

Burnt M/H R/Free

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

**For Office Use Only** (Revised 1-11) Zoning Official BLK 8 Aug 2013 Building Official TN 8/7/13  
AP# 1308-19 Date Received 8/7/13 By LT Permit # 31337  
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3  
Comments Section 2.3.1. Legal Non-conforming Lot of Record  
FEMA Map# N/A Elevation N/A Finished Floor labored River N/A In Floodway N/A  
☐ Site Plan with Setbacks Shown ☒ EH # 13-0413 ☐ EH Release ☐ Well letter ☐ Existing well  
☒ Recorded Deed or Affidavit from land owner ☒ Installer Authorization release in folder ☐ State Rd Access ☐ 911 Sheet Consent to Rem. approved 8/7/13  
☐ Parent Parcel # ☐ STUP-MH ☐ F W Comp. letter ☐ App Fee Pd ☒ VF Form LT  
IMPACT FEES: EMS ☐ Fire ☐ Corr ☐ Out County ☒ In County  
Road/Code ☐ School ☐ = TOTAL ☐ Suspended March 2009 ☒ Ellisville Water Sys

Property ID # 00-00-00-01438-03 Subdivision Three Rivers Est. lots 31 & 32, BLK 4, Unit 23

- New Mobile Home ☐ Used Mobile Home ☒ MH Size 24x52 Year 1983
- Applicant William H. Emery Phone # 867-3472
- Address 248 SW Utah St. Fort White, FL 32038
- Name of Property Owner William H. Emery Phone # 867-3472
- 911 Address 248 SW Utah St. 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 William Emery Phone # 867-3472  
Address 248 SW Utah St. Fort White FL 32038
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 1 (Replacement for Burnout)
- Lot Size 1.836 Total Acreage 1.836
- Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)  
(Currently-using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home Yes
- Driving Directions to the Property 47 South, (C) 27, (C) Utah,  
2nd on left
- Name of Licensed Dealer/Installer Terry L. Thrift Phone # (386) 623-0115
- Installers Address 2418 NW Dye Hunter Dr Lake City FL 32055
  - License Number EH-1025139 Installation Decal # 19467

# 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 Teray L. Thayer License # EH-1005189

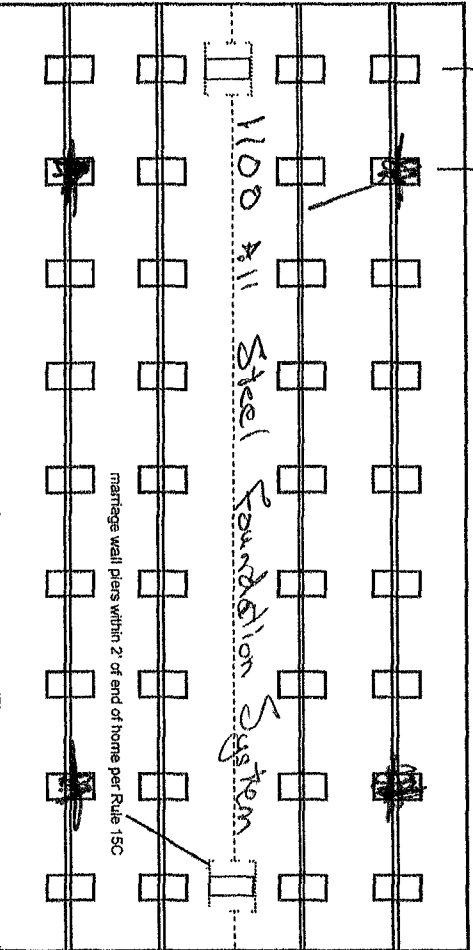
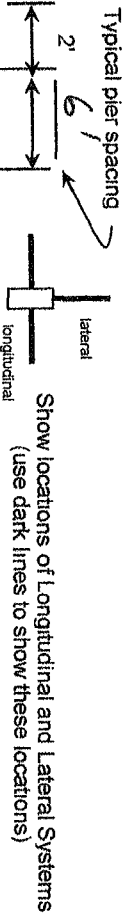
911 Address where home is being installed \_\_\_\_\_

Manufacturer NOBILITY Length x width 52' x 24'

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 TL



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 # 17467

Triple/Quad ☐ Serial # \_\_\_\_\_

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (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'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 172 x 262

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 15' Pier pad size 172 x 262

