

DATE 02/15/2008

Columbia County Building Permit

PERMIT
000026762

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT LEWIS FLEMING PHONE 202.258.8177
 ADDRESS 2844 SW BIRLEY AVENUE LAKE CITY FL 32024
 OWNER ALPHONSO FLEMING, ETAL - L. FLEMING - HEIR PHONE 202.258.8177
 ADDRESS 2844 SW BIRLEY AVENUE LAKE CITY FL 32024
 CONTRACTOR LEWIS FLEMING - OWNER BUILDER PHONE 202.258.8177
 LOCATION OF PROPERTY 90-W TO C-252, TL TO BIRLEY ROAD, TL AND IT'S 1 1/4 MILE TO PROPERTY ON R.
 TYPE DEVELOPMENT INTERIOR REMODEL-SFD 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 _____ REAR _____ SIDE _____
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 08-4S-16-02811-000 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 15.49

Culvert Permit No. _____ Culvert Waiver X-08-046 Contractor's License Number BLK Applicant/Owner/Contractor JTH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE. INTERIOR REMODEL FR: FIRE - NO CHARGE.
FIRE REPORT ON FILE W/ OTHER DOCUMENTS. NO INCREASE IN SQ. FT.

Check # or Cash NO CHARGE

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 [Signature] CLERKS OFFICE [Signature]

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.

- SEE ATTACHED DEED - SHOWING - SAID NAME

Columbia County Building Permit Application

- FIRE REPORT ATTACHED -

* NO CHARGE - BURN OUT *

For Office Use Only Application # 0802-19 Date Received 2/14 By [Signature] Permit # 26762
Zoning Official BLK Date 15-02-08 Flood Zone X FEMA Map # N/A Zoning A-3
Land Use A-3 Elevation N/A MFE N/A River N/A Plans Examiner OK JTH Date 2-13-08
Comments No increase in sq ft.

NOC EH Deed or PA Site Plan State Road Info Parent Parcel #
 Dev Permit # In Floodway Letter of Authorization from Contractor
 Unincorporated area Incorporated area Town of Fort White Town of Fort White Compliance letter

Septic Permit No. X-08-046 Fax
Name Authorized Person Signing Permit LEWIS FLEMING Phone 202.258.8177
Address 2844 SW BIRLEY AVENUE, L.C. FL
Owners Name ALPHONSO FLEMING, ETAL LEWIS FLEMING Phone % 202-258-8177
911 Address 2844 SW Birley Avenue, L.C. FL 32024
Contractors Name LEWIS FLEMING Phone
Address

Fee Simple Owner Name & Address
Bonding Co. Name & Address
Architect/Engineer Name & Address
Mortgage Lenders Name & Address CASH

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 08-45-16-02811-000 Estimated Cost of Construction 4500.

Subdivision Name Lot Block Unit Phase

Driving Directions 90W TO E 252 IRL TO BIRLEY ROAD, TL
1/4 MILE TO PROPERTY ON R. SIDE

Number of Existing Dwellings on Property 1

Construction of INTERIOR REMODEL - "SFI" Total Acreage 15.49 Lot Size

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height

Actual Distance of Structure from Property Lines - Front Side Side Rear

Number of Stories Heated Floor Area Total Floor Area Roof Pitch

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

JOE GET W/ RANNEY

PERSONAL REPRESENTATIVE'S RELEASE
AND CERTIFICATE OF DISTRIBUTION OF REAL
PROPERTY

(single individual personal representative)

The undersigned, JOYCE F. TUCKER
4014 Grace Street
whose post office address is Tampa, FL 33607
as personal representative of the estate of LILLIE MAE FLEMING
deceased, hereby acknowledges that title to the real property
located in Columbia County, Florida,
owned by the decedent at the time of death, described as follows:

SEE EXHIBIT "A" ATTACHED

00-01893

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

*00 FEB -1 PM 3:01

RECORDED

MCK

Property Appraiser's Parcel Identification Number 02811-000 (the "Property"), vested in
ALPHONSO FLEMING, JESSIE F. FLEMING, RACHEL F. McCARTER, LILLIE F.
SCIPPIO, DAVID FLEMING, LEWIS L. FLEMING, JOYCE F., TUCKER, JANIE,
RUTH PEARSON, ROSA L. FLEMING & NAOMI, E. FLEMING, each an undivided 1/10th
whose post office address is 4014 Grace St., Tampa, FL 33607 interest

(the "Beneficiary" or "Beneficiaries") by operation of law as of the date of the decedent's death pursuant
to Florida law as will more fully appear from the proceedings in the Circuit Court for Columbia
County, Florida, Probate Divisor, in File No. 98-107-CP, subject to rights of the
personal representative under Sections 733.607 and 733.608 of the Florida Probate Code to take
possession or control of the Property, or to use, sell, encumber or otherwise exercise control over the
Property (1) for the payment of devises, debts, family allowance, estate and inheritance taxes, claims,
charges, and expenses of administration, (2) to enforce contribution and equalize advancement, or (3) for
distribution.

