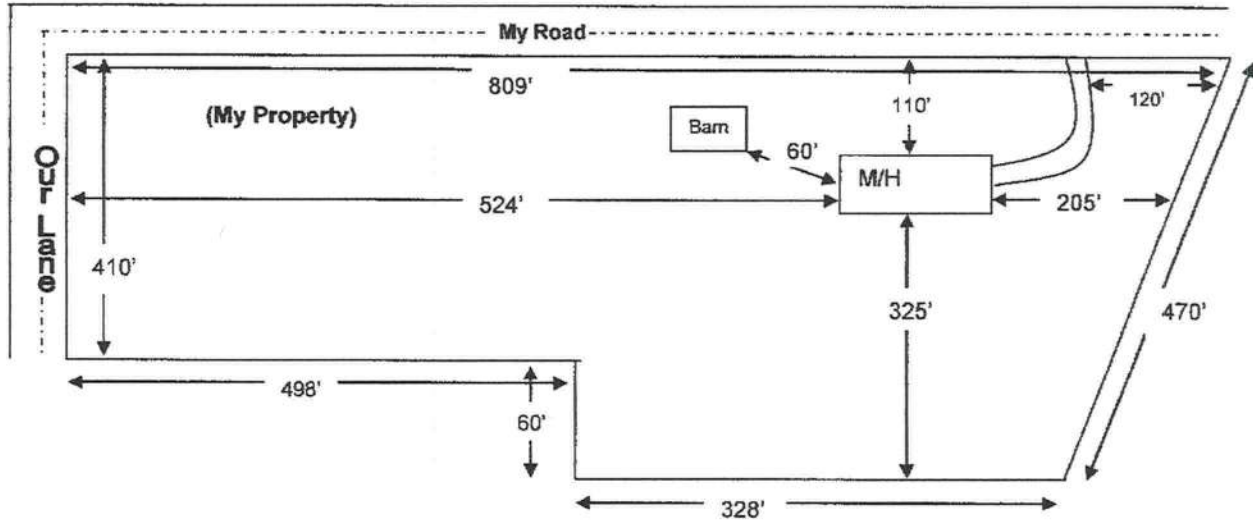
DT 1/2" BOLTS ARE GRADE 5

1/2" BOLTS

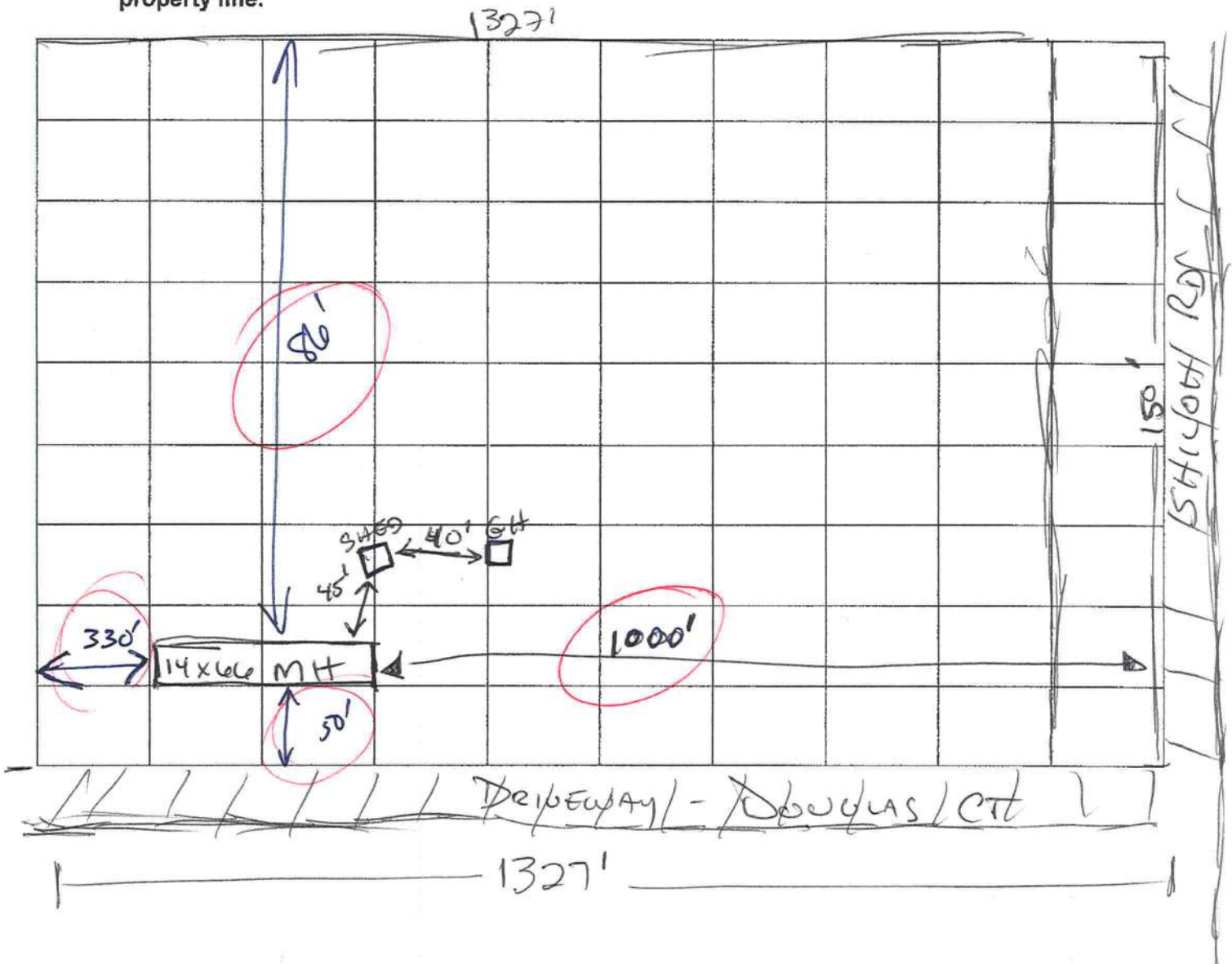


Home
owned

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.



QUITCLAIM DEED

This document prepared by and to be returned to:

Gary D. Grunder
Grunder & Petteway, P. A.
23349 NW CR 236, Suite 10
High Springs, Florida, 32643

Tax Parcel Number:
14-7S-16-04220-000

Inst: 201112005145 Date: 4/6/2011 Time: 10:44 AM
Doc Stamp: Deed 0.70
Doc: P. DeWitt Cason, Columbia County Page 1 of 1 B.1212 P.1653

THIS INDENTURE made this 23 day of March, 2011,

BETWEEN David W. Douglas, whose post office address is P.O. Box 2224, High Springs, Florida, 32655, herein called Grantor, and

Harriet S. Douglas, whose post office address is 268 SW Douglas Ct., Ft. White, Florida, 32038, herein called Grantee,

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and forever quitclaim to grantee all of the following described land, situate, lying and being in the county(ies) of Columbia state of Florida, to wit:

All of my right, title and interest in and to the following described property:

Part of the NW 1/4 of the SE 1/4 of Section 14, Township 7 South, Range 16 East, more particularly described as follows: Begin at the Northwest corner of the East 1/2 of the NW 1/4 of said SE 1/4 and run North 88 deg. 10 min. 18 sec. East, along the North line thereof, said line also