

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official B2K 17 April 2012 Building Official J.C. 4-16-12
AP# 1204-17 Date Received 4-9-12 By CH Permit # 30089
Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1
Comments Replacing MH Low Line
NO Charge Per Fire Report
FEMA Map# N/A Elevation N/A Finished Floor 1st floor River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # 12-0210-E ☐ EH Release ☐ Well letter ☒ Existing well
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization faxed 4-10-12 ☒ State Road Access faxed 4-9-12 ☐ 911 Sheet
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ N/A Out County ☒ In County
Road/Code _____ School _____ = TOTAL _____ Impact Fees Suspended March 2009 _____

Property ID # 18-45-27-10496-0000 Subdivision _____

- New Mobile Home _____ Used Mobile Home ☒ MH Size 14x64 Year 1994
 - Applicant Roland Gillen Phone # 386-752-1046
 - Address 8313 SE SR 100 Lulu FL 32061
 - Name of Property Owner Roland Gillen Phone# 386-752-1046
 - 911 Address 8313 SE SR 100 Lulu FL 32061
 - Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
 - Name of Owner of Mobile Home Roland Gillen Phone # 386-752-1046
Address 8313 SE SR 100 Lulu FL 32061
 - Relationship to Property Owner Self
 - Current Number of Dwellings on Property no
 - Lot Size _____ Total Acreage 14.35
 - 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 - Burnt MH
 - Driving Directions to the Property US 90 to SR 100 go about 9 miles property on left.
 - Name of Licensed Dealer/Installer Corbett's Mobile Home Center Phone # 386 364 1340
 - Installers Address 1126 Howard St E Lulu FL 32061
 - License Number DIH101538611 Installation Decal # 2339
- Spoke to Roland Gillen 4-17-12*
Corbett's Liability & License

Installer Corbett's Mobile Home Center License # DIH/1015386/1

Address of home being installed _____

Manufacturer _____

Freewood

Length x width

64 x 14

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*

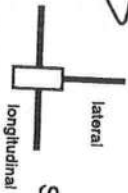
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

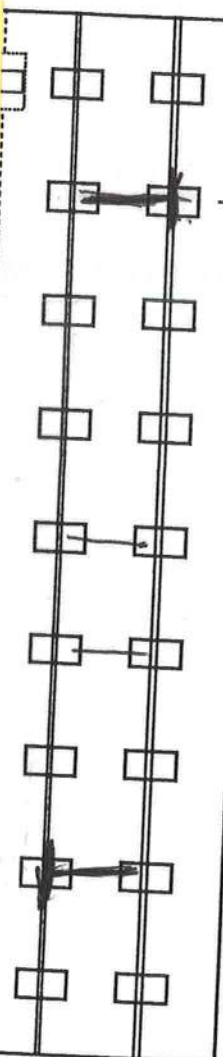
PC

Typical pier spacing

2' 6" OC



XI System by Tie Down Eng
(use dark lines to show these locations)



New Home ☐

Used Home ☒

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide ☒

Wind Zone II ☒

Wind Zone III ☐

Double wide ☐

Installation Decal #

2339

Triple/Quad ☐

Serial #

GAF LR39A01559VH

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	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'	5'	6'	7'	8'	8'
1500 psf	4' 6"	6'	7'	8'	9'	10'	11'
2000 psf	6'	8'	9'	10'	11'	12'	13'
2500 psf	7' 6"	9'	10'	11'	12'	13'	14'
3000 psf	8'	10'	11'	12'	13'	14'	15'
3500 psf	8'	10'	11'	12'	13'	14'	15'

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

PIER PAD SIZES

1' x 2.5 x 1

I-beam pier pad size

Perimeter pier pad size

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

NA

NA

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Tie Down Eng
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Tie Down Eng

Sidewall Longitudinal Marriage wall Shearwall
Number 22
2
4
4

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 2000 psf or check here to declare 1000 lb. soil without testing.

X 2000 X 2000 X 2000

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 2000 X 2000 X 2000

TORQUE PROBE TEST

The results of the torque probe test is 289 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 Corbett's Mobile Home Center

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. NA

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 16

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 16

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: NA Length: NA Spacing: NA
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 NA

Type gasket Pg.

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes X Pg. 22
Siding on units is installed to manufacturer's specifications. Yes X NA
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