\_\_\_\_\_ Pier pad size \_\_\_\_\_

\_\_\_\_\_ Pier pad size \_\_\_\_\_

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) \_\_\_\_\_

Manufacturer OLYMPIC Longitudinal Marriage Wall \_\_\_\_\_

Manufacturer \_\_\_\_\_

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 20 Sidewall \_\_\_\_\_

Longitudinal Marriage Wall \_\_\_\_\_

Shearwall \_\_\_\_\_

# COLUMBIA COUNTY PERMIT WORKSHEET

page 1 of 2

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Installer TERRY J. THORNTON License # 24-1005139

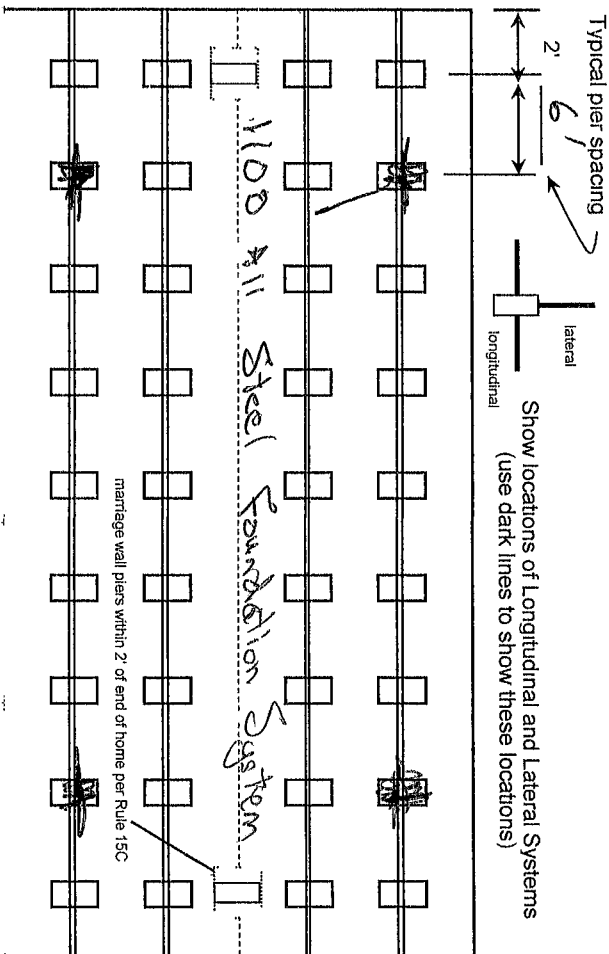
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Installer's initials TLT



New Home ☐ Used Home ☒

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Home is installed in accordance with Rule 15-C ☒

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Triple/Quad ☐ Serial # \_\_\_\_\_

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## ANCHORS

4 ft ☒ 5 ft ☐

## FRAME TIES

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

## TIEDOWN COMPONENTS

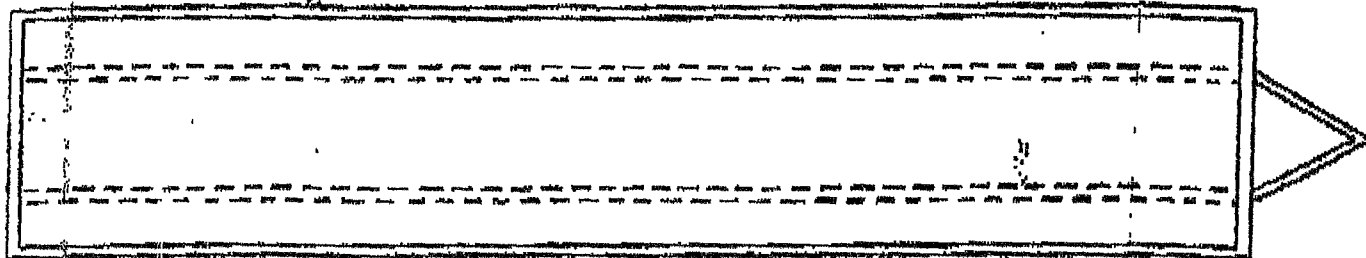
## OTHER TIES

Longitudinal Stabilizing Device (LSD)  
Manufacturer OLYMPIC  
Longitudinal Stabilizing Device w/ Lateral Arms  
Manufacturer \_\_\_\_\_

Sidewall 20  
Longitudinal 1  
Marriage wall 2  
Shearwall \_\_\_\_\_

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

### SINGLE WIDE MOBILE HOME



Nobility 1983

24' x 52'

Emery



### DOUBLE WIDE MOBILE HOME



1100 All Steel Foundation System



PIER

Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

**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.***

<b>ELECTRICAL</b>	Print Name <u>William Emery</u> License # <u>Owner</u>	Signature <u>William Emery</u> Phone # _____
<b>MECHANICAL/ A/C _____</b>	Print Name <u>William Emery</u> License # <u>Owner</u>	Signature <u>William Emery</u> Phone # _____
<b>PLUMBING/ GAS</b>	Print Name <u>Terry L. Thel</u> License #: <u>TH-1025139</u>	Signature <u>Terry L. Thel</u> Phone #: <u>(386) 623-0115</u>

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

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



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, Terry L. Thrift, give this authority for the job address show below  
Installer License Holder Name

only, 248 SW Utah St. Fort White FL 32038, 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)
William Emery	<i>William Emery</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Property Owner
		<input 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.