being the south right-of-way line of Shiloh Road, 150.03 feet to the West right-of-way line of an existing graded road; thence South 1 deg. 28 min. 26 sec. East, along the West line thereof, 1327.44 feet to a point on the South line of the NW 1/4 of said SE 1/4; thence South 88 deg. 11 min. 04 sec. West, along the South line thereof, 145.03 to the West line of the East 1/2 of the NW 1/4 of said SE 1/4; thence North 1 deg. 41 min. 23 sec. West, along the West line thereof, 1327.38 feet to the Point of Beginning. Columbia County, Florida. Subject to existing power line easement for Florida Power Corporation. *gma*

Subject property is not the homestead of the Grantor.

The legal description has been supplied by Grantor. The preparer of this deed has not conducted a title search of the subject property and therefore makes no guaranties concerning marketability of title.

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:

Amy L. Kenner
Witness: Print Name Amy L. Kenner

David W. Douglas
David W. Douglas

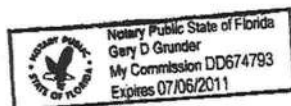
Gary D. Grunder
Witness: Print Name Gary D. Grunder

State of Florida
County of Alachua

The foregoing instrument was acknowledged before me this 23 day of March, 2011 by David W. Douglas who

- (☒) is personally known to me
() who has produced a valid Florida driver's license as identification
() who produced _____ as identification