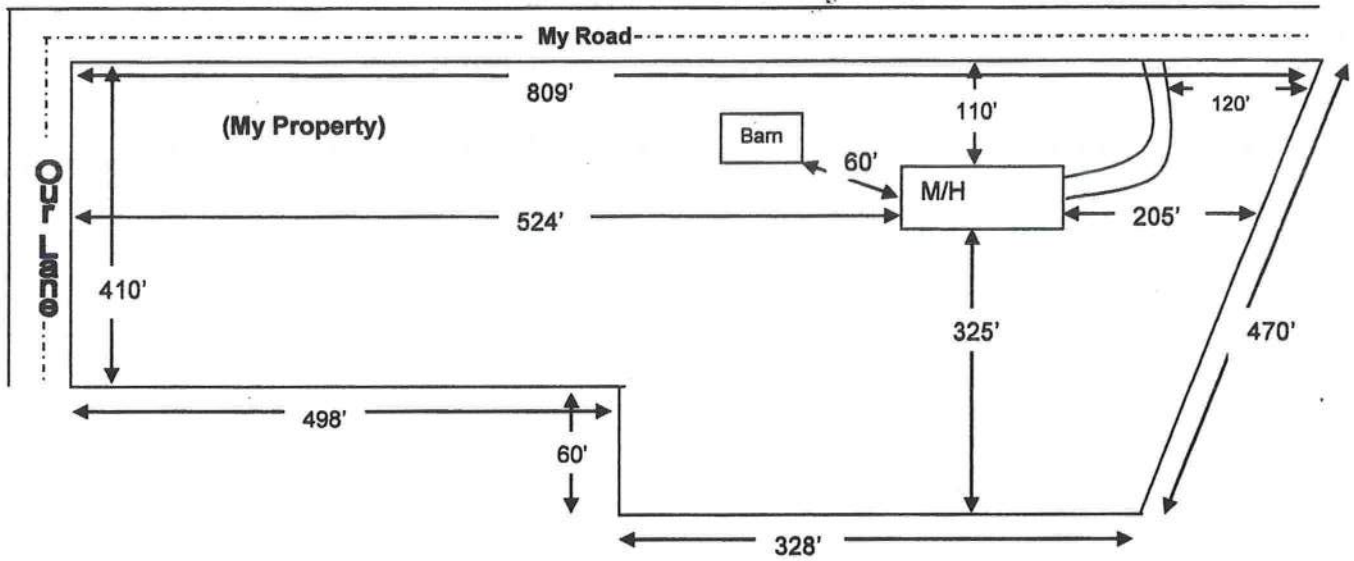
Skirting to be installed. Yes X No
Dryer vent installed outside of skirting. Yes X N/A
Range downflow vent installed outside of skirting. Yes X N/A X
Drain lines supported at 4 foot intervals. Yes X NA
Electrical crossovers protected. Yes NA Other:

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

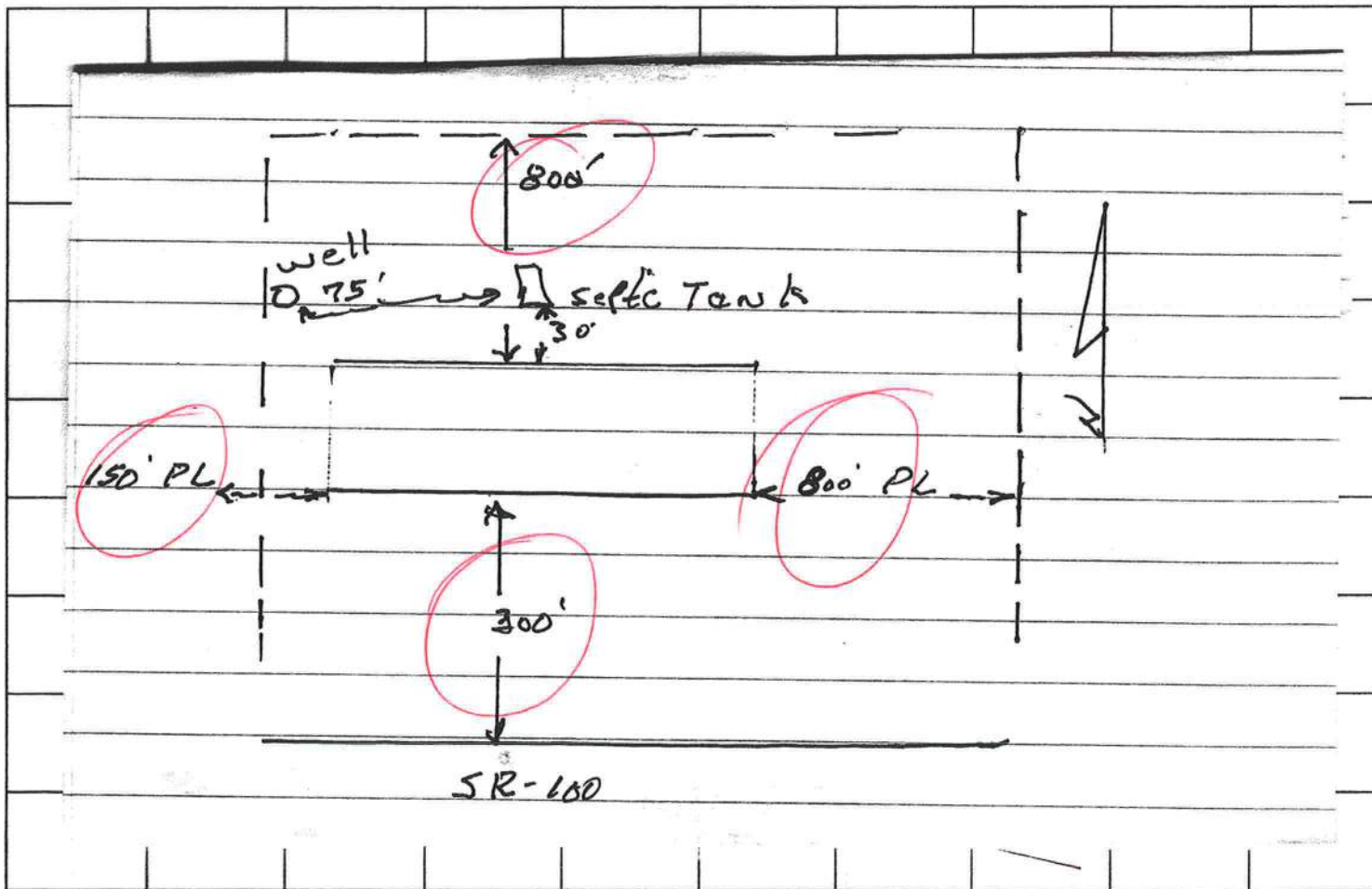
Date

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.

