

APPLICANTCINDY L. DOUGLAS

PHONE386.266.0685

ADDRESS344SW COWPOKE COURT

FT. WHITEFL32028

OWNERCINDY L. DOUGLAS

PHONE386.266.0685

ADDRESS344SW COWPOKE COURT

FT. WHITEFL32038

CONTRACTORKEITH SAUDER

PHONE352.486.6706

LOCATION OF PROPERTY47-S TO US 27,TR TO JUNCTION TO JENSEN,TL TO COWPOKE,TL

AND IT'S ALL THE WAY TO THE END.

TYPE DEVELOPMENTM/H/UTILITY

ESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREA

TOTAL AREA

HEIGHT

STORIES

FOUNDATION

WALLS

ROOF PITCH

FLOOR

LAND USE & ZONINGA-3

MAX. HEIGHT35

Minimum Set Back Requirments:

STREET-FRONT30.00

REAR25.00

SIDE25.00

NO. EX.D.U.1

FLOOD ZONEX

DEVELOPMENT PERMIT NO.

PARCEL ID18-6S-16-03865-024

SUBDIVISIONICHETUCKNEE MEADOWS

LOT24

BLOCK

PHASE

UNIT

TOTAL ACRES5.00

IH0000682

Culvert Permit No.

Culvert Waiver

Contractor's License Number

Applicant/Owner/Contractor

EXISTING08-0297-E

BLK

JTH

N

Driveway Connection

Septic Tank Number

LU & Zoning checked by

Approved for Issuance

New Resident

COMMENTS: FIRE DAMAGE.. NO CHARGE. REPLACEMENT...

Check # or CashNO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power

Foundation

Monolithic

date/app. by

date/app. by

date/app. by

Under slab rough-in plumbing

Slab

Sheathing/Nailing

date/app. by

date/app. by

date/app. by

Framing

Rough-in plumbing above slab and below wood floor

date/app. by

date/app. by

Electrical rough-in

Heat & Air Duct

Peri. beam (Lintel)

date/app. by

date/app. by

date/app. by

Permanent power

C.O. Final

Culvert

date/app. by

date/app. by

date/app. by

M/H tie downs, blocking, electricity and plumbing

Pool

date/app. by

date/app. by

Reconnection

Pump pole

Utility Pole

date/app. by

date/app. by

date/app. by

M/H Pole

Travel Trailer

Re-roof

date/app. by

date/app. by

date/app. by

BUILDING PERMIT FEE \$0.00

CERTIFICATION FEE \$0.00

SURCHARGE FEE \$0.00

MISC. FEES \$0.00

ZONING CERT. FEE \$

FIRE FEE \$0.00

WASTE FEE \$

FLOOD DEVELOPMENT FEE \$

FLOOD ZONE FEE \$

CULVERT FEE \$

TOTAL FEE0.00

INSPECTORS OFFICE

CLERKS OFFICE

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

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

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official OK 4/10/08 Building Official OK JTH 4-10-08
 AP# 0804-20 Date Received 4/9 By JW Permit # 26933
 Flood Zone X Development Permit ✓ Zoning A-3 Land Use Plan Map Category A-3

Comments

- FIRE DAMAGE ~ NO CHARGE

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH # 08-297-E ☐ EH Release ☒ Well letter ☒ Existing well

☐ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

STATE
F-COUNTY

*** PLEASE CALL CRYSTAL BURG** : ONCE APP APPROVED: 352.316.3872
 OR IF THERE ARE PROBLEMS

Property ID # 18-65-16E-03865-024 Subdivision Ichetucknee Meadows lot 24

☐ New Mobile Home ☒ Used Mobile Home MH Size 28 Year 56

Applicant Cindy L. Douglas Phone # 386-266-0685

Address 344 Sw Cowpoke Ct Ft White, FL 32038

Name of Property Owner Cindy L. Douglas Phone# 386-266-0685

911 Address 344 Sw Cowpoke Ct Ft 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 Cindy L. Douglas Phone # 386-266-0685

Address 344 Sw Cowpoke Ct Ft White, FL 32038

Relationship to Property Owner Self

Current Number of Dwellings on Property 0

Lot Size _____ Total Acreage 5

Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
 (Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

Is this Mobile Home Replacing an Existing Mobile Home Yes - (ALREADY HAD ONE) (Pd)

Driving Directions to the Property 47 South to Fort White right for 27 to right on Junction Rd Left on Jensen left on Cowpoke all the way to the end

Name of Licensed Dealer/Installer Keith Sauder Phone # 352-486-6706

Installers Address 10191 NE 77th Pl Bronson, FL 32621

License Number 1H0000682 Installation Decal # 295152

OK JW called 4/10/08 - called Keith Sauder
OK JTH called 4/10/08 - called Keith Sauder