[Signature]
Notary Public at Large, State of Florida



(SEAL)
9718.3

Columbia County Property Appraiser

CAMA updated: 3/15/2013

2012 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 14-7S-16-04220-000

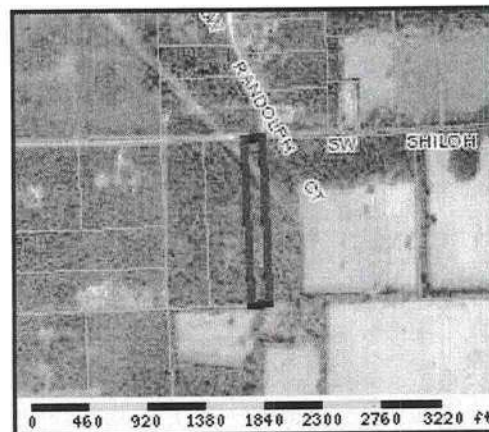
<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	DOUGLAS HARRIET S		
Mailing Address	268 SW DOUGLAS CT FT WHITE, FL 32038		
Site Address	330 SW DOUGLAS CT		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	14716
Land Area	4.500 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. BEG NW COR OF E1/2 OF NW1/4 OF SE1/4, RUN E ALONG S R/W OF SHILOH RD 150.03 FT TO W R/W OF A GRD RD, RUN S 1327.44 FT, W 145.03 FT, N 1327.38 FT TO POB, ORB 330-481, 747-1853, PROB #91-180-CP 788-1226, PROB #99-64-CP IN 882-1668 THRU 1676, PROB #99-55-CP IN 882-1655 THRU 1658, 900-2486 THRU 2507, 913-1225, 1225, 913-1235, (DC 1162-62 JAMES DOUGLAS), LIFE EST 1208-2375, LIFE EST 1212-1654,		



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	\$28,048.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$13,084.00
XFOB Value	cnt: (1)	\$200.00
Total Appraised Value		\$41,332.00
Just Value		\$41,332.00
Class Value		\$0.00
Assessed Value		\$31,451.00
Exempt Value	(code: HX H3 SX VX WX)	\$31,451.00
Total Taxable Value	Cnty: \$0 Other: \$951 Schl: \$951	

2013 Working Values

NOTE:

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)

Sales History

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
3/23/2011	1212/1653	QC	I	U	11	\$100.00
3/23/2011	1212/1654	QC	I	U	14	\$100.00
1/28/2011	1208/2375	QC	I	U	16	\$100.00
10/20/2000	913/1235	WD	I	U	08	\$16,000.00
10/19/2000	913/1225	WD	I	U	01	\$3,000.00
10/19/2000	913/1232	QC	I	U	01	\$100.00
9/16/1999	900/2507	SD	I	U	01	\$18,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1963	SINGLE SID (04)	700	796	\$13,084.00
Note: All S.F. calculations are based on exterior building dimensions.						



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

PERMIT NO. 12-0253EDATE PAID: 4/30/13FEE PAID: 125.00RECEIPT #: 1106412

APPLICATION FOR:

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

APPLICANT: HARRIET DOUGLAS(SSN) 3864543856AGENT: C813-505-1745TELEPHONE: 386-454-1214MAILING ADDRESS: 268 SW DOUGLAS COURT, FT. WHITE, FL 32038

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

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: N/A PLATTED: _____PROPERTY ID #: 14-78-16-04220-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 5.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 268 SW DOUGLAS CT, FT. WHITE, FL 32038DIRECTIONS TO PROPERTY: 47S TO US 27 TL GO TO SHILOH RD TR GO

Approx 1mi TL onto DRIVE OPPOSITE RANDOLPH DRIVE -
HOUSE NEAR END OF DRIVE

BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>2BR SINGLE FAM/MH</u>	<u>2</u>	<u>925</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