N



S

COLUMBIA COUNTY 9-1-1 ADDRESSING

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

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

Addressing Maintenance

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

DATE REQUESTED: 4/18/2012 **DATE ISSUED:** 4/20/2012

ENHANCED 9-1-1 ADDRESS:

8313 SE STATE ROAD 100
LULU FL 32061

PROPERTY APPRAISER PARCEL NUMBER:

27-4S-18-10496-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR PROPOSED NEW STRUCTURE.

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

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



Existing

Columbia County 9-1-1 Addressing / GIS Department
P.O. Box 1787, Lake City, FL 32056

Telephone: (386) 758-1125 * Fax: (386) 758-1365 * E-mail: ron_croft@columbiacountyfla.com



9-1-1 Address Request Form

NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION, ADDITIONAL TIME MAY BE REQUIRED.

Date of Request: 4-9-12

Requester Last Name: Gillen

First Name: Rolando

Contact Telephone Number: 386-752-1046

(Cell Phone Number if Provided): _____

Requested for Self: ☒ or Requested for Company: _____
(check one)

If Address is Requested by a Company Provide Name of Requesting Company:

Parcel Identification Number: 18-48-27-10496-0000

If in Subdivision, Provide Name Of Subdivision:

Phase or Unit Number (if any): _____ Block Number (if any): _____

Lot Number: _____

Attach Site Plan or you may use back of Request Form for Site Plan:

Requirements for Site Plan Are Listed on Back of Request From:
(NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a property will NOT suffice for Addressing Requirements.)

Addressing / GIS Department Use Only:

Date Received: _____

Date Assigned: _____

ID Number: _____

Existing Address:

8313 SE SE 100

Lulu 1 FC 32061
(Replacing in same spot)

axed -
4-10-12

fax: 758-2160
PH: 758-1007

To: DOT Access
FR: Laurie @ Building Dept.

Application #: 1204-17



Columbia County Property Appraiser

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

PARCEL: 27-4S-18-10496-000 - IMPROVED A (005000)
W 450.33 FT OF NE1/4 OF SE1/4 AS LIES N OF SR-100. ORB 437-383, 842-1258, 854-1122, 923-1713, &
COMM NW COR OF NW1/4 OF SE 1/4, RUN E 1158 FT FOR POB,

NOTES:

Name:	GILLEN ROLAND C SR & BETTY ANN	2011 Certified Values	
Site:	8313 SE STATE ROAD 100	Land	\$7,671.00
Mail:	8479 SE SR 100 LULU, FL 32061	Bldg	\$6,115.00
		Assd	\$17,523.00
Sales	5/29/2009	Exmpt	\$0.00
Info	4/15/2009		Cnty: \$17,523
		Taxbl	Other: \$17,523 Schl: \$17,523

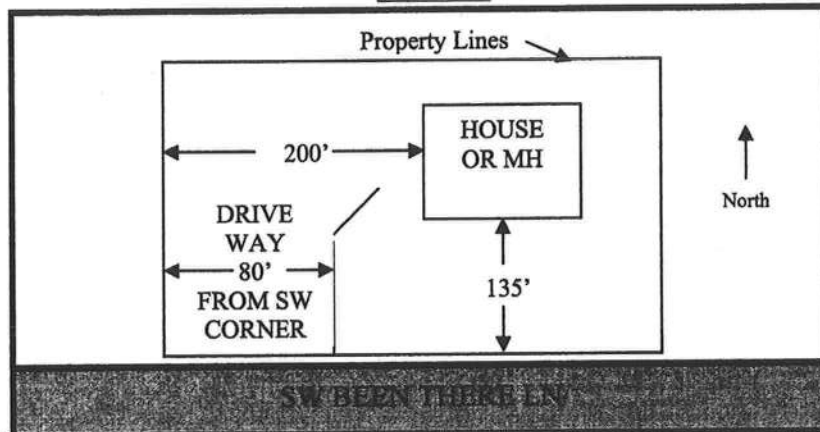


Existing MH burnt in 2011 - They are replacing this home in the same spot - using the same driveway.

Can you please review this for me and send a reply by fax.
Thank You, Laurie Jackson

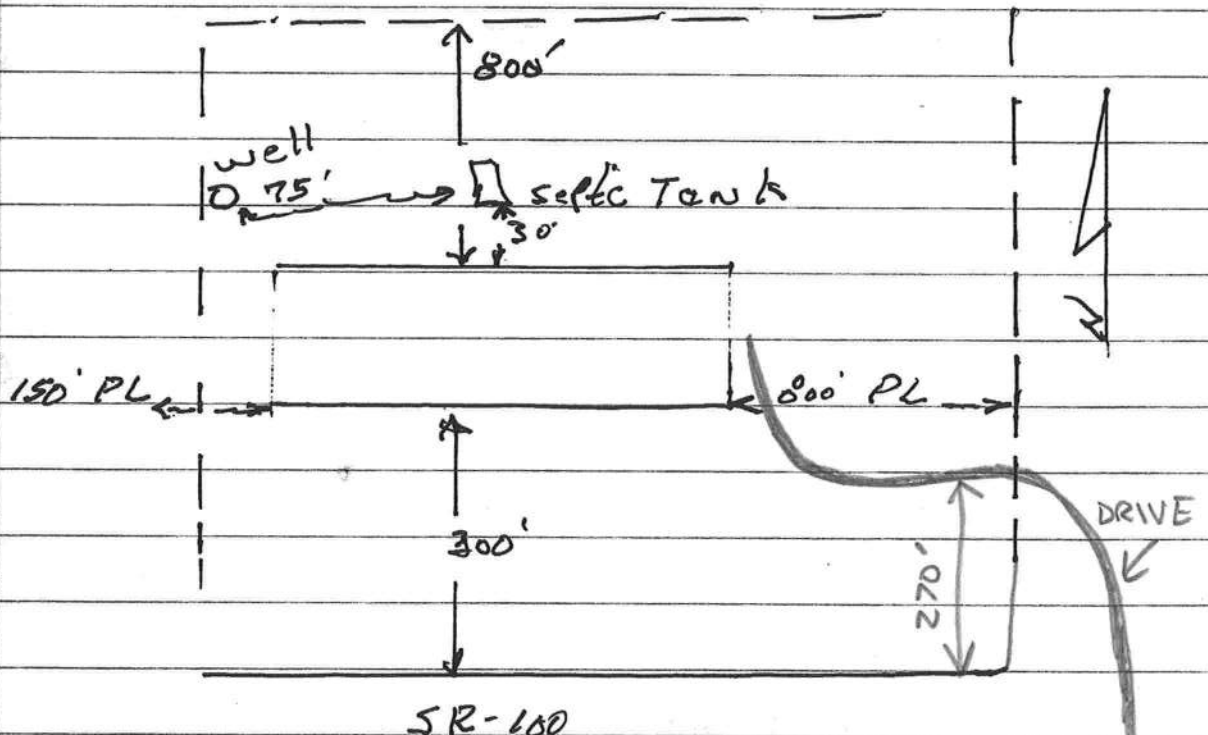
1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