Having determined that the Property is not needed for any of the foregoing purposes, except
distribution, and that the Property should be released and distributed to the Beneficiary or Beneficiaries,
the personal representative hereby releases the Property from all rights and powers of the personal

Filing Fee \$ 22.00
Doc Stamps \$.70

EX 0896 PG0699

OFFICIAL FILER

Documentary Stamp .70
Intangible Tax 6
P. DeWitt Gason
Clerk of Court
By MCK D.C.

representative and acknowledges that the Property is vested in ALPHONSO FLEMING, JESSIE F. FLEMING, RACHEL F. McCARTER, LILLIE F. SCIPPIO, DAVID FLEMING, LEWIS L. FLEMING, JOYCE F. TUCKER, JANIE RUTH PEARSON, ROSA L. FLEMING & NAOMI E. FLEMING, each an undivided 1/10th interest, free of all rights of the personal representative.

IN WITNESS WHEREOF, the undersigned, as personal representative of the estate of the decedent, has executed this instrument on 10-29, 1999.

Executed in the presence of:

Beverly Milleens
Beverly Milleens

Joyce F. Tucker
Joyce F. Tucker
As personal representative of the estate of

Jan Jackson
Jan Jackson

LILLIE MAE FLEMING
deceased

(two witnesses)

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me on 10-29, 1999,
by Joyce F. Tucker as personal representative
of the estate of LILLIE MAE FLEMING, deceased, who is personally known to
me Yes or who produced _____ as identification.
(yes or no) (type of identification)

Kevin Adams

Notary Public, State of Florida (Affix Notary Seal)
My Commission Expires _____ Expires Sep. 02, 2000
My Commission Number _____

[Print or type names under all signature lines.]

This instrument prepared by:

Terry McDavid
P.O. Box 1328
Lake City, FL 32056

OFFICIAL RECORDS
BK 0896 PG 0700



EXHIBIT "A"

EK 0896 PG 0701

OFFICIAL RECORDS

TOWNSHIP 4 SOUTH - RANGE 16 EAST

SECTION 8: E 1/2 of NE 1/4 of SW 1/4 of Section 8,
Township 4 South, Range 16 East, Columbia
County, Florida.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment

According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:

YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.



Owners Signature

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit.

Contractor's Signature (Permitee)

Contractor's License Number _____
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20__.
Personally known _____ or Produced Identification _____

State of Florida Notary Signature (For the Contractor)

SEAL:



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hemando Ave., Suite B-21
Lake City, FL 32055
Office: 386-758-1008 Fax: 386-758-2160

**NOTARIZED DISCLOSURE STATEMENT
FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR
LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).**

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved for yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire licensed contractors, i.e. electrician, plumber, mechanical (heating & air conditioning), etc. I further understand that the violation of not physically doing the work, and the use of unlicensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Columbia County Building Department. Additionally, state statutes allows for additional penalties. I also understand that if this violation does occur, that in order for the job to proceed, I will have a licensed contractor come in and obtain a new permit as taking the job over. I understand that if I hire subcontractors under a contract price, that they must be licensed to work in Columbia County, i.e. masonry, drywall, carpentry. Contractors licensed by the Columbia County Contractor Licensing Section or the State of Florida are required to have worker's compensation and liability coverage.

TYPE OF CONSTRUCTION

- () Single Family Dwelling
- () Two-Family Residence
- () Farm Outbuilding
- () Other _____
- Addition, Alteration, Modification or other Improvement

LEWIS W. FLEMING
Lewis W. Fleming, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____



Lewis W. Fleming 02-14-08
Owner Builder Signature Date

FLORIDA NOTARY

The above signer is personally known to me or produced identification DLN: 1846059
Notary Signature Laurie Hodson Date 2-14-08 STATE OF WASHINGTON

FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7). Date 2-14-08 Building Official/Representative [Signature]

FEB. 14, 2008

TO: COLUMBIA COUNTY BUILDING PERMIT SECTION

REFERENCE: RESTORING BURNED INTERIOR DAMAGE IN PROPERTY

LOCATION 2844 SW BIRLEY AVE.

LAKE CITY FLA. 32014

PERSON REQUESTING: LEWIS L. FLEMING

WORK TO BE PERFORMED:

TEAR OUT ALL BURNED AND SMOKE DAMAGED WALLS AND CEILINGS; REPLACE SAME TO ORIGINAL, NO MODIFICATION.

REMOVE DAMAGED VINYL FLOORS AND REPLACE WITH NEW FLOOR OF SAME CHARACTER.

REMOVE KITCHEN CABINETS BOTH WALL AND BASE AND REPLACE WITH NEW CABINETS NO. MODIFICATION.

HANG DRYWALL IN ENTIRE BUILDING, TAPE AND FINISH.
PAINT ALL WALLS AND CEILING WITH TWO COATS OF PAINT IE. PRIMER SEALER AND HIGH GRADE FLAT PAINT.