[N] Floor/Equipment Drains [P] Other (Specify) _____

SIGNATURE: x Harriet DouglasDATE: 4-30-13

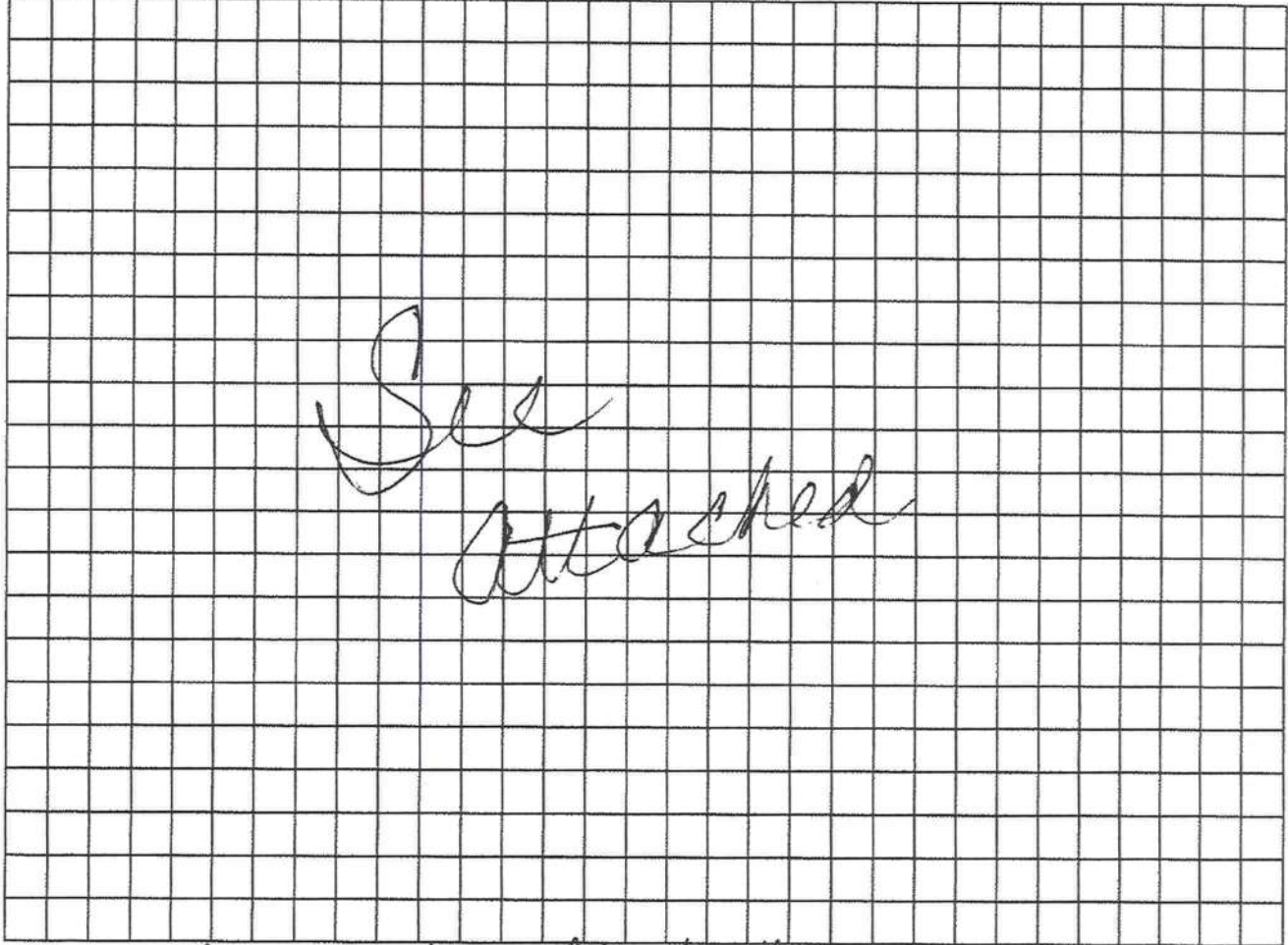
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

13-0253E

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

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

Notes: Burn out - like for like✓ Site Plan submitted by: X Harriet DouglasPlan Approved X Not ApprovedBy Salbi Ford Env Health DirectorOwnerDate 5.2.13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