*Terry L. Thrift*  
License Holders Signature (Notarized)

JH - 1025139  
License Number

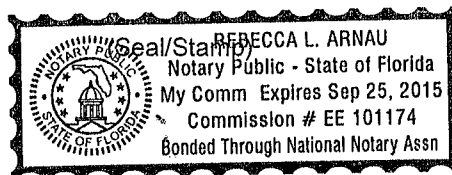
7/25/13  
Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this 25 day of July, 2013

*Rebecca L. Arnan*  
NOTARY'S SIGNATURE



# Site Plan



## Columbia County Property Appraiser

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

**PARCEL: 00-00-00-01438-031 - AC/XFOB (009901)**

LOTS 31 & 32, BLOCK 4, UNIT 23 THREE RIVERS EST ORB 670-461, 670-463, DIV#96-972-DR ORB 857-1670  
THRU 1675 QCD 1246-424

<b>Name:</b>	EMERY WILLIAM H	<b>2012 Certified Values</b>	
<b>Site:</b>	248 SW UTAH ST	Land	\$17,150.00
<b>Mail:</b>	283 SE BIKINI DR	Bldg	\$8,416.00
	LAKE CITY, FL 32025	Assd	\$24,822.00
<b>Sales:</b>	1/27/2012 \$100.00 V/U	Exmpt	\$14,364.00
<b>Info:</b>	10/7/1988 \$5,600.00 V/U		Cnty \$10,458
		Taxbl	Other \$10,458   Schl \$10,458

NOTE:



Inst: 201212018339 Date: 12/12/2012 Time: 4:17 PM  
Doc Stamp-Deed: 0.70  
DC, P. DeWitt Cason, Columbia County Page 1 of 2 B: 1246 P: 424

Recording requested by: WILLIAM EMERY

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by:

Name: WILLIAM H. EMERY

Name WILLIAM EMERY

Address: 248 SW. UTAH ST.

Address 283 SE BIKINI DR.

City/State/Zip: FORT WHITE FL. 32028

City/State/Zip FL. 32025

Property Tax Parcel/Account Number: \_\_\_\_\_

## Quitclaim Deed

This Quitclaim Deed is made on JAN. 27, 2012, between  
SAM HASTY IV, Grantor, of PROPERTY 248 SW. UTAH ST.,  
City of FORT WHITE, State of FL. 32028,  
and WILLIAM H. EMERY, Grantee, of 283 SE BIKINI DR.,  
City of LAKE CITY, State of FL. 32025.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by  
the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs  
and assigns, to have and hold forever, located at 248 SW. UTAH ST. LOTS 31+32 BLOCK 4  
UNIT 23, City of FORT WHITE, State of FL. 32028:

3 RIVER EST. ORB 670-461, 670-463 DIV # 96-972, DR,  
ORB. 857-1670 THOUGH 1675

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of 2011 shall be ~~prorated between the Grantor and Grantee as of the date of~~  
recording of this deed. PAID BY



Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.  
Taxes for the tax year of 2011 shall be ~~prorated between the Grantor and Grantee~~ PAID BY as of the date of recording of this deed.

Dated: December 10, 2012

Samuel Hasty  
Signature of Grantor

[Signature]  
WITNESS

Samuel C. Hasty IV  
Name of Grantor  
FLID H230783894280

[Signature]  
WITNESS

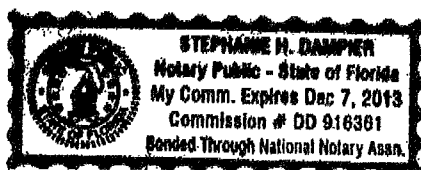
State of ~~FLORIDA~~ FLORIDA

County of Swannee } S.S.

On December 10, 2012, before me, Samuel C. Hasty IV  
(name and title of notary), personally appeared [Signature] Stephanie Dampier - notary,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are sub-  
scribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/  
his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that  
the foregoing is true and correct. Witness my hand and official seal.