Site plan

8313 S.E. SR-100



Columbia County Property Appraiser

DB Last Updated: 3/12/2012

2011 Tax Year**Parcel: 27-4S-18-10496-000**

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

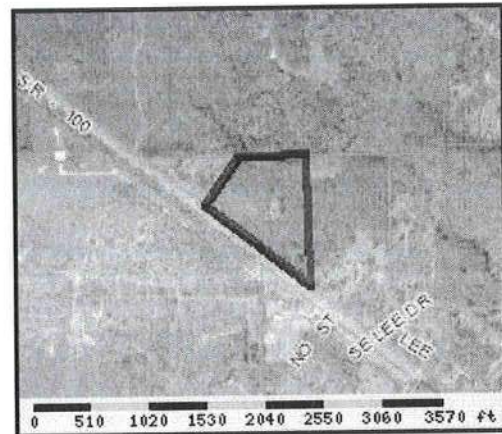
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	GILLEN ROLAND C SR & BETTY ANN		
Mailing Address	8479 SE SR 100 LULU, FL 32061		
Site Address	8313 SE STATE ROAD 100		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	1418
Land Area	14.350 ACRES	Market Area	04
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W 450.33 FT OF NE1/4 OF SE1/4 AS LIES N OF SR-100. ORB 437-383, 842-1258, 854-1122, 923-1713, & COMM NW COR OF NW1/4 OF SE 1/4, RUN E 1158 FT FOR POB, CONT E 162 FT, RUN S ALONG E LINE OF NW1/4 OF SE1/4 TO N R/W SR 100, RUN NWLY ALONG R/W 620 FT, NE 545 FT TO POB ORB 645-375, 842-1256, PROB 1170-2052, PROB 1171-1216, QC 1171-1219 THRU 1228, WD 1171- 1231, CORR WD 1174-714		

**Property & Assessment Values**

2011 Certified Values		
Mkt Land Value	cnt: (1)	\$7,671.00
Ag Land Value	cnt: (2)	\$3,337.00
Building Value	cnt: (1)	\$6,115.00
XFOB Value	cnt: (1)	\$400.00
Total Appraised Value		\$17,523.00
Just Value		\$50,964.00
Class Value		\$17,523.00
Assessed Value		\$17,523.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$17,523 Other: \$17,523 Schl: \$17,523	

2012 Working Values

NOTE:
2012 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
5/29/2009	1174/714	WD	V	U	11	\$0.00
4/15/2009	1171/1231	WD	V	U	30	\$35,000.00
1/30/2009	1171/1219	QC	V	U	11	\$100.00
1/23/2009	1171/1225	QC	V	U	11	\$100.00
1/31/2001	923/1713	WD	I	U	01	\$100.00
3/4/1998	854/1122	WD	I	U	01	\$40,000.00
7/14/1997	842/1258	WD	I	U	02	\$0.00
2/26/1988	645/375	WD	V	Q	01	\$12,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value

1	MOBILE HME (000800)	1971	AL SIDING (26)	1344	1344	\$6,115.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0297	SHED CONCR	0	\$400.00	0000001.000	20 x 16 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000200	MBL HM (MKT)	1 AC	1.00/1.00/1.00/1.00	\$5,104.79	\$5,104.00
005500	TIMBER 2 (AG)	13.35 AC	1.00/1.00/1.00/1.00	\$250.00	\$3,337.00
009910	MKT.VAL.AG (MKT)	13.35 AC	1.00/1.00/1.00/1.00	\$0.00	\$33,100.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

DB Last Updated: 3/12/2012

1 of 1

DISCLAIMER

This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

RONNIE BRANNON, CFC

TAX COLLECTOR COLUMBIA COUNTY

FOURTH INSTALLMENT (MAR) 2011 27486.0000

RONNIE BRANNON TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
R10496-000	999	See Below	See Below	Oper See Below Till 030	003
0001955 **AUTO** SCH 5-DIGIT 32038		Amount		18-4S-27 5000/5000 14.35 Acres	784.19CK
GILLEN ROLAND C SR & BETTY ANN		W 450.33 FT OF NE 1/4 OF SE 1/4		SH	(0.50)
8479 SE SR 100		AS LIES N OF SR 100 BY: GILLEN ROLAND C SR & E		ORB 437-383, 842-1258,	
LULU FL 32061		854-1122, 923-1713,		& COMM NW COR OF NW 1/4 OF SE	
		See Tax Roll For Extra Legal			