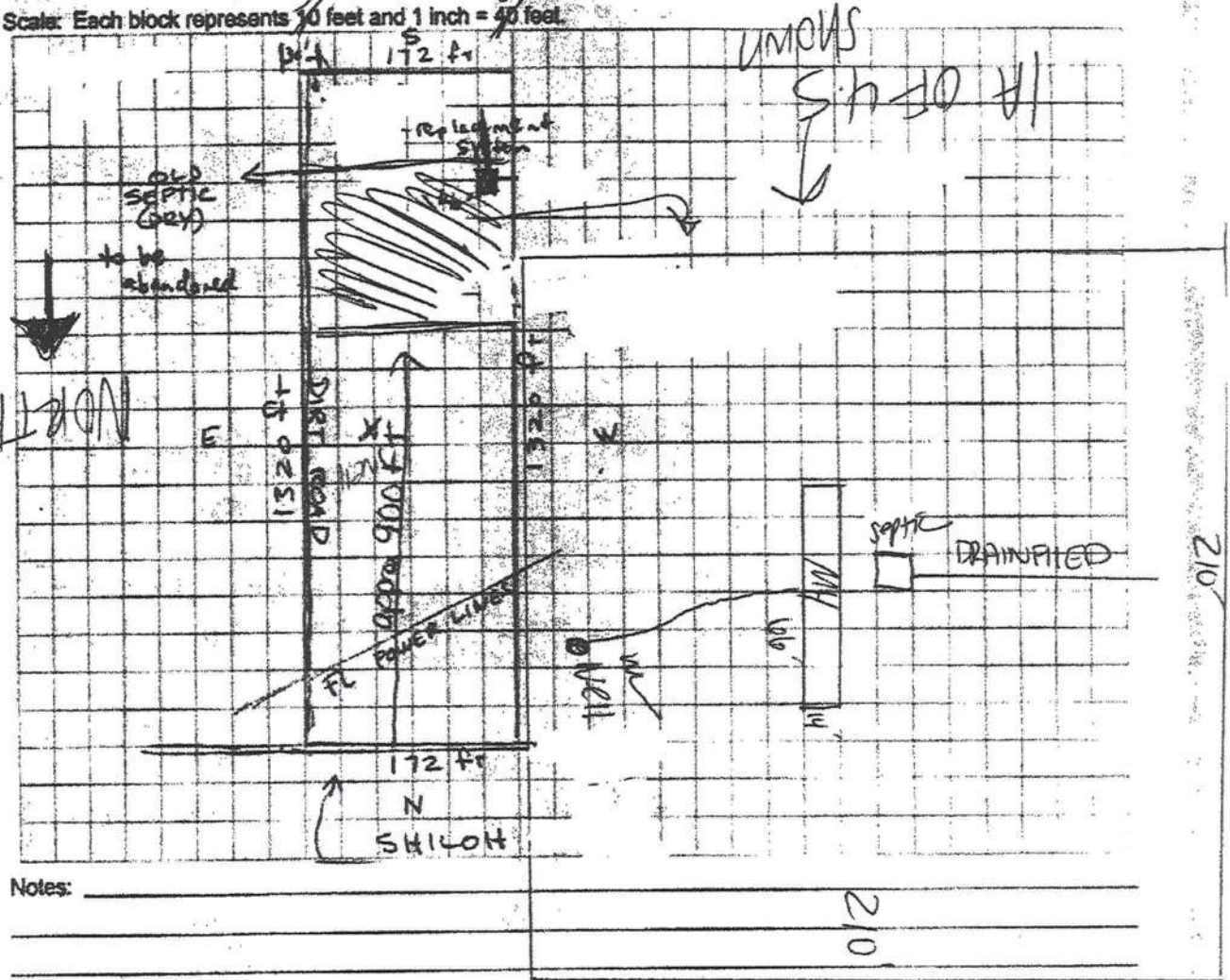
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-1

PART II - SITEPLAN

Scale: Each block represents 30 feet and 1 inch = 30 feet.



Notes:

Site Plan submitted by:

Plan Approved ☒

Not Approved ☐

Date

By

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 10/96 (Replaces HRS-H Form 4015 which may be used).
(Stock Number: 5744-002-4015-6)

Page 2 of 4

1304-90
CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Gilchrist Co
OWNERS NAME HANNAH DOUGLAS PHONE 386-454-1214 CELL 386-466-8898
INSTALLER STEVEN COX PHONE 352-472-6562 CELL 228-1859
INSTALLERS ADDRESS 600 SE 43RD AVE TRENTON FL 32693

MOBILE HOME INFORMATION

MAKE Skyline YEAR 1995 SIZE 14 x 66
COLOR Grey SERIAL No. 2761-1027-14
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:

FLOORS Good ✓
DOORS Good ✓
WALLS Good ✓
CABINETS Good ✓
ELECTRICAL (FIXTURES/OUTLETS) Good ✓

EXTERIOR:

WALLS / SIDING ✓
WINDOWS ✓
DOORS ✓

INSTALLER: APPROVED ✓ NOT APPROVED _____

INSTALLER OR INSPECTORS PRINTED NAME STEVEN COX

Installer/Inspector Signature St. Cox License No. EH1025399-1 Date 4/29/13

NOTES: Spoke to Steven on 4-30-13 to bring MH into County.