PERMIT WORKSHEET

PERMIT NUMBER

Installer Keith Spaulder License # 176000082

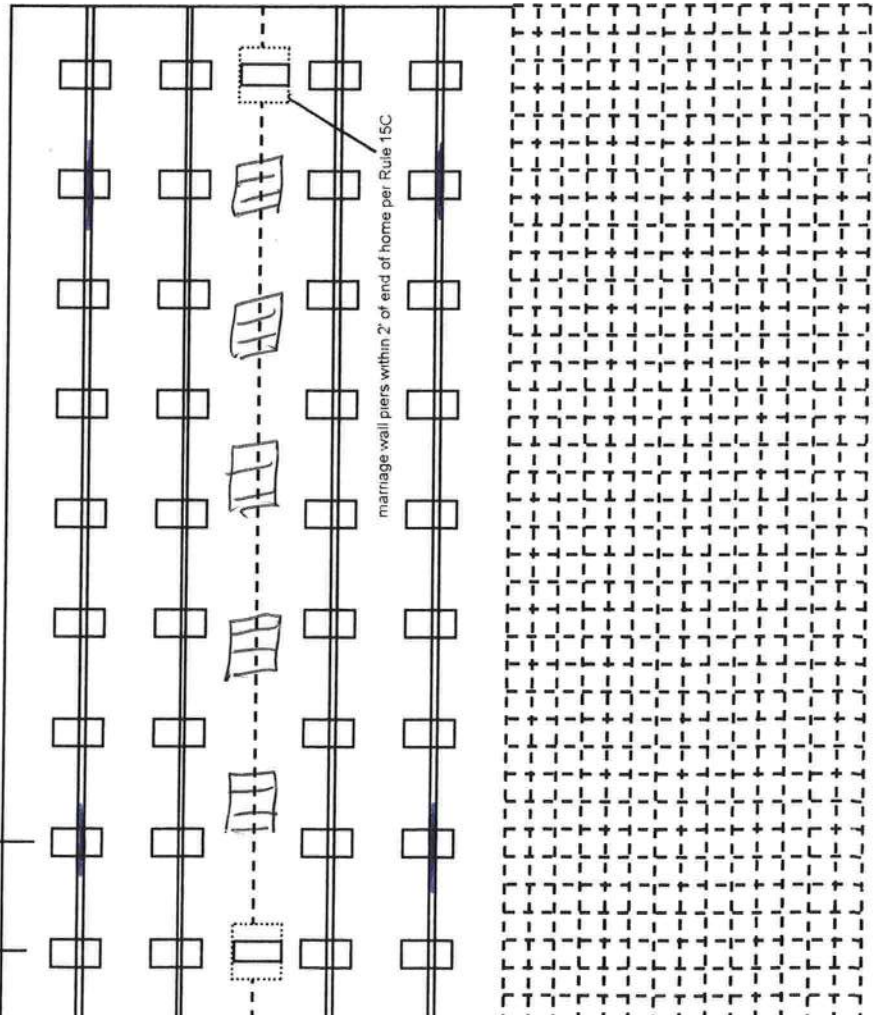
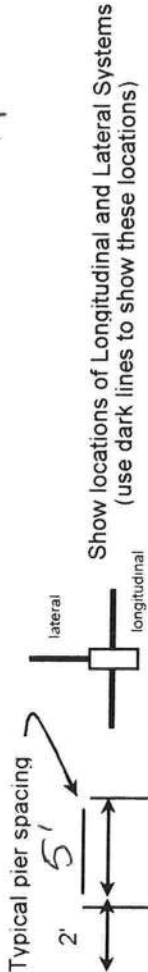
Address of home being installed 344 SW Cowpoke Ct

Manufacturer LIBERTY Length x width 28x56

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 KS



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 # 295152

Triple/Quad ☐ Serial # 10L2178241-10L21782X

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	3'	4'	5'	6'	7'	8'
1500 psf	4'	4'	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7'	7'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

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

ANCHORS

4 ft 5 ft X

FRAME TIES

within 2' of end of home spaced at 5' 4" oc 22

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
Manufacturer Oliver LV 110
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

PERMIT NUMBER

POCKET PENETROMETER TEST

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

x 1000 x 1000 x 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1000 x 1000 x 1000

TORQUE PROBE TEST

The results of the torque probe test is inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg.

Plumbing

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

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

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☐ Other ☐

Fastening multi wide units

Floor: Type Fastener: 3/8" Lag Length: 5" Spacing: 24"
Walls: Type Fastener: #8 x 3" screw Length: 3" Spacing: 24"
Roof: Type Fastener: 30 gauge 11d Length: 56" Spacing: 24"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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

Installer's initials

Type gasket

foam

Installed:

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

Weatherproofing

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

Miscellaneous

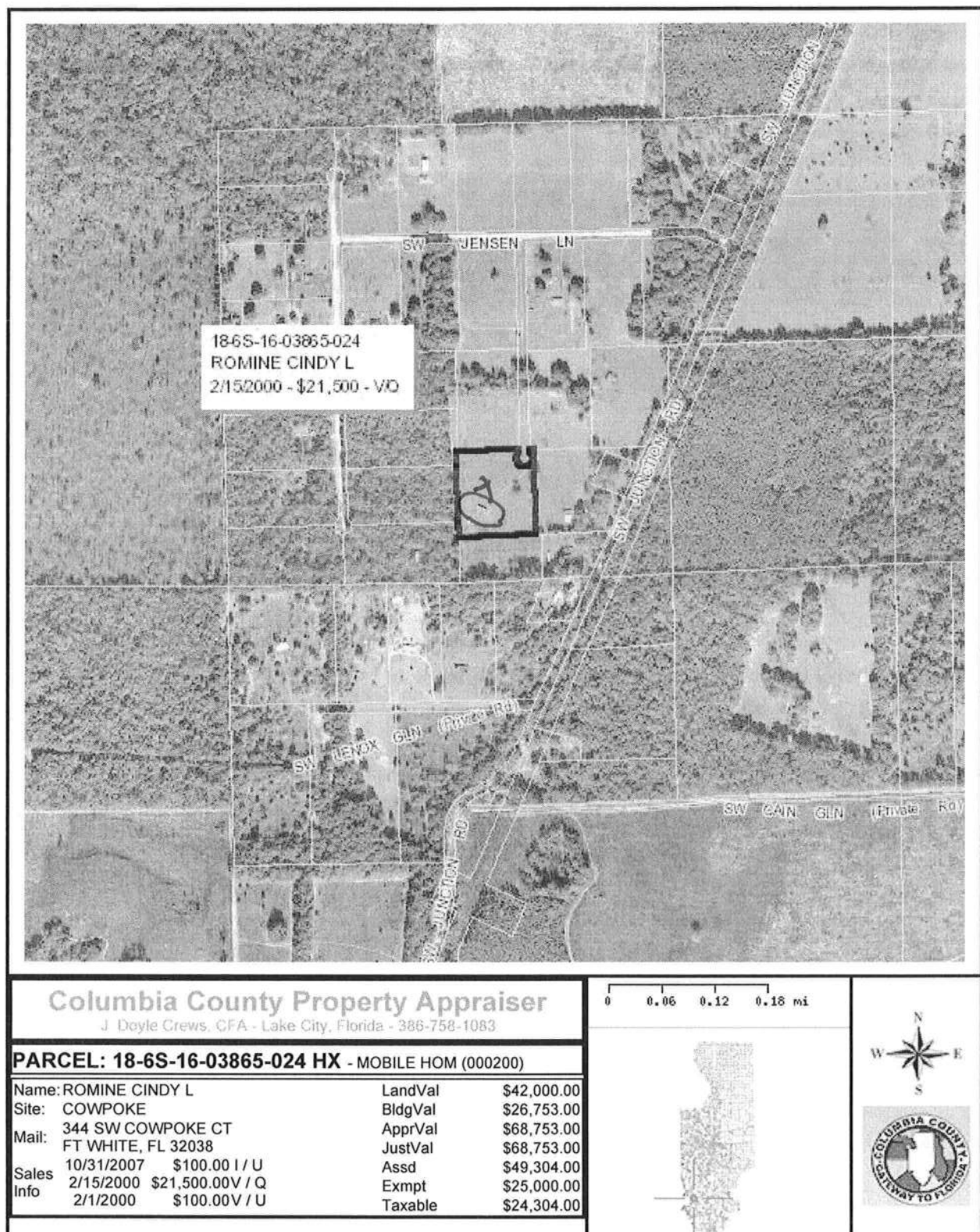
Skirting to be installed. Yes ☒ No ☒ N/A
Dryer vent installed outside of skirting. Yes ☒ No ☒ N/A
Range downflow vent installed outside of skirting. Yes ☒ No ☒ N/A
Drain lines supported at 4 foot intervals. Yes ☒ No ☒ N/A
Electrical crossovers protected. Yes ☒ No ☒ N/A
Other:

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

Installer Signature

Keith Sauder

Date



This information, GIS Map Updated: 3/10/2008, 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, its use, or its 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.

Prepared by/Return to:

FELICIA THREM BLOW, Esquire
Law Offices of George W. Blow, III & Associates
106 White Avenue, Suite C
Live Oak, Florida 32064

Inst:200812000239 Date:1/7/2008 Time:11:46 AM
Doc Stamp-Deed:0.70
HWA DC, P. DeWitt Cason, Columbia County Page 1 of 2

QUITCLAIM DEED

THIS INDENTURE, made the 31 day of ~~August~~ ^{October} 2007, between RODNEY D. ROMINE, a single person, of Lake City, Columbia County, Florida, whose mailing address is 16839 37th Place, Lake City, FL 32024, as party of the first part, hereinafter called Grantor, and CINDY L. DOUGLAS, f/k/a CINDY L. ROMINE, a single person, by divorce, whose mailing address is Post Office Box 60, Fort White, Florida 32038, as party of the second part, hereinafter called Grantee (the words "Grantor" and "Grantee" to include their respective heirs, legal representatives, successors, and assigns where the context requires or permits).

WITNESSETH THAT: Grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, in hand paid at and before the sealing and delivery of this Deed, the receipt of which is hereby acknowledged, by these presents does hereby remise, convey, and forever QUITCLAIM unto the Grantee the following described real estate located and situate in Columbia County, Florida:

Lot 24, Ichetucknee Meadows, a subdivision as recorded in Plat Book 4, Pages 66 and 66A of the public records of Columbia County, Florida. The Contract for Deed is given subject to terms, provisions, restrictive covenants, reservations and easements contained in Declaration recorded in ORB 387 Page 364. Subject to: oil gas and mineral reservations recorded in ORB 47 Page 213, ORB 70 Page 211, ORB 647, Page 282. Subject to right of way easement recorded in ORB 385 Page 461. Improvements include a well and septic tank and power pole.

Parcel Identification Number: 18-65-16E-03865-24

N.B.: This deed is given pursuant to the terms and conditions of the Court's Final Judgment as entered in Case No. 06-438-DR filed in the Circuit Court of the Third Judicial Circuit in and for Suwannee County, Florida as said case relates to the dissolution of the parties' marriage.

N.B.: Legal description provided by the grantee. No opinion or verification of title is provided hereby.

TO HAVE AND TO HOLD the described premises to Grantee, so that neither Grantor nor any person or persons claiming under Grantor shall at any time, by any means or ways, have, claim, or demand any right or title to the premises or appurtenances, or any rights thereof.

IN WITNESS WHEREOF, the Grantor has signed and sealed this Deed on the date written above.

Signed, sealed and delivered
in the presence of:


Linda H. Dye
Witness

Linda H. Dye
Print/type name

Shannon D. Sanders
Witness

SHANNON D. SANDERS
Print/type name

Rodney Romine
RODNEY ROMINE FL. Dr. Lic. #
R 550-724-77-304-0
DOB: 08-24-1977
Date Exp. 08-24-2010

NOTARY PUBLIC-STATE OF FLORIDA
 Linda H. Dye
Commission # DD480607
Expires: NOV. 23, 2009
Bonded Thru Atlantic Bonding Co., Inc.

STATE OF FLORIDA
COUNTY OF Suwannee

The foregoing instrument was acknowledged before me this 31 day of October ^{2HD} ~~August~~, 2007, by Rodney Romine,
who is personally known to me or who has produced H. Dr. Lie as identification.


(Notary Seal)

ADtLc.
RS50-724-77-304-0

Linda H. Dye
Notary Public, State of Florida at Large

Linda H. Dye
Print/type name

My Commission Expires: 11-23-2009

NOTARY PUBLIC-STATE OF FLORIDA
 Linda H. Dye
Commission # DD480607
Expires: NOV. 23, 2009
Bonded Thru Atlantic Bonding Co., Inc.

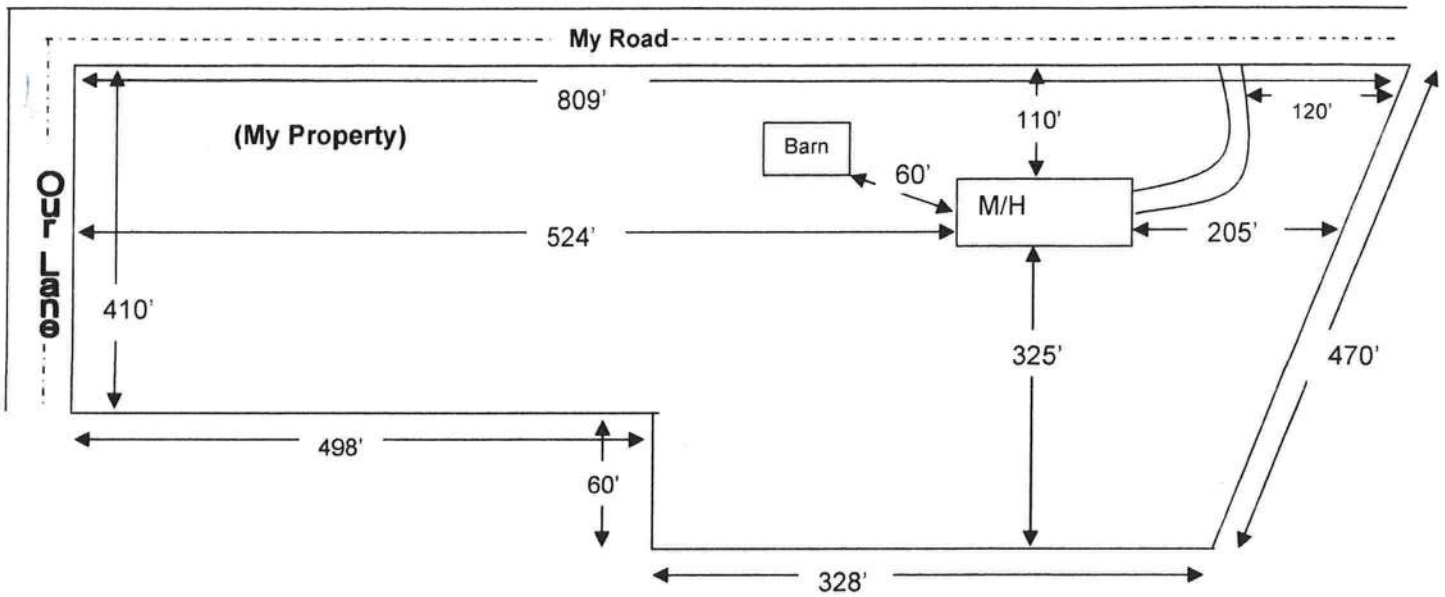
STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
P. DEWITT CASON, CLERK OF COURTS

By Rose Ann Chello
Deputy Clerk

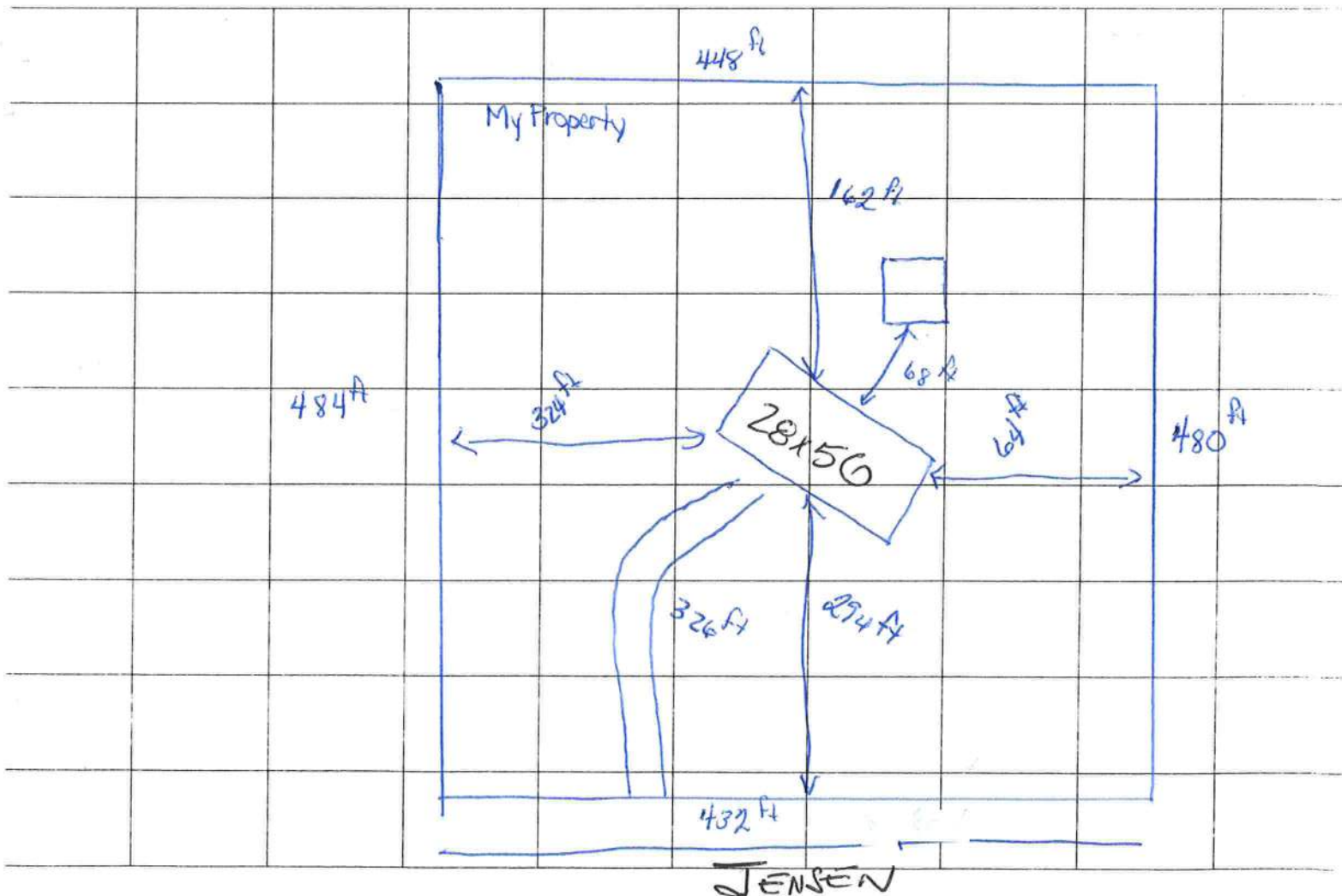
Date April 3, 2008



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.



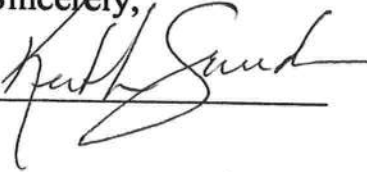
LETTER OF AUTHORIZATION

Date: APRIL 9, 2008

Columbia County Building Department
P.O. Drawer 1529
Lake City, FL 32056

I KEITH SAUDE, License No. 1H0000682 do hereby
Authorize CINDY L. DOUGLAS to pull and sign permits on my
behalf.

Sincerely,



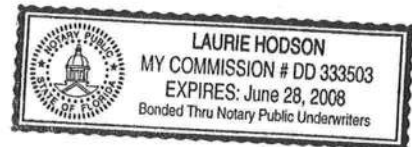
Sworn to and subscribed before me this 9 day of April, 2008

Notary Public: Laurie Hodson

My commission expires: June 28, 2008

Personally Known _____

Produced Valid Identification: ✓ S 360-501-73-416-0



OWNER IMPACT FEE OCCUPANCY AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared Cindy Douglas
("Owner"), who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit.
2. Affiant is the owner of the following described real property located in Columbia County, Florida, (herein "the property"):

- (a) Parcel No.: 18-65-16E-03865-24
- (b) Legal description (may be attached): _____

3. Affiant has or will apply to the Columbia County Building Department for a building permit for the replacement of a building or dwelling unit on the property where no additional square footage or dwelling units will be created and will be located on the same property.

4. Either based upon Affiant's personal knowledge or the attached signed written statement of another person, a certificate of occupancy has been issued for the replacement building or dwelling on the property within seven (7) years of the date the previous building or dwelling unit was previously occupied. The building or dwelling unit was last occupied on March 7, 2008.

5. This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

Further Affiant sayeth naught.

Cindy Douglas
Print: Cindy H Douglas
Address: 344 SW Compote Ct
Ft. White, FL 32038

SWORN TO AND SUBSCRIBED before me this 9 day of April, 2008, by
Cindy Douglas who is personally known to me or who has produced
D242-112-77-811-1 as identification.