[Signature]  
Notary Signature

Seal



## AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: William Emery

Property ID: Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ Tax Parcel No: \_\_\_\_\_

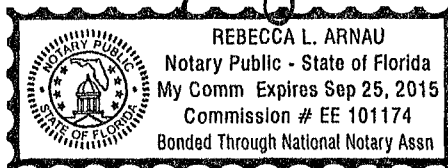
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Mobile Home Year/Make: 1983 Mobility Size: 24' x 52'

Terry L. Thrift  
Signature of Mobile Home Installer

Sworn to and subscribed before me this 25 day of July, 20 13  
by Terry L. Thrift

Rebecca L. Arnan  
Notary's name printed/typed



Notary Public, State of Florida  
Commission No. \_\_\_\_\_  
Personally Known: ✓  
Produced ID (type) \_\_\_\_\_

DRAWN-V-MMS

(9-82)

MOD LABEL # 224355 & 224356

M.H. ID# N1-1919AB

DATE MANUFACTURED 7/28/83

MODEL # 48C3H(2) YEAR: 1983

MFR. NAME & QUALITY HOMES, INC. PLANT #1

ADDRESS 1408 X 15, 1

CITY / STATE / ZIP

MANUFACTURER DATA REPORT

STATE OF FLORIDA

DIVISION OF MOTOR VEHICLES

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

ROOM 2 139, BILL HERRMAN BLDG., 2900 APALACHIC HWY.,

TALLAHASSEE, FLORIDA 32301

DESTINATION (STATE) FLORIDA

( ) SINGLE (X) DOUBLE ( ) TRIPLE

SEAT 52X12 52X12

DRIVE FRONT / DRIVE / DRIVE

( ) EXCLUDING SWITCH (X) INCLUDING SWITCH

DEALER'S NAME Buck Bay

ADDRESS 2149 NW 77th St.

Gainesville FL 32606

CITY / STATE / ZIP

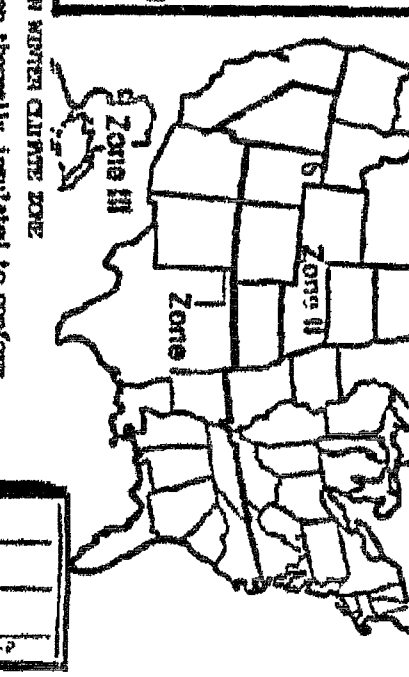
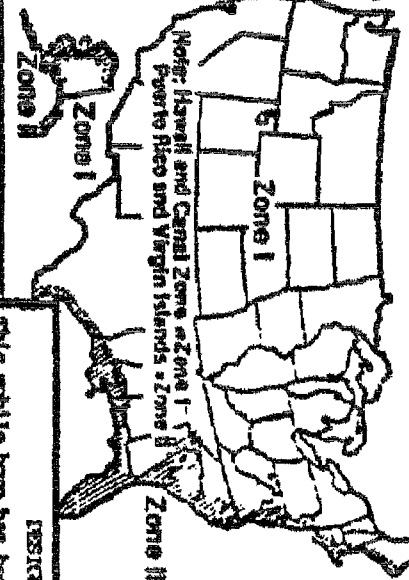
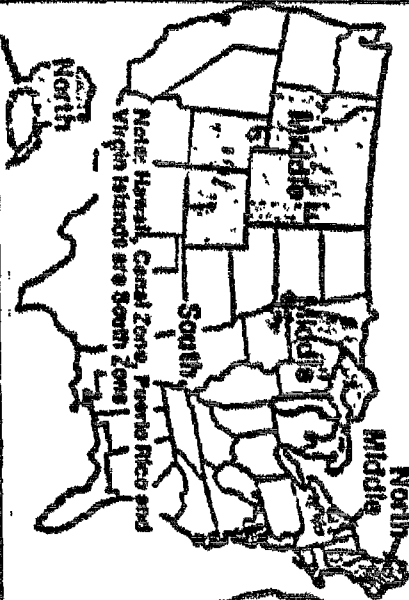
DAVID MAMMILBORN, Werner, Carter & Assoc

ADDRESS 1627 S. Myrtle Ave.