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature L. J. [Signature] Date 4-30-13

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1304-90 CONTRACTOR Steven Cox PHONE 352-472-6562

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

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

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

ELECTRICAL	Print Name <u>Chad White</u> License #: <u>EC 1300 2222</u>	Signature <u>[Signature]</u> Phone #: <u>352-538-5544</u>
MECHANICAL/ A/C	Print Name <u>N/A</u> License #: <u>WINDOW UNIT</u>	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name <u>Homeowner</u> License #: <u>Harriet Douglas</u>	Signature <u>[Signature]</u> Phone #: _____

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

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

Contractor Forms: Subcontractor form: 1/11



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Steven Cox, give this authority for the job address show below
Installer License Holder Name

only, 268 SW Douglas Ct Ft White Fla, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
HARRIET DOUGLAS	<i>Harriet Douglas</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
MICHAEL DOUGLAS	<i>Michael Douglas</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

St Cox

License Holders Signature (Notarized)

141025399-1

License Number

4/29/13

Date

NOTARY INFORMATION:

STATE OF: Florida

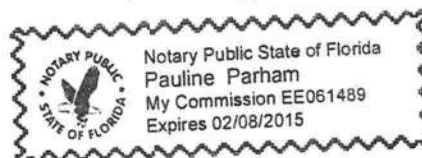
COUNTY OF: gilchrist

The above license holder, whose name is _____, personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 29 day of April, 2013.

Pauline Parham

NOTARY'S SIGNATURE

(Seal/Stamp)



A FDID <input type="text" value="29091"/> State <input type="text" value="FL"/> Incident Date MM <input type="text" value="04"/> DD <input type="text" value="11"/> YYYY <input type="text" value="2013"/> Station <input type="text" value="46"/> Incident Number <input type="text" value="CCFR13CAD001127"/> Exposure <input type="text" value="0"/>		NFIRS-1 Basic	
B Location Type <input checked="" type="checkbox"/> Street address Intersection <input type="text" value="268"/> <input type="text" value="SE"/> <input type="text" value="DOUGLAS"/> In front of <input type="text" value="Fort White"/> <input type="text" value="FL"/> <input type="text" value="32038"/> <input type="text" value="CT"/> <input type="text" value="SE"/> Rear of <input type="text" value="Apt./Suite/Room"/> <input type="text" value="City"/> Adjacent to <input type="text" value="State"/> <input type="text" value="Zip Code"/> Directions <input type="text" value="Cross Street, Directions or National Grid, as applicable"/> US National Grid			
C Incident Type <input type="text" value="111"/> Building fire		E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Sec ALARM always required Alarm <input type="text" value="04"/> <input type="text" value="11"/> <input type="text" value="2013"/> <input type="text" value="09:36:18"/> Arrival <input type="text" value="04"/> <input type="text" value="11"/> <input type="text" value="2013"/> <input type="text" value="09:46:25"/> Controlled <input type="text" value="04"/> <input type="text" value="11"/> <input type="text" value="2013"/> <input type="text" value="11:49:14"/> Last Unit Cleared <input type="text" value="04"/> <input type="text" value="11"/> <input type="text" value="2013"/> <input type="text" value="11:49:14"/>	
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None		E2 Shifts and Alarms Local Option <input type="text" value="B"/> <input type="text" value="1"/> <input type="text" value="46"/> Shift or Platoon Alarms District E3 Special Studies Local Option <input type="text" value="Special Study ID#"/> <input type="text" value="Special Study Value"/>	
F Actions Taken <input type="text" value="11"/> Extinguishment by fire service personnel Primary Action Taken (1)		G1 Resources Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression <input type="text" value="6"/> <input type="text" value="8"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="0"/> <input type="text" value="0"/> Check box if resources counts include aid received resources.	
G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text" value="18,000"/> Contents \$ <input type="text" value="5,000"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="18,000"/> Contents \$ <input type="text" value="5,000"/>			
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> H2 Detector 1 Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U <input checked="" type="checkbox"/> Unknown	
H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N <input checked="" type="checkbox"/> None		I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 <input checked="" type="checkbox"/> Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use	

J Property Use Structures		341 Clinic, clinic-type infirmary		539 Household goods, sales, repairs	
131	Church, mosque, synagogue, temple, chapel	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
161	Restaurant or cafeteria	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	419 X	1 or 2 family dwelling	599	Business office
213	Elementary school, including kindergarten	429	Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
241	Adult education center, college classroom	449	Hotel/motel, commercial	700	Manufacturing, processing
311	24-hour care Nursing homes, 4 or more persons	459	Residential board and care	819	Livestock, poultry storage
331	Hospital - medical or psychiatric	464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
Outside		936	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	946	Lake, river, stream		
669	Forest, timberland, woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump, sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

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

Property Use **419** Code

1 or 2 family dwelling Property Use Description

K1 Person/Entity Involved

Local Option ☐ Business Name (If Applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as Incident Location (Section B). 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 _____

K2 Owner Same as person involved? ☐ Then check this box and skip the rest of this

Local Option ☐ Business Name (If Applicable) _____ Area Code _____ Phone Number _____