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS	8.01500	17,523	0	17,523	140.45
COLUMBIA COUNTY SCHOOL BOARD					
DISCRETIONARY	0.74800	17,523	0	17,523	13.11
LOCAL	5.36700	17,523	0	17,523	94.05
CAPITAL OUTLAY	1.50000	17,523	0	17,523	26.28
SUWANNEE RIVER WATER MGT DIST	0.41430	17,523	0	17,523	7.26
LAKE SHORE HOSPITAL AUTHORITY	0.96200	17,523	0	17,523	16.86

EXEMPTIONS APPLIED:

TOTAL MILLAGE 17.00630

AD VALOREM TAXES 298.01

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
FFIR FIRE ASSESSMENTS	Per Parcel	146.58
GGAR SOLID WASTE - ANNUAL	Per Parcel	201.00

FOR INFORMATION OR TO PAY WITH CREDIT/DEBIT CARD or E-CREDIT VISIT www.columbiataxcollector.com (CONVENIENCE FEE APPLIES)**NON-AD VALOREM ASSESSMENTS**

347.58

COMBINED TAXES AND ASSESSMENTS

645.59

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

2011 GROSS 645.59	GROSS 157.76	DISCOUNT	FEES 0.00	If Paid By Please Pay	Mar 31 20 157
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RETAIN THIS PORTION AS YOUR RECEIPT OR MAIL A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF VALIDATED RECEIPT.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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>+ Roland Gillen</u> Signature <u>+ Roland Gillen</u> License #: <u>Owner</u> Phone #:
MECHANICAL/ A/C	Print Name _____ Signature _____ License #: <u>Window Unit only</u> Phone #:
PLUMBING/ GAS	Print Name <u>+ Roland Gillen</u> Signature <u>+ Roland Gillen</u> License #: <u>Owner</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.

LIMITED POWER OF ATTORNEY

I, Robert Corbett, license # DI14101538611 hereby
authorize Roland Gillen to be my representative and act on my behalf
in all aspects of applying for a mobile home permit to be placed on the following
described property located in ^{Columbia} ~~Suwannee~~ County, Florida.

Property owner: Roland Gillen

Sec 18 Twp. 48 S Rge 27 E

Tax Parcel No. 10496-0000

Robert Corbett
Mobile Home Installer

4-9-12
(Date)

Sworn to and subscribed before me this 9th day of April, 2012.

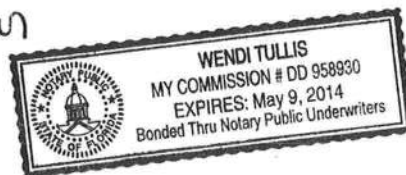
Wendi Tullis
Notary Public

My Commission expires: 5/9/2014 ~~0095893~~ error W1

Commission No. 00958930

Personally known: _____

Produced ID (Type) _____



MM DD YYYY		NFIRS - Basic	
A	29091	FL	10 02 2011
	* FDID *	* State *	* Incident Date *
		48	11-0008714
		* Station *	* Incident Number *
		000	000
		* Exposure *	* NFIRS - Basic *
<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.			
B Location*			
<input checked="" type="checkbox"/> Street address 8313 SE State Road 100 <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway <input type="checkbox"/> In front of Lake City FL 32025 <input type="checkbox"/> Rear of City State Zip Code <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Cross street or directions, as applicable			
C Incident Type *		E1 Date & Times	
121 Fire in mobile home used as		Midnight is 0000	
Incident Type		Month Day Year Hr Min Sec	
		10 02 2011 23:39:00	
D Aid Given or Received*		E2 Shift & Alarm	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None		Local Option C 01 1 Shift or Alarm District Platform	
E3 Special Studies			
F Actions Taken *		G1 Resources *	
11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) 51 Ventilate Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0005 0011 EMS Other 0003 0001 <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Value			
LOSSES: Required for all fires if known. Optional for non fires. Property \$ 020 000 Contents \$ 015 000 PRE-INCIDENT VALUE: Optional Property \$ 020 000 Contents \$ 015 000			
Completed Modules		H1* Casualties	
<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		<input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
J Property Use*		H3 Hazardous Materials Release	
Structures		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	
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		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/boarder 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	
Outside		I Mixed Use Property	
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		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	
936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard	
		Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419 1 or 2 family dwelling	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

[352] - [240] - [5751]

Area Code

Phone Number

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

[] [Lorie] [] [Palmer]
Mr., Ms., Mrs. First Name MI Last Name Suffix
[8313] [SE] [State Road 100]
Number Prefix Street or Highway Street Type Suffix
[] [Lake City]
Post Office Box Apt./Suite/Room City
[FL] [32025] - []
State Zip Code

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

K2 Owner

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

Business name (if applicable)

[386] - [752] - [1046]

Area Code

Phone Number

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

[] [Roland] [] [Giland]
Mr., Ms., Mrs. First Name MI Last Name Suffix
[8479] [SE] [State Road 100]
Number Prefix Street or Highway Street Type Suffix
[] [Lake City]
Post Office Box Apt./Suite/Room City
[FL] [32025] - []
State Zip Code

L Remarks

Local Option

We were dispatched to a double wide mobile home structure roof over fire. Upon our arrival we handed over Incident Command to the next incoming unit. We pulled two 200' 1 3/4" hand lines and began extinguishing the fire. Fire had already vented through the roof of the structure with 50 percent fully involved. As incoming crews arrived, we made entry to the residence to fully extinguish the fire. We ventilated the residence, overhauled and mopped up. Red Cross was called to assist the residents of the mobile home. We released crews and remained on scene to check for hot spots. We finally released the residence back to the homeowner. We completed assignment and returned to quarters.