INSTALL CROWN MOULDING AND BASE BOARD.

INSTALL ALL INTERIOR AND ENTRY DOORS.

CLEAN AND PAINT OUTSIDE.

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number _____

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): 2844 SW BILLEY AVENUE

a) Street (job) Address: _____

2. General description of improvements: INTERIOR RENODEL - FIRE DAMAGE TO SFD

3. Owner Information

a) Name and address: ALDORNSO FLEMING, ETAL (LEWIS FLEMING)

b) Name and address of fee simple titleholder (if other than owner) NA

c) Interest in property 10%

4. Contractor Information

a) Name and address: LEWIS FLEMING, 2844 SW BILLEY AVENUE, C. P. 179, FL 32024

b) Telephone No.: 202-258-8177 Fax No. (Opt.) _____

5. Surety Information

a) Name and address: _____

b) Amount of Bond: _____

c) Telephone No.: _____

Inst: 200812003071 Date: 2/14/2008 Time: 1:05 PM
10 DC, P. DeWitt Cason, Columbia County Page 1 of 1

6. Lender

a) Name and address: _____

b) Phone No.: _____

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

a) Name and address: _____

b) Telephone No.: _____ Fax No. (Opt.) _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:

a) Name and address: _____

b) Telephone No.: _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA



10. Lewis L. Fleming
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Lewis L. Fleming
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 14 day of February, 20 08, by:
Lewis Fleming as Owner (type of authority, e.g. officer, trustee, attorney
fact) for LEWIS FLEMING (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification Type DL# 1846059 STATE } WASHINGTON

Notary Signature Laurie Hodson Notary Stamp or Seal: _____

—AND—

11. Verification pursuant to Section 92 525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief

Lewis L. Fleming
Signature of Natural Person Signing (in line #10 above.)

A		MM DD YYYY 11 11 2007	43	07-0004121	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	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 Census Tract Module in Section 5 "Alternative Location Specification". Use only for Wildland fires.					
<input checked="" type="checkbox"/> Street address		SW Birley		AVE			
<input type="checkbox"/> Intersection		Lake City		FL 32025			
<input type="checkbox"/> In front of		Cross street or directions, as applicable					
<input type="checkbox"/> Rear of							
<input type="checkbox"/> Adjacent to							
<input type="checkbox"/> Directions							
C Incident Type *		E1 Date & Times Midnight is 0000			E2 Shift & Alarms		
111 Building fire		Month Day Year Hr Min Sec 11 11 2007 10:07:00			Local Option A 01 1		
D Aid Given or Received*		Check boxes if dates are the same as Alarm. ALARM always required.			Shift or Alarms District Platoon		
1 <input type="checkbox"/> Mutual aid received		Alarm * 11 11 2007 10:07:00			ARRIVAL required, unless canceled or did not arrive		
2 <input type="checkbox"/> Automatic aid recvd.		<input checked="" type="checkbox"/> Arrival * 11 11 2007 10:15:00			CONTROLLED Optional, Except for wildland fires		
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled			LAST UNIT CLEARED, required except for wildland fires		
4 <input type="checkbox"/> Automatic aid given		<input checked="" type="checkbox"/> Last Unit			11 11 2007 11:59:00		
5 <input type="checkbox"/> Other aid given		<input checked="" type="checkbox"/> Cleared			Special Studies Local Option		
N <input checked="" type="checkbox"/> None					Special Study ID# Special Study Value		
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
11 Extinguishment by fire		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None			
12 Salvage & overhaul		Apparatus Personnel Suppression 0004 0014		Property \$ 050,000			
		EMS		Contents \$ 015,000			
		Other 0002		PRR-INCIDENT VALUE: Optional			
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Property \$ 075,000			
				Contents \$ 025,000			
Completed Modules		H1 * Casualties None		H3 Hazardous Materials Release		I Mixed Use Property	
<input checked="" type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None		NN <input type="checkbox"/> Not Mixed	
<input checked="" type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or hazard actions		10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home EQ grill)		20 <input type="checkbox"/> Education use	
<input type="checkbox"/> Fire Serv. Cas.-5				3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		H2 Detector Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		U <input checked="" type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use	
<input type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: special hazard actions required or spill > 55gal.. please complete the HAZMAT form		60 <input type="checkbox"/> Industrial use	
J Property Use*		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs		63 <input type="checkbox"/> Military use	
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair		65 <input type="checkbox"/> Farm use	
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station		66 <input type="checkbox"/> Other mixed use	
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input checked="" type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office			
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant			
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boardng house		629 <input type="checkbox"/> Laboratory/science lab			
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant			
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)			
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage			
Outside		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse			
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site			
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard			
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:			
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way		Property Use 419			
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street		1 or 2 family dwelling			
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway		NFIRS-1 Revision 03/11/99			
		962 <input type="checkbox"/> Residential street/driveway					