Clearwater FL 33515

CITY / STATE / ZIP

STRUCTURAL DESIGN BASIS CERTIFICATE



MOOR LOAD

North 40 PSF ☐ Zone I 15 PSF Horizontal & 9 PSF Uplift

Middle 30 PSF ☐ Zone II (Hurricane)-25 PSF Horizontal & 15 PSF Uplift

South 20 PSF ☒ Zone III Other

Other ☐ Zone III Other

MANUFACTURER DESIGNATION

Air Conditioning (BTU/hr.) COLEMAN

Control Heating (44,000 BTU/hr.) JAPAN

Cooking Range (10,000 BTU/hr.) JAPAN

Refrigerator (10,000 BTU/hr.) JAPAN

Water Heater (10,000 BTU/hr.) JAPAN

Clothes Washer (10,000 BTU/hr.) JAPAN

Clothes Dryer (10,000 BTU/hr.) JAPAN

Dishwasher (10,000 BTU/hr.) JAPAN

Food Waste (10,000 BTU/hr.) JAPAN

Smoke Detector (10,000 BTU/hr.) JAPAN

MODEL

7655-856

M32-1002-2

JAPANESE

SC401H151

EXW-1A

7/29/83

DYR

SIGNED: Author Representative

/ George R. Krull, G. M.

Type or Print Name

DESIGN WINTER CLIMATE ZONE

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic [X] ZONE I [ ] ZONE II [ ] ZONE III

The heating equipment has the capacity to maintain an average 70°F temperature in this home at outdoor temperatures of -4°F. To maintain furnace operating economy, and to conserve energy, it is recommended that this home be installed in a location where outdoor temperatures (70°F) is not higher than 10°F.

The above information has been calculated assuming a moderate wind velocity of 15 mph at standard atmospheric pressure.

The supply air distribution system installed in this home is shown ( ) Not designed for A/C (X) A/C ready ( ) A/C installed

MANUFACTURER SHALL PROVIDE THE MINIMUM BTU REQUIREMENTS FOR HEATING AND COOLING ON THE "U" FACTORS AS DESIGNATED BELOW.

Walls (without windows & doors) 1192

Ceilings & roofs of light color 0804

Ceilings & roofs of dark color 0736

Floors 0946

Air ducts in floor 0946

Air ducts in ceiling 0946

Air ducts installed outside the home 0946

Heat Transfer Area to outside of home (from Air Ducts located inside home) 51.77, 73.3, outside home 51.77, 73.3

COMPLAINANT'S NAME

COMPLAINANT'S ADDRESS

DISTRICT

State

City

CODE ENFORCEMENT  
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 7-12-13 BY CH <sup>NO Permit Yet</sup> IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME William Emery PHONE \_\_\_\_\_ CELL 386-867-3472

ADDRESS 248 SW Utah St, Ft. White, FL 32038

MOBILE HOME PARK \_\_\_\_\_ SUBDIVISION Three Rivers Est. lots 31432 Blk 4

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (P) 27, (L) Utah st,  
2nd lot on left

MOBILE HOME INSTALLER Terry Thrift PHONE \_\_\_\_\_ CELL 623-0115

MOBILE HOME INFORMATION

MAKE Nobility Homes YEAR 83 SIZE \_\_\_\_\_ X \_\_\_\_\_ COLOR Grey

SERIAL No. N1-1919AB

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 \_\_\_\_\_

F DOORS ( ) OPERABLE ( ) DAMAGED No interior

P WALLS (✓) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS (✓) OPERABLE ( ) INOPERABLE

F PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING ?

P CEILING ( ) SOLID (✓) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT  
FIXTURES MISSING some exposed

EXTERIOR:

\_\_\_\_\_ WALLS / SIDING (✓) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

\_\_\_\_\_ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

\_\_\_\_\_ ROOF (✓) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Repair walls  
Fix Plumbing Fixtures

NOT APPROVED \_\_\_\_\_ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS \_\_\_\_\_

SIGNATURE J. Gme ID NUMBER \_\_\_\_\_ DATE 7/18/13

Call 912-202-  
7212  
Sandra - before  
going to meet you  
with a key.

Burnt MH  
Replacement -  
no Charge for  
Inspection

<b>A</b>	FDID 29091	State FL	Incident Date MM DD YYYY 11 26 2012	Station 46	Incident Number CCFR12CAD003404	Exposure 0	<b>NFIRS-1 Basic</b>
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<b>B</b>	Location Type <input checked="" type="checkbox"/> Street address	Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.						Census Tract - -
	Intersection 248 SW UTAH	ST						
	In front of Rear of Adjacent to Directions	Number/Milepost Prefix Street or Highway FORT WHITE						State Zip Code FL 32038
	US National Grid	Apt./Suite/Room City Cross Street, Directions or National Grid, as applicable						