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

Mrs. Harriet Douglas Douglass

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

268 SE DOUGLAS CT SE

Number Prefix Street or Highway Street Type Suffix

Post Office Box _____ Apt./Suite/Room _____ City Fort White

FL 32038 State Zip Code

L Remarks

Local Option ☐

We were dispatched to a fully involved structure fire. Engine 46 arrived on scene and 1209 established command. All occupants were out of the house. The 1st preconnect was pulled and used to protect a propane tank on the C side of the structure that was impinged by flame. A 2nd preconnect was pulled and used to begin extinguishment on the structure. Clay Electric was dispatched out to secure the power line going into the structure. When other units arrived on scene, Tankers 45 and 46 were connected to E-46 for water supply. Other personnel on scene began overhaul and continued with extinguishment. We used two buckets of foam to assist with extinguishment. After a majority of the fire was out we began some investigation. We could only determine that the fire started in the A, B area of the structure. Cause was undetermined. We spoke with the homeowner's son Lee Douglas he said that the home was under construction. There was also a storage shed next to the structure that was involved and had to be extinguished. We completed fire extinguishment and mop up on both structures, completed assignment then cleared the scene.

M Authorization

REDI01	COLLIN REDISH	Lieutenant	43-West Columbia	04	11	2013
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
REDI01	COLLIN REDISH	Lieutenant	43-West Co	04	11	2013
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

B Property Details

B1 Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products ☒ None

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

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

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

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

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

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

D Ignition

D1 Structural area, other
Area of fire origin

D2 Undetermined
Heat Source

D3 Undetermined
Item first ignited

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

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

E1 Cause of Ignition

Check this box if this is an exposure report

0 Cause, other (System generated code only, not used for data entry)
1 Intentional
2 ☒ Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition

Undetermined
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ None

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended or unsupervised person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor
N ☒ None
Estimated age of person involved
1 Male 2 Female

F1 Equipment Involved in Ignition

☒ None If equipment was not involved, skip to Section G

Equipment Involved Brand

Serial

Model

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

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

G Fire Suppression Factors

☒ None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

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

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:
Arson report attached
Police report attached
Coroner report attached
Other reports attached

A		MM DD YYYY 04 11 2013	Station 46	Incident Number CCFR13CAD001127	Exposure 0	NFIRS-3 Structure Fire
FDID		State		Incident Date		

J1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. 0 Structure type, other 1 <input checked="" type="checkbox"/> Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	J2 Building Status 0 Building status, other 1 <input checked="" type="checkbox"/> Under construction 2 In normal use 3 Idle, not routinely used 4 Under major renovation 5 Vacant and secured 6 Vacant and unsecured 7 Being demolished U Undetermined	J3 Building Height Count the roof as part of the highest story. 1 Total number of stories at or above grade 0 Total number of stories below grade	J4 Main Floor Size Total square feet Length in feet 30 BY Width in feet 40 OR
--	--	---	---

J1 Fire Origin 1 Below Grade Story of fire origin	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. Number of stories w/minor damage (1 to 24% flame damage) Number of stories w/significant damage (25 to 49% flame damage) Number of stories w/heavy damage (50 to 74% flame damage) 1 Number of stories w/extreme damage (75 to 100% flame damage)	K Type of Material Contributing Most to Flame Spread Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 10 Structural component or finish, other Item contributing most to flame spread K2 60 Wood or paper, processed, other Type of material contributing most to flame spread Required only if item contributing code is 00 or <70
--	--	---

L1 Presence of Detectors (In area of the fire) 1 Present N None present U <input checked="" type="checkbox"/> Undetermined	L2 Detector Type 0 Detector type, other 1 Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined	L5 Detector Effectiveness Required if detector operated 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined
		L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	L6 Detector Failure Reason Required if detector failed to operate 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined

M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined	M3 Operation of Automatic Extinguishing System Required if fire was within designed range 0 Operation of AES, other 1 System operated and was effective 2 System operated and was not effective 3 Fire too small to activate system 4 System did not operate U Undetermined	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective 0 Reason system not effective, other 1 System shut off 2 Not enough agent discharged to control the fire 3 Agent discharged, but did not reach the fire 4 Inappropriate system for the type of fire 5 Fire not in area protected by the system 6 System components damaged 7 Lack of maintenance, including corrosion or heads painted 8 Manual intervention defeated the system U Undetermined
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating	

A	FDID 29091	State FL	Incident Date MM DD YYYY 04 11 2013	Station 46	Incident Number CCFR13CAD001127	Exposure 0	NFIRS-9 Apparatus or Resources
----------	---------------	-------------	---	---------------	------------------------------------	---------------	---