Lauren Palmer 19 and Jayden Palmer 2 were not at home at the time of this fire.

Authorization

[0009]

Officer in charge ID

[Boozar, David L.]

Signature

[FMD]

Position or rank

[]

Assignment

[10]

Month

[03]

Day

[2011]

Year

Check box if same

☐ [0018]

Officer/Member making report ID in charge.

[Cervantes, Tad]

Signature

[SC]

Position or rank

[]

Assignment

[10]

Month

[03]

Day

[2011]

Year

B Property Details

B1 0001 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

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

C On-Site Materials ☐ None or Products

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

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

- 1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
- 1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
- 1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 26 Laundry area, wash
Area of fire origin *

D2 11 Spark, ember or flame
Heat source *

D3 99 Multiple items first
Item first ignited * 1 ☐ Check Box if fire spread was confined to object of origin

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

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

- 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

UU Undetermined ☒ None
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

- 1 ☐ Asleep ☒ Non
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
- 7 ☐ Age was a factor
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

Model

Serial #

Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

- 1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☐ None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

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

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

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

Mobile property model Year

License Plate Number State VIN Number

I1 Structure Type * If Fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input type="checkbox"/> Enclosed Building 2 <input checked="" type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. pier) 7 <input type="checkbox"/> Underground structure (work space) 8 <input type="checkbox"/> Connective structure (e.g. ferries) 0 <input type="checkbox"/> Other type of structure		I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;"></div> <small>Total number of stories below grade</small>		I4 Main Floor Size* NFIRS-3 Structur Fire <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;"></div> <small>Total square feet</small> </div> <div style="text-align: center; margin: 0 20px;">OR</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;"></div> <div style="margin: 0 5px;">BY</div> <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;"></div> </div> <small>Lenght in feet Width in feet</small> </div> </div>	
J1 Fire Origin * <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 100px; margin-right: 10px;">001</div> <div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small> </div> </div>		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 100px; margin-right: 10px;"></div> <div> <small>Number of stories w/ minor damage (1 to 248 flame damage)</small> <small>Number of stories w/ significant damage (25 to 498 flame damage)</small> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 100px; margin-right: 10px;">001</div> <small>Number of stories w/ heavy damage (50 to 748 flame damage)</small> </div> <small>Number of stories w/ extreme damage (75 to 1008 flame damage)</small> </div> </div>		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 5px auto;"></div> <small>Type of material contributing most of flame spread Required only if contributing code is 00 or 70</small>			
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated <small>(Complete Section L5)</small> 3 <input type="checkbox"/> Failed to Operate <small>(Complete Section L6)</small> U <input type="checkbox"/> Undetermined		L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input checked="" type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined			
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M		M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined			
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 5px auto;"></div> <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99			

B Apparatus or Resource		Date and Times <small>Check if same as alarm date</small>						Sent	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
		Month	Day	Year	Hour	Min	<input type="checkbox"/>					
1	ID <input type="text" value="CF1"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>					
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
2	ID <input type="text" value="CF4"/> Type <input type="text" value="60"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>					
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
3	ID <input type="text" value="CF5"/> Type <input type="text" value="10"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>					
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
4	ID <input type="text" value="E43"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>			<input type="text" value="75"/>	<input type="text" value="76"/>	
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
5	ID <input type="text" value="E45"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>			<input type="text" value="75"/>	<input type="text"/>	
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
6	ID <input type="text" value="E48"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>			<input type="text" value="75"/>	<input type="text" value="76"/>	
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
7	ID <input type="text" value="T45"/> Type <input type="text" value="24"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>			<input type="text" value="75"/>	<input type="text" value="76"/>	
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
8	ID <input type="text" value="T48"/> Type <input type="text" value="24"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:39"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="73"/>	<input type="text" value="74"/>	
		Arrival <input checked="" type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="2"/>	<input type="text" value="2011"/>	<input type="text" value="23:55"/>	<input checked="" type="checkbox"/>			<input type="text" value="75"/>	<input type="text" value="76"/>	
		Clear <input type="checkbox"/>	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="2011"/>	<input type="text" value="02:41"/>						
9	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

Type of Apparatus or Resources

Ground Fire Suppression
 11 Engine
 12 Truck or aerial
 13 Quint
 14 Tanker & pumper combination
 16 Brush truck
 17 ARF (Aircraft Rescue and Firefighting)
 10 Ground fire suppression, other
 Heavy Ground Equipment
 21 Dozer or plow
 22 Tractor
 24 Tanker or tender
 20 Heavy equipment, other
 Aircraft
 41 Aircraft: fixed wing tanker
 42 Helitanker
 43 Helicopter
 40 Aircraft, other

Marine Equipment
 51 Fire boat with pump
 52 Boat, no pump
 50 Marine apparatus, other
 Support Equipment
 61 Breathing apparatus support
 62 Light and air unit
 60 Support apparatus, other
 Medical & Rescue
 71 Rescue unit
 72 Urban Search & rescue unit
 73 High angle rescue unit
 75 BLS unit
 76 ALS unit
 70 Medical and rescue unit, other

More Apparatus?
 Use Additional
 Sheets

Other
 91 Mobile command post
 92 Chief officer car
 93 HazMat unit
 94 Type 1 hand crew
 95 Type 2 hand crew
 99 Privately owned vehicle
 00 Other apparatus/resource
 NN None
 UU Undetermined

A FDID * 29091 State * FL Incident Date * MM 10 DD 2 YYYY 2011 Station 48 Incident Number * 11-0008714 Exposure * 000 ☐ Delete ☐ Change NFIRS - 10 Personnel