<b>C</b>	Incident Type 111 Building fire	<b>E1</b>	Dates and Times Month Day Year Hour Min Sec 11 26 2012 14 07 09	Midnight is 0000	<b>E2</b>	Shifts and Alarms Local Option A 1 46 Shift or Platoon Alarms District
<b>D</b>	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		Alarm Arrival Controlled Last Unit Cleared			<b>E3</b> Special Studies Local Option Special Study ID# Special Study Value

<b>F</b>	Actions Taken 11 Extinguishment by fire service personnel 12 Salvage & overhaul 86 Investigate	<b>G1</b>	Resources Apparatus Personnel Suppression 5 6 EMS 0 0 Other 0 0	<b>G2</b>	Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ 8,500 Contents \$ 8,500 PRE-INCIDENT VALUE: Optional Property \$ 8,500 Contents \$ 8,500
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<b>Completed Modules</b>	<b>H1</b>	Casualties Fire Service Civilian	<input checked="" type="checkbox"/> None	<b>H3</b>	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	<b>I</b>	Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 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 <input checked="" type="checkbox"/> Not mixed use
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HOUSE  
OFFICE FIRE REPORT

J Property Use Structures		Property Use	
131 Church, mosque, synagogue, temple, chapel	341 Clinic, clinic-type infirmary	539 Household goods, sales, repairs	
161 Restaurant or cafeteria	342 Doctor, dentist or oral surgeon office	571 Service station, gas station	
162 Bar or nightclub	361 Jail, prison (not juvenile)	578 Motor vehicle or boat sales, services, repair	
213 Elementary school, including kindergarten	419 <input checked="" type="checkbox"/> 1 or 2 family dwelling	599 Business office	
215 High school/junior high school/middle school	429 Multifamily dwelling	615 Electric-generating plant	
241 Adult education center, college classroom	439 Boarding/rooming house, residential hotels	629 Laboratory or science laboratory	
311 24-hour care Nursing homes, 4 or more persons	449 Hotel/motel, commercial	700 Manufacturing, processing	
331 Hospital - medical or psychiatric	459 Residential board and care	819 Livestock, poultry storage	
	464 Barracks, dormitory	882 Parking garage, general vehicle	
	519 Food and beverage sales, grocery store	891 Warehouse	
	936 Vacant lot	981 Construction site	
	938 Graded and cared-for plots of land	984 Industrial plant yard - area	
	946 Lake, river, stream		
	951 Railroad right-of-way		
	960 Street, other		
	961 Highway or divided highway		
	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 block.

Business Name (if Applicable) \_\_\_\_\_ Area Code **386** Phone Number **867** - **3472**

Mr. **William** Emery  
Mr., Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**248** **SW** **UTAH** **ST**  
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 ☐

Stations 45 and 46 were dispatched to a structure fire at the above location. We were able to see smoke showing while responding from the station. Upon the arrival of Engine-46 we found a single story, wood-framed, single family dwelling that was approximately 40-50% involved with fire(B-side). We initiated an aggressive exterior attack and were able to knock down the bulk of the fire from the outside of the building. We then transitioned to an interior fire attack since the building was still structurally sound enough to enter. We forced the door and moved through the residence extinguishing the remaining fire until E-46 ran out of water. We then withdrew from the structure as Tanker-45 and Engine-45 were arriving on-scene. Once a water supply was re-established to E-46 E-45's personnel re-entered the structure and continued suppression and overhaul efforts. After the fire was extinguished we investigated to attempt to determine the cause and origin of the fire. We determined the fire to have originated in the area of the main electrical panel box and meter base that were mounted on a service pole right next to the building a quarter of the way down the B-side. We were not able to determine an exact cause but believe the fire to have been the result of arcing due to failure of an unknown electrical component within the main panel box. Once the investigation was completed we checked the area again for any hot spots and all units returned to service. Assignment completed.

**M Authorization**

JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	11	26	2012
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	11	26	2012
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