Laurie Hodson
Notary Public, State of Florida

(NOTARIES SEAL)



My Commission Expires: June 28, 2008

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>03/06/2008</u> * Station <u>46</u> Incident Number <u>08-0000877</u> * Exposure <u>000</u> * <div style="float:right;"><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity</div>		MM DD YYYY		NFIRS -1 Basic	
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract _____ <input checked="" type="checkbox"/> Street address <u>344</u> <u>SW</u> <u>Cowpoke</u> <u>CT</u> _____ <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of _____ <input type="checkbox"/> Rear of _____ <input type="checkbox"/> Adjacent to _____ <input type="checkbox"/> Directions _____ Apt./Suite/Room _____ City <u>Lake City</u> State <u>FL</u> Zip Code <u>32025</u> Cross street or directions, as applicable _____					
C Incident Type * <u>121</u> Fire in mobile home used as Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date Alarm * <u>03/06/2008</u> <u>10:28:00</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>03/06/2008</u> <u>10:30:00</u> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled _____ LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <u>03/06/2008</u> <u>12:14:00</u>		E2 Shift & Alarms Local Option <u>C</u> <u>01</u> <u>1</u> Shift or Alarms District Platoon E3 Special Studies Local Option Special Study ID# _____ Special Study Value _____	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received _____ 2 <input type="checkbox"/> Automatic aid recvd. Their FDID Their State 3 <input type="checkbox"/> Mutual aid given _____ 4 <input type="checkbox"/> Automatic aid given _____ 5 <input type="checkbox"/> Other aid given Their Incident Number N <input checked="" type="checkbox"/> None		F Actions Taken * <u>11</u> Extinguishment by fire Primary Action Taken (1) <u>12</u> Salvage & overhaul Additional Action Taken (2) _____ Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>0004</u> <u>0007</u> EMS _____ Other <u>0002</u> _____ <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ _____, <u>005</u> , <u>000</u> <input type="checkbox"/> Contents \$ _____, <u>003</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ _____, <u>005</u> , <u>000</u> <input type="checkbox"/> Contents \$ _____, <u>005</u> , <u>000</u> <input type="checkbox"/>					
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties None Deaths Injuries Fire Service _____ Civilian _____ H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown			
H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		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/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway			
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 <u>419</u> <u>1 or 2 family dwelling</u> NFIRS-1 Revision 03/11/99			

K1 Person/Entity Involved

Local Option:

Business name (if applicable)

Area Code

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

☐ 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.

Local Option

Business name (if Applicable)

Area Code

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

L Remarks

Local Option

We were called to a residential fire. Arrival finds a single wide mobile home working structure about quarter involved. Firefighter Tompkins and Moffitt made entry and extinguished the fire. Station 45 arrived and we began mop up work. Resident at the home stated "we have had some electrical problems and the fire when I seen it was coming from behind the bed in the area of the electrical outlet." Investigation found the cause to be electrical and the origin to be an outlet near the bed area. Used some knockdown foam to cover some hot spots. Secured the power to the home. They did not have insurance. Secured the residence and turned it back over to the homeowner and completed our assignment and returned to station without incident

L Authorization

0009

Officer in charge ID

Boozar, David L.

Signature

FMD

Position or rank

Assignment

03

Month

17

Day

2008

Year

Check
Box if ☐ 0089
same
as Officer
in charge.

Member making report ID

Tompkins, Ret

Signature

FF

Position or rank

Assignment

03

Month

17

Day

2008

Year

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>03</u> <u>06</u> <u>2008</u> * Station <u>46</u> Incident Number <u>08-0000877</u> * Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials <input type="checkbox"/> None 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 Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) <u> </u> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
D Ignition D1 <u>21</u> <u>Bedroom - < 5 persons;</u> Area of fire origin * D2 <u>13</u> <u>Electrical arcing</u> Heat source * D3 <u>UU</u> <u>Undetermined</u> Item first ignited * 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2)	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>		F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Year <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number	
G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3)		Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
NFIRS-2 Revision 01/19/99			

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input 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. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 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; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">900</div></div> <div>Total square feet</div> </div> <p style="text-align: center; font-weight: bold;">OR</p> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>Lenght in feet Width in feet</div> </div>
J1 Fire Origin * <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">001</div> <input type="checkbox"/> Below Grade Story of fire origin </div>	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage)	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; width: 100px; height: 20px;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <small>Type of material contributing most of flame spread Required only if item 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 type="checkbox"/> Confined to floor of origin 4 <input checked="" 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 checked="" type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined		
L2 Detector Type 1 <input 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		L3 Detector Power Supply 1 <input 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	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 type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ 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; display: inline-block;"></div> Number of sprinkler heads operating	

NFIRS-3 Revision 01/19/99

A		FDID <u>29091</u>		State <u>FL</u>	Incident <u>3</u>	Date <u>6</u> <u>2008</u>	Station <u>46</u>	Incident Number <u>08-0000877</u>	Exposure <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource		Date and Times					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>Check if same as alarm date</small> Month Day Year Hour Min										
1	ID <u>CF1</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression	<u>73</u>	<u> </u>
	Type <u>92</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u> </u>	<u> </u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input checked="" type="checkbox"/> Other			<u> </u>	<u> </u>	
2	ID <u>CF3</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression	<u>73</u>	<u> </u>
	Type <u>91</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u> </u>	<u> </u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input checked="" type="checkbox"/> Other			<u> </u>	<u> </u>	
3	ID <u>E46</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression	<u>73</u>	<u>74</u>
	Type <u>11</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u>75</u>	<u>76</u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input type="checkbox"/> Other			<u> </u>	<u> </u>	
4	ID <u>QR45</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression	<u>73</u>	<u>74</u>
	Type <u>12</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u>75</u>	<u> </u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input type="checkbox"/> Other			<u> </u>	<u> </u>	
5	ID <u>T45</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression	<u>73</u>	<u>74</u>
	Type <u>24</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u>75</u>	<u> </u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input type="checkbox"/> Other			<u> </u>	<u> </u>	
6	ID <u>T46</u>	Dispatch	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression	<u>73</u>	<u>74</u>
	Type <u>24</u>	Arrival	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>10:30</u>			<input type="checkbox"/> EMS	<u>75</u>	<u>76</u>
	Clear	<input checked="" type="checkbox"/>	<u>3</u>	<u>6</u>	<u>2008</u>	<u>12:14</u>	<input type="checkbox"/> Other			<u> </u>	<u> </u>	
7	ID <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<u> </u>	<u> </u>
	Type <u> </u>	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<u> </u>	<u> </u>
8	ID <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<u> </u>	<u> </u>
	Type <u> </u>	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<u> </u>	<u> </u>
9	ID <u> </u>	Dispatch	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<u> </u>	<u> </u>
	Type <u> </u>	Arrival	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<u> </u>	<u> </u>
	Clear	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<u> </u>	<u> </u>

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

NFIRS-9 Revision 11/17/98

A		FDID 29091		State FL		Incident Date MM DD YYYY 3 6 2008		Station 46		Incident Number 08-0000877		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>		Number of People 1		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>			
		Month Day Year Hours/mins										<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other					
1 ID CF1 Type 92		Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28 Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30 Clear <input checked="" type="checkbox"/> 3 6 2008 12:14						Sent <input checked="" type="checkbox"/>		1				73 <input type="text"/> <input type="text"/> <input type="text"/>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0001		Atkinson, Tres				FC		X		58		11					
2 ID CF3 Type 91		Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28 Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30 Clear <input checked="" type="checkbox"/> 3 6 2008 12:14						Sent <input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 <input type="text"/> <input type="text"/> <input type="text"/>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0009		Boozer, David				FMD		X		11		81		86			
3 ID E46 Type 11		Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28 Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30 Clear <input checked="" type="checkbox"/> 3 6 2008 12:14						Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 <input type="text"/> 74 <input type="text"/> 75 <input type="text"/> 76 <input type="text"/>			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0066		Moffitt, James				FF		X		58		11		12			
0089		Tompkins, Ret				FF		X		11		12					

A	FDID 29091	State FL	Incident Date MM DD YYYY 3 6 2008	Station 46	Incident Number 08-0000877	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID QR45	Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28	Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30	Clear <input checked="" type="checkbox"/> 3 6 2008 12:14	Sent <input checked="" type="checkbox"/>	Number of People 1	Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken 73 74 75
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0093	Wehinger, Joshua	LT	<input checked="" type="checkbox"/>	58	11		

2	ID T45	Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28	Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30	Clear <input checked="" type="checkbox"/> 3 6 2008 12:14	Sent <input checked="" type="checkbox"/>	Number of People 1	Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken 73 74 75
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0079	Register, Levi	FF	<input checked="" type="checkbox"/>	58	11		

3	ID T46	Dispatch <input checked="" type="checkbox"/> 3 6 2008 10:28	Arrival <input checked="" type="checkbox"/> 3 6 2008 10:30	Clear <input checked="" type="checkbox"/> 3 6 2008 12:14	Sent <input checked="" type="checkbox"/>	Number of People 1	Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken 73 74 75 76
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0052	Hudson, Zollie	BC	<input checked="" type="checkbox"/>	58	11		

A	FDID	29091	*	FL	State *	MM	3	DD	6	YYYY	2008	Station	46	Incident Number *	08-0000877	Exposure *	000	Delete	Insurance and \$Loss
																		Change	

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$5,000.00	\$5,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$5,000.00	\$3,000.00	\$0.00	\$0.00

C Insurance Company

Business name if applicable		Contact Name	
Street or highway			
Post office box		City	
State	Zip Code	Phone Number	
Agent Name			
		<input type="checkbox"/> Buildings <input type="checkbox"/> Vehicles <input type="checkbox"/> Contents	
Policy Number		Policy Coverage	



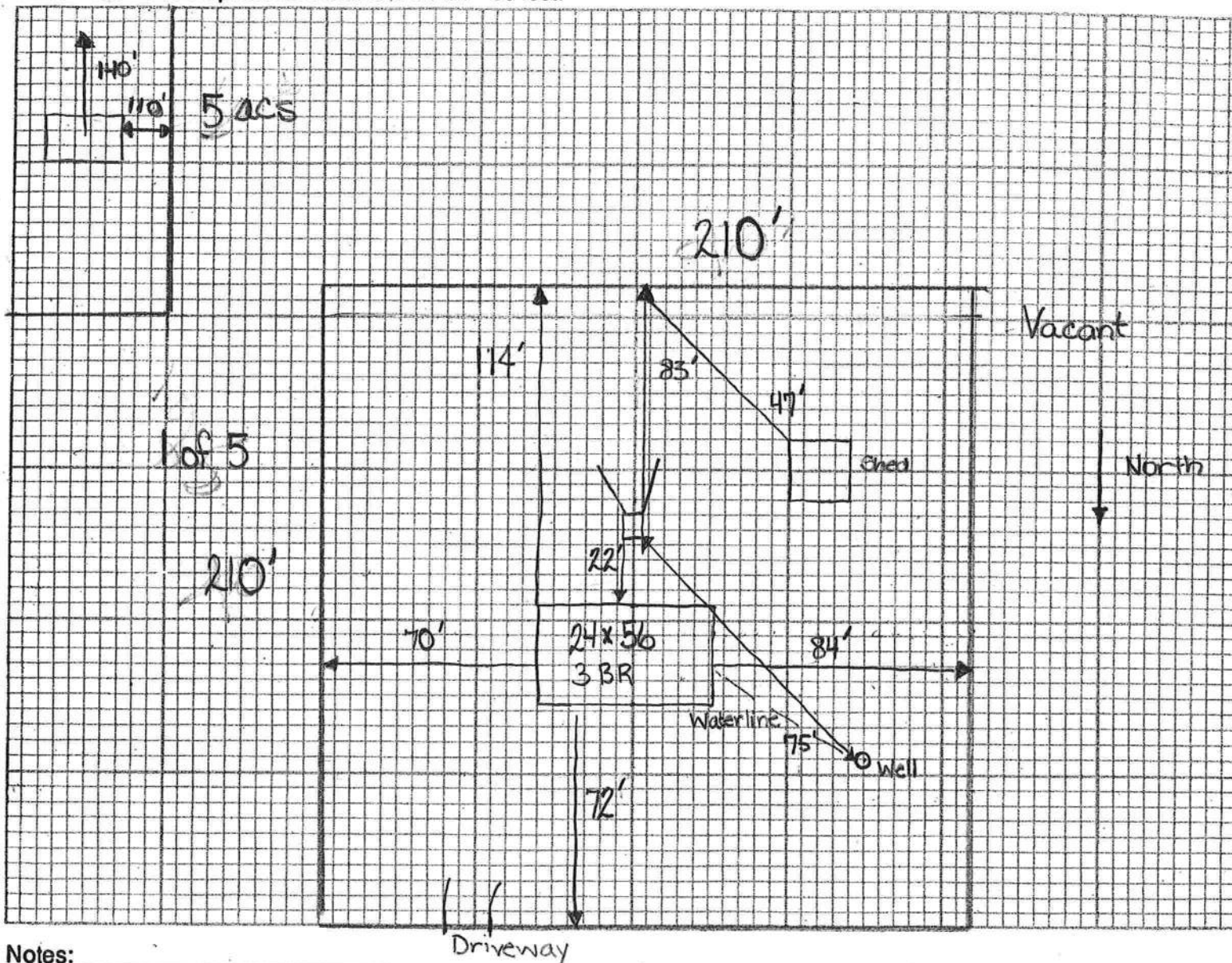
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number D8-0297E

PART II - SITE PLAN

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



Notes: _____

Site Plan submitted by: Cynthia Ramirez

Plan Approved [Signature] Net Approved

By

APPROVED

Columbia CHD

County Health Department

OWNER

Title
Date 4/10/8

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Apr. 09 2008 09:33AM P1

JVI

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM Levy
OWNERS NAME Cindy Douglas PHONE 386-246-0685 CELL _____
INSTALLER Keith Sauder PHONE 352-486-6706 CELL 352-577-4400
INSTALLERS ADDRESS 10191 NE 77th Pl Bronson FL 32621

MOBILE HOME INFORMATION

MAKE Liberty YEAR 1990 SIZE 28 x 56
COLOR white SERIAL No. EG285601 A+B
WIND ZONE II SMOKE DETECTOR yes

INTERIOR:

FLOORS ☒
DOORS ☒
WALLS ☒
CABINETS ☒
ELECTRICAL (FIXTURES/OUTLETS) ☒

EXTERIOR:

WALLS / SIDING ☒
WINDOWS ☒
DOORS ☒

STATUS:

APPROVED ☒ NOT APPROVED _____

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Keith Sauder
Installer/Inspector Signature Keith Sauder License No. 1H00000682 Date 4-8-08

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

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

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

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2038 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature

Doug R Date 4-10-08

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Apr. 11 2008 03:46PM P1

CODE ENFORCEMENT PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 4/14/08 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES
 OWNERS NAME CINDY L. DOUGLAS PHONE 352.316.3822 CELL 352.316.3822
 ADDRESS 344 SW COURAGE COURT, A WALK 7L 32038
 MOBILE HOME PARK _____ SUBDIVISION _____
 DRIVING DIRECTIONS TO MOBILE HOME 47.5 TO 24 WIDE TO US 27, TR TO
JUNCTION RD, TR TO JENSEN, TL TO COURAGE, TL TO THE VIEW
END.

* MOBILE HOME INSTALLER KEITH SAUDER PHONE _____ CELL 352.486.6706

MOBILE HOME INFORMATION

MAKE LIBERTY YEAR _____ SIZE 28 x 56 COLOR WHITE
 SERIAL No. 10L21782-U1 10L2 (E6285601 AB)
 WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED
 * FRONT + BACK WILL BE OPEN

INSPECTION STANDARDS

INTERIOR:

(P or F) P= PASS F= FAILED

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

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: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE At A. Powell ID NUMBER 402 DATE 4-14-08

JW called 4/14/08 + left message for crystal.

THANKS

RUSH: IT CAN MONDAY