B Apparatus or Resource * Use codes listed below

Apparatus or Resource	Date and Times				Sent	Number of * People	Use	Actions Taken				
	Check if same as alarm date											
	Month	Day	Year	Hours/mins								
1 ID CF1 Type 92	Dispatch	<input checked="" type="checkbox"/>	10	2	2011	23:39	Sent	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73	
	Arrival	<input checked="" type="checkbox"/>	10	2	2011	23:55						
	Clear	<input type="checkbox"/>	10	3	2011	02:41						

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0009	Boozer, David	FMD	<input checked="" type="checkbox"/>	58	11		

2 ID CF4
Type 60

Dispatch ☒ 10 2 2011 23:39
Arrival ☒ 10 2 2011 23:55
Clear ☐ 10 3 2011 02:41

Sent ☒ 1

☐ Suppression
☐ EMS
☒ Other

73

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0019	Crawford, Jeffrey	SC	<input checked="" type="checkbox"/>	58	11	12	

3 ID CF5
Type 10

Dispatch ☒ 10 2 2011 23:39
Arrival ☒ 10 2 2011 23:55
Clear ☐ 10 3 2011 02:41

Sent ☒ 1

☐ Suppression
☐ EMS
☒ Other

73

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
001	Atkinson, Tres	FC	<input checked="" type="checkbox"/>	58	11	81	86

A MM DD YYYY 29091 FL 10 2 2011 48 11-0008714 000 ☐ Delete ☐ Change NFIRS - 10
Personnel

B Apparatus or Resource *	Date and Times <small>Check if same as alarm date</small>	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
<small>Use codes listed below</small>	<small>Month Day Year Hours/mins</small>				
1 ID E43	Dispatch <input checked="" type="checkbox"/> 10 2 2011 23:39	Sent <input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	73 74 75 76
Type 11	Arrival <input checked="" type="checkbox"/> 10 2 2011 23:55			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 10 3 2011 02:41			<input type="checkbox"/> Other	

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0051	Herndon, Paul	FF	X	11	12		
JENK01	Jenkins, Jonathan	FF	X	73			
THOM01	Thomas, Austin	FF	X	58	11	12	

2 ID E45	Dispatch <input checked="" type="checkbox"/> 10 2 2011 23:39	Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression	73 74 75
Type 11	Arrival <input checked="" type="checkbox"/> 10 2 2011 23:55			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 10 3 2011 02:41			<input type="checkbox"/> Other	

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0004	Bailey, Stephen	FF	X	58	11		

3 ID E48	Dispatch <input checked="" type="checkbox"/> 10 2 2011 23:39	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	73 74 75 76
Type 11	Arrival <input checked="" type="checkbox"/> 10 2 2011 23:55			<input type="checkbox"/> EMS	
	Clear <input type="checkbox"/> 10 3 2011 02:41			<input type="checkbox"/> Other	

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0018	Cervantes, Tad	SC	X	11	12	51	
0070	Overstreet, Shane	FF	X	58	11	12	51

A ☐ Delete ☐ Change **NFIRS - 10 Personnel**

B Apparatus or Resource **Date and Times** ☒ Dispatch ☐ Arrival ☐ Clear **Sent** ☒ **Number of People** **Use** ☒ Suppression ☐ EMS ☐ Other **Actions Taken**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0005	Ballance, Jeff	FF	X	58	11	12	
0093	Wehinger, Joshua	LT	X	11	12	51	

2 **Date and Times** ☒ Dispatch ☐ Arrival ☐ Clear **Sent** ☒ **Number of People** **Use** ☒ Suppression ☐ EMS ☐ Other **Actions Taken**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0086	Sullivan, Danny	FF	X	58	11		

3 **Date and Times** ☐ Dispatch ☐ Arrival ☐ Clear **Sent** ☐ **Number of People** **Use** ☐ Suppression ☐ EMS ☐ Other **Actions Taken**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

K1 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.

_____ **Zachary** _____ **Palmer** _____
Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room **Lake City**
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.

_____ **Ashton** _____ **Palmer** _____
Mr., Ms., Mrs. First Name MI Last Name Suffix

8313 **SE** **State Road 100** _____
Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room **Lake City**
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.

_____ **Summer** _____ **Palmer** _____
Mr., Ms., Mrs. First Name MI Last Name Suffix

8313 **SE** **State Road 100** _____
Number Prefix Street or highway Street Type Suffix

Post office box Apt./Suite/Room **Lake City**
City

FL **32025** - _____
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

**FAX
MEMORANDUM****MEMORANDUM****FLORIDA DEPARTMENT OF TRANSPORTATION**

To: Mr. Randy Jones, Dept. Director
Columbia Co. Building & Zoning Dept.
Fax No: 386-758-2160

From: Dale L. Cray, FDOT Permits Insp.
Date: 4-10-2012 **Fax No.** 386-961-7183
Attention: Mrs. Laurie Building Zoning
Dept.

☐ Sign and return. ☒ For your files. ☐ Please call me. ☒ FYI ☐ For Review

REF: Ex/Res. Driveway

PROJECT: Roland C. Gillen & Betty Ann

PARCEL ID No: 27-4s-18-10496-000 **Permit No :** N/A **Sec No :** 29060

MILE POST: +-

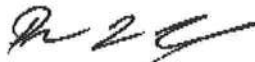
Mr. Jones

Please accept this as our legal notice of passing inspection for an existing residential driveway. Current land owners Roland C. Gillen & Betty Ann., site address is 8479 Se SR 100 Lulu, FL 32061 See attached sheet.

The existing Residential Access has been inspected and (Approved) and, meets FDOT Standard Requirements.

If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 961-7193 or 961-7146.