<b>A</b> 29091 FL 11 26 2012 46 CCFR12CAD003404 0 <small>FOID State Incident Date Station Incident Number Exposure</small>		<b>NFIRS-2</b> <b>Fire</b>	
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<b>B Property Details</b>  <b>B1</b> 1 Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small>  <b>B2</b> 1 Buildings not involved <small>Number of buildings involved</small>  <b>B3</b> . . . <input type="checkbox"/> None <input checked="" type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	<b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> None <small>Enter up to three codes. Check one box for each code entered.</small>  <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <small>On-site material (1)</small>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width:45%;"> <small>On-site material (2)</small>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:45%;"> <small>On-site material (3)</small>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="width:45%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	<small>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</small>  <b>On-Site Materials Storage Use</b> 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
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<b>D Ignition</b> <b>D1</b> 60 Equipment or service area, other <small>Area of fire origin</small>  <b>D2</b> 11 Spark, ember, or flame from operating equipment <small>Heat Source</small>  <b>D3</b> 81 Electrical wire, cable insulation <small>Item first ignited</small>  <b>D4</b> UU Undetermined <small>Type of material first ignited Required only if item first ignited code is 00 or &lt;70</small>	<b>E1 Cause of Ignition</b> <small>Check this box if this is an exposure report</small> 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 Failure of equipment or heat source 4 Act of nature 5 Cause under investigation U Cause undetermined after investigation  <b>E2 Factors Contributing to Ignition</b> 34 Unspecified short-circuit arc <small>Factor contributing to ignition (1)</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <small>Factor contributing to ignition (2)</small>	<b>E3 Human Factors Contributing to Ignition</b> <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> None <small>Estimated age of person involved</small> <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> 1 Male 2 Female
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<b>F1 Equipment Involved in Ignition</b> <small>If equipment was not involved, skip to Section G</small> 215 Panel board, switchboard, circuit breaker board <small>Equipment Involved</small> Brand <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Serial <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Model <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Year <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<b>F2 Equipment Power Source</b> 11 Electrical line voltage (>= 50 volts) <small>Equipment Power Source</small>  <b>F3 Equipment Portability</b> 1 Portable 2 <input checked="" type="checkbox"/> Stationary <small>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.</small>	<b>G Fire Suppression Factors</b> <small>Enter up to three codes.</small> 411 Delayed detection of fire <small>Fire suppression factor (1)</small> 412 Delayed reporting of fire <small>Fire suppression factor (2)</small> 431 Blocked or obstructed roadway <small>Fire suppression factor (3)</small>
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<b>H1 Mobile Property Involved</b> 1 Not involved in ignition, but burned 2 Involved in ignition, but did not itself burn 3 Involved in ignition and burned  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <small>Mobile property model</small> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px;"></div> </div> <small>License Plate Number State VIN</small>	<b>H2 Mobile Property Type and Make</b> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div> <small>Mobile property type</small> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div> <small>Mobile property make</small> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> <div style="border: 1px solid black; width: 45%; height: 20px;"></div> </div> <small>Year</small>	<b>Local Use</b> 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
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<b>A</b>	29091	FL	11	26	2012	46	CCFR12CAD003404	0	<b>NFIRS-3 Structure Fire</b>
	<small>FDID</small>	<small>State</small>	<small>Incident Date</small>		<small>Station</small>	<small>Incident Number</small>		<small>Exposure</small>	

<b>J1 Structure Type</b> <small>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</small> 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	<b>J2 Building Status</b> 0 Building status, other 1 Under construction 2 <input checked="" type="checkbox"/> 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	<b>J3 Building Height</b> <small>Count the roof as part of the highest story.</small> Total number of stories at or above grade: <input type="text" value="1"/> Total number of stories below grade: <input type="text" value="1"/>	<b>J4 Main Floor Size</b> Total square feet: <input type="text" value="1"/> <input type="text" value="200"/> OR Length in feet: <input type="text"/> BY Width in feet: <input type="text"/>
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<b>J1 Fire Origin</b> <input type="text" value="1"/> Below Grade <small>Story of fire origin</small> <b>J2 Fire Spread</b> <small>If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module).</small> Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 Confined to building of origin 5 <input checked="" type="checkbox"/> Beyond building of origin	<b>J3 Number of Stories Damaged by Flame</b> <small>Count the roof as part of the highest story.</small> Number of stories w/minor damage (1 to 24% flame damage): <input type="text" value="0"/> Number of stories w/significant damage (25 to 49% flame damage): <input type="text" value="0"/> Number of stories w/heavy damage (50 to 74% flame damage): <input type="text" value="1"/> Number of stories w/extreme damage (75 to 100% flame damage): <input type="text" value="0"/>	<b>K Type of Material Contributing Most to Flame Spread</b> <small>Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.</small> K1 <input type="text" value="UU"/> Undetermined <small>Item contributing most to flame spread</small> K2 <input type="text" value="UU"/> Undetermined <small>Type of material contributing most to flame spread</small>
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<b>L1 Presence of Detectors</b> <small>(In area of the fire)</small> 1 Present N <input checked="" type="checkbox"/> None present U Undetermined <b>L2 Detector Type</b> 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	<b>L3 Detector Power Supply</b> 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 <b>L4 Detector Operation</b> 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U Undetermined	<b>L5 Detector Effectiveness</b> <small>Required if detector operated</small> 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 <b>L6 Detector Failure Reason</b> <small>Required if detector failed to operate</small> 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
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<b>M1 Presence of Automatic Extinguishing System</b> 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined <b>M2 Type of Automatic Extinguishing System</b> <small>Required if fire was within designed range of AES</small> 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	<b>M3 Operation of Automatic Extinguishing System</b> <small>Required if fire was within designed range</small> 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 <b>M3 Number of Sprinkler Heads Operating</b> <small>Required if system operated</small> <input type="text"/> <small>Number of sprinkler heads operating</small>	<b>M5 Reason for Automatic Extinguishing System Failure</b> <small>Required if system failed or not effective</small> 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
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A 29091 FL 11 26 2012 46 CCFR12CAD003404 0

FDID State Incident Date Station Incident Number Exposure

NFIRS-9  
Apparatus  
or  
Resources

B Apparatus or Resource		Dates and Times		Midnight is 0000		Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same data as Alarm data 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.	
		Month/Day/Year	Hour/Min							
1	ID E45 Type 11	Dispatch X	11/26/12	1407		Sent	1	Other	11	12
		Arrival X	11/26/12	1426				X Suppression	86	
		Clear X	11/26/12	1628				EMS		
2	ID CF8 Type 92	Dispatch X	11/26/12	1407		Sent	1	Other	81	86
		Arrival X	11/26/12	1434				X Suppression		
		Clear X	11/26/12	1554				EMS		
3	ID E46 Type 11	Dispatch X	11/26/12	1407		Sent	2	Other	11	12
		Arrival X	11/26/12	1412				X Suppression	86	
		Clear X	11/26/12	1628				EMS		
4	ID CF-2 Type 92	Dispatch X	11/26/12	1407		Sent	1	Other	11	12
		Arrival X	11/26/12	1418				X Suppression	86	
		Clear X	11/26/12	1607				EMS		
5	ID T46 Type 24	Dispatch X	11/26/12	1407		Sent	1	Other	11	12
		Arrival X	11/26/12	1427				X Suppression	86	
		Clear X	11/26/12	1628				EMS		

<b>A</b>	FDID 29091	State FL	MM 11	DD 26	YYYY 2012	Station 46	Incident Number CCFR12CAD003404	Exposure 0	<b>NFIRS-10 Personnel</b>
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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)						
	Month/Day/Year	Hour/Min				
1 ID E45	Dispatch X 11/26/12	1407	Sent	1	Other	11 12
Type 11	Arrival X 11/26/12	1426			X Suppression	86
	Clear X 11/26/12	1628			EMS	
Personnel ID TODD01	Name TODD, GREG	Rank Or Grade FF/EMT	Action Taken 11	Action Taken 12	Action Taken 86	Action Taken

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)						
	Month/Day/Year	Hour/Min				
2 ID CF8	Dispatch X 11/26/12	1407	Sent	1	Other	81 86
Type 92	Arrival X 11/26/12	1434			X Suppression	
	Clear X 11/26/12	1554			EMS	
Personnel ID CERV01	Name CERVANTES, TAD	Rank Or Grade Shift Commander	Action Taken 81	Action Taken 86	Action Taken	Action Taken

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)						
	Month/Day/Year	Hour/Min				
3 ID E46	Dispatch X 11/26/12	1407	Sent	2	Other	11 12
Type 11	Arrival X 11/26/12	1412			X Suppression	86
	Clear X 11/26/12	1628			EMS	
Personnel ID JENK01	Name JENKINS, JONATHAN	Rank Or Grade FIREFIGHTER	Action Taken 11	Action Taken 12	Action Taken 86	Action Taken
JOHN01	JOHNSON, JOSEPH	Driver Engineer	Action Taken 11	Action Taken 12	Action Taken 86	Action Taken

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)						
	Month/Day/Year	Hour/Min				
4 ID CF-2	Dispatch X 11/26/12	1407	Sent	1	Other	11 12
Type 92	Arrival X 11/26/12	1418			X Suppression	86
	Clear X 11/26/12	1607			EMS	
Personnel ID CRAW01	Name CRAWFORD, JEFFERY	Rank Or Grade Assistant Chief	Action Taken 11	Action Taken 12	Action Taken 86	Action Taken

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)						
	Month/Day/Year	Hour/Min				
5 ID T46	Dispatch X 11/26/12	1407	Sent	1	Other	11 12
Type 24	Arrival X 11/26/12	1427			X Suppression	86
	Clear X 11/26/12	1628			EMS	
Personnel ID MOFF01	Name MOFFITT, JAMES	Rank Or Grade Firefighter	Action Taken 11	Action Taken 12	Action Taken 86	Action Taken