B Apparatus or Resource	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<small>Check if the same date as Alarm date on the Basic Module (Block E1)</small> <small>Month/Day/Year Hour/Min</small> Dispatch _____ Arrival <input checked="" type="checkbox"/> _____ Clear <input checked="" type="checkbox"/> _____			<small>Check ONE box for each apparatus to indicate its main use at the incident.</small> Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	<small>List up to 4 actions for each apparatus and each personnel.</small> _____ _____ _____ _____
1 ID E46 Type 11	Dispatch _____ Arrival <input checked="" type="checkbox"/> 04/11/13 0946 Clear <input checked="" type="checkbox"/> 04/11/13 1149	Sent	2	Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	73 74 75
2 ID T45 Type 24	Dispatch _____ Arrival <input checked="" type="checkbox"/> 04/11/13 0955 Clear <input checked="" type="checkbox"/> 04/11/13 1149	Sent	1	Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	11 _____
3 ID CF2 Type 92	Dispatch _____ Arrival <input checked="" type="checkbox"/> 04/11/13 1002 Clear <input checked="" type="checkbox"/> 04/11/13 1053	Sent	1	Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	11 _____
4 ID T46 Type 24	Dispatch _____ Arrival <input checked="" type="checkbox"/> 04/11/13 0952 Clear <input checked="" type="checkbox"/> 04/11/13 1149	Sent	1	Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	73 74 75
5 ID E45 Type 11	Dispatch _____ Arrival <input checked="" type="checkbox"/> 04/11/13 0955 Clear <input checked="" type="checkbox"/> 04/11/13 1137	Sent	1	Other _____ <input checked="" type="checkbox"/> Suppression EMS _____	73 74 75
6 ID CF5 Type 92	Dispatch <input checked="" type="checkbox"/> 04/11/13 0936 Arrival <input checked="" type="checkbox"/> 04/11/13 0946 Clear <input checked="" type="checkbox"/> 04/11/13 1149	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Other Suppression EMS _____	73 _____

A	FDID 29091	State FL	MM 04	DD 11	YYYY 2013	Station 46	Incident Number CCFR13CAD001127	Exposure 0	NFIRS-10 Personnel
----------	------------	----------	-------	-------	-----------	------------	---------------------------------	------------	-------------------------------

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1 ID E46 Type 11	Dispatch Arrival X 04/11/13 0946 Clear X 04/11/13 1149		Sent	2	Other X Suppression EMS	73 74 75
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
JOHN01	JOHNSON, JOSEPH	Driver Engineer	11	58		
REDI01	REDISH, COLLIN	Lieutenant	11	86		

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
2 ID T45 Type 24	Dispatch Arrival X 04/11/13 0955 Clear X 04/11/13 1149		Sent	1	Other X Suppression EMS	11
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BALL01	BALLANCE, JEFF	Firefighter	11			

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
3 ID CF2 Type 92	Dispatch Arrival X 04/11/13 1002 Clear X 04/11/13 1053		Sent	1	Other X Suppression EMS	11
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CRAW01	CRAWFORD, JEFFERY	Assistant Chief	11			

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
4 ID T46 Type 24	Dispatch Arrival X 04/11/13 0952 Clear X 04/11/13 1149		Sent	1	Other X Suppression EMS	73 74 75
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
STRI01	STRICKLAND, JOHN	Reservist	58			

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
5 ID E45 Type 11	Dispatch Arrival X 04/11/13 0955 Clear X 04/11/13 1137		Sent	1	Other X Suppression EMS	73 74 75
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BERT01	BERTRAM, JASON	Firefighter	11			

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
6 ID CF5 Type 92	Dispatch X 04/11/13 0936 Arrival X 04/11/13 0946 Clear X 04/11/13 1149		Sent X	2	Other X Suppression EMS	73
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BULL01	BULLARD, ALEX	Reservist	11	58		
SHAL01	SHALLAR, III, LARRY	Reservist	11			

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 5-7-13 BY UH 1304-90 IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Harriet Douglas PHONE _____ CELL _____

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (D) 27, (R) Shiloh, (D) Douglas
1st home on Douglas (Private Drive)

MOBILE HOME INSTALLER Steven Cox PHONE 352-472-0562 CELL _____

MOBILE HOME INFORMATION

MAKE skyline YEAR 95 SIZE 14 x 66 COLOR Grey

SERIAL No. 2761-1027-14

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

\$50.00 N/C fire Damaged SFD

Date of Payment: 7/30/13

Paid By: _____

Notes: Out of Co. In
Application

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay C ID NUMBER 306 DATE 5-8-13