Sincerely,



Dale L. Cray
Access Permits Inspector

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

Wed - Call
owner

1204-17

DATE RECEIVED 4-9-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME Roland Gillen PHONE _____ CELL 386-965-0536

ADDRESS _____ 752-1046

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 245 & 252 - Call Mr. Gillen
before going so he can open the m/h.

MOBILE HOME INSTALLER _____ PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE fleetwood YEAR 94 SIZE 64 x 14 COLOR Tan

SERIAL No. GAPLR 39A 01559VH

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

INSPECTION STANDARDS

INTERIOR:

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

\$50.00

Date of Payment: NO-fee

Paid By: Burnt m/h

Notes: _____

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

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 [Signature] ID NUMBER 304 DATE 4-12-12



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

PERMIT NO. 12-0210-E
DATE PAID: 4-12-12
FEE PAID: 125.00
RECEIPT #: 12-PID-1838496

APPLICATION FOR:

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

APPLICANT: Roland Gillet

AGENT: SAME TELEPHONE: 752-1046

MAILING ADDRESS: 8479 SE SR 100 32061 Lulu FL.

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: _____ PLATTED: _____

PROPERTY ID #: 27-45-18-10496 000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 14.75 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 8313 SE SR 100, Lulu, FL

DIRECTIONS TO PROPERTY: Go down 100 to Lulu, on L

(8313)

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>SWMH</u>	<u>2</u>	<u>896</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Roland Gillet DATE: 4-12-12

RECEIVED
KSP

RECEIVED
4/12/12

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

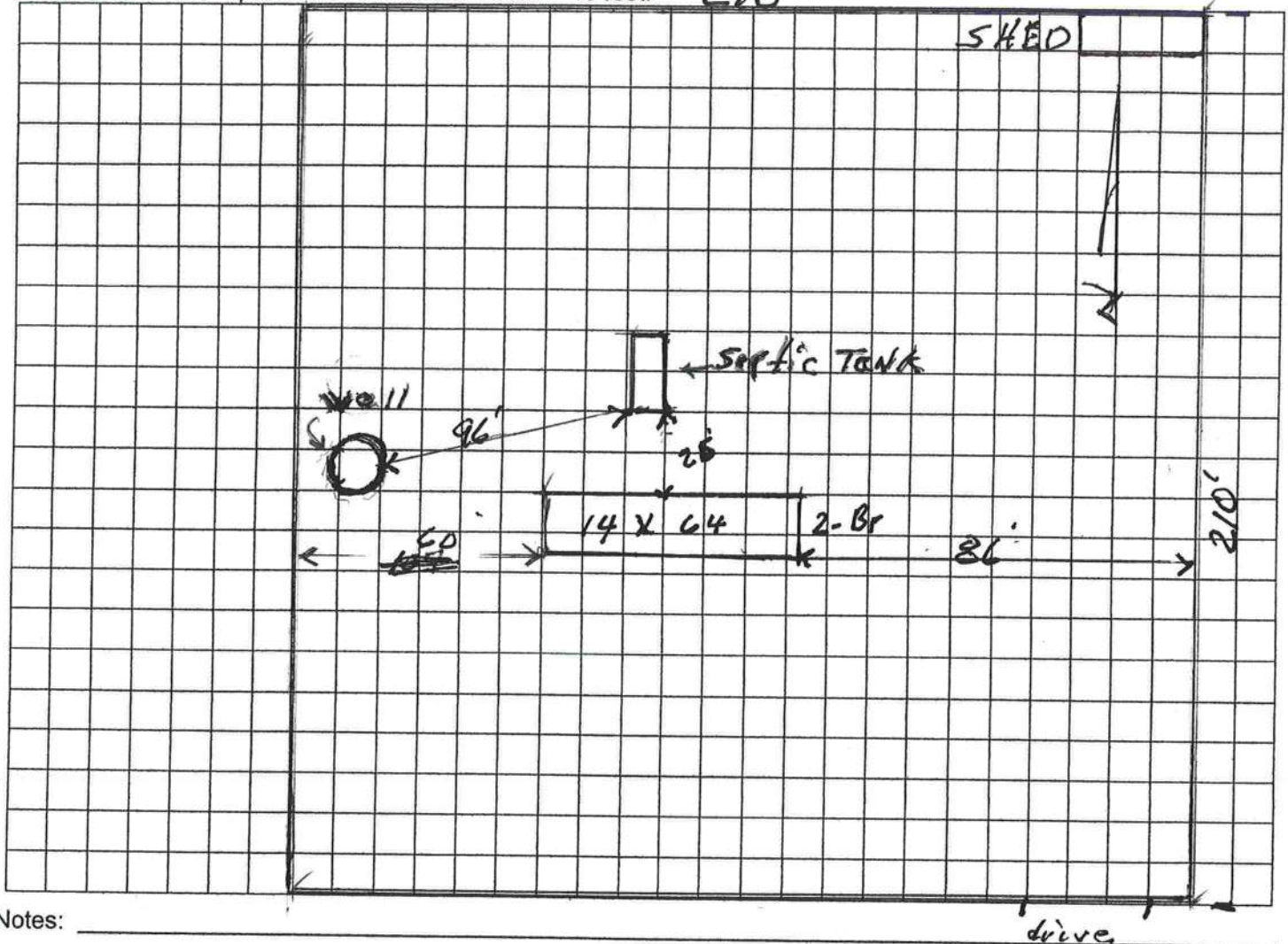
Permit Application Number

12-0210-E

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

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

210'



Notes:

Site Plan submitted by: Ronald B. B. B.

Plan Approved X

Not Approved _____

Date 4/15/12

By [Signature] Clement

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT