

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

File Report

For Office Use Only (Revised 1-11) Zoning Official BJK 18 June 2013 Building Official TM 6/17/13

AP# 1306-59 Date Received 6/14 By JW Permit # 31162

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category 4-3

Comments Meets Density Requirements
Replacing existing Burned mH

FEMA Map# N/A Elevation N/A Finished Floor Lebanon River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 13-0270E ☐ EH Release ☐ Well letter ☒ Existing well

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

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

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

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

Property ID # 265-17-09389-000 Subdivision _____

- New Mobile Home NEW Used Mobile Home _____ MH Size 11x56 Year 2012
- Applicant Edward Dale Robinson Phone # 386-288-8407
- Address 11682 SE Cline Feagle Rd Lake City FL 32025
- Name of Property Owner Same as above Phone # 386-288-8407
- 911 Address Same " "
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Edward Dale Robinson Phone # 386-288-8407
- Address 11682 SE Cline Feagle Rd Lake City FL 32025
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 1
- Lot Size 5 Acres Total Acreage 5 Acres / 97.00
- 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 13 miles south on 441
TL on 349 2 miles T.L on
Cline Feagle Rd 1/2 miles on Left
- Name of Licensed Dealer/Installer Rusty L. Kwoles Phone # 386-755-6441
- Installers Address 5801 SW SR 47 Lake City FL 32024
 - License Number IH-1038219 Installation Decal # 15850

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

Rusty L. Kneaders

License #

TH1038219

911 Address where home is being installed

1187 SE COUNE FEASIBLE UNIT
C. C. SE 32025

Manufacturer

LIVE OAK

Length x width

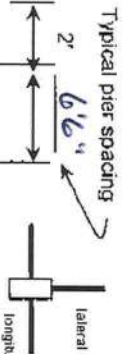
25X52

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

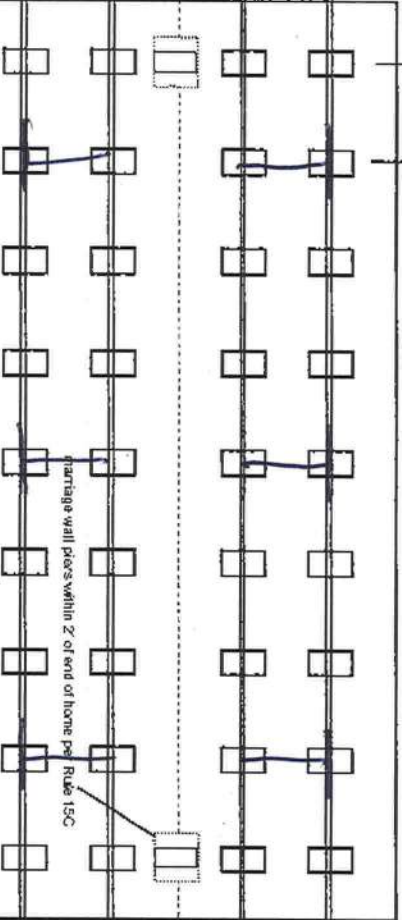
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

RLK



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



New Home ☒ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☒

Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☐ Wind Zone III ☐

Double wide ☒ Installation Decal # 15850

Triple/Quad ☐ Serial # LOHGA11213516A-B

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 15-C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23 1/2" x 31 1/4"

Perimeter pier pad size M4

Other pier pad sizes (required by the mfg.) 16x16

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 21' Pier pad size 2-17 1/2" x 25 1/2"

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) ☐

Manufacturer Direct Technologies

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18 5/8 x 18 5/8	342
16 x 22 5/8	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

Longitudinal Marriage wall 20

Shearwall 20

COLUMBIA COUNTY PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1-0X 1-0X 1-0

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 1-0X 1-0X 1-0

TORQUE PROBE TEST

The results of the torque probe test is 114 437 1610 inch pounds or check here if you are declaring 5' anchors without testing ✓. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 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.

RLK Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Rusty L. Kuehls

Date Tested

6-13-13

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 15C-1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C-1
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C-1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 18"
Walls: Type Fastener: anchors Length: 4" Spacing: 24"
Roof: Type Fastener: stumps Length: 1 1/2" Spacing: 48"
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

RLK

Type gasket

factory lds

Installed:

Between Floors Yes ✓Between Walls Yes ✓Bottom of ridgebeam Yes ✓

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓ Pg. 15C-1
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

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

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

Installer Signature

Date 6-13-13

☐ SUPPORT PIERTYP

FOUNDATION NOTES:

FOUNDATION NOTES:

- THIS DRAWING IS DESIGNED FOR THE STANDARD WIND ZONE AND IS TO BE USED IN CONJUNCTION WITH THE INSTALLATION MANUAL AND ITS SUPPLEMENTS.
- FOOTINGS ARE SHOWN FOR EXAMPLE ONLY. QUANTITY AND SPACING MAY VARY BASED ON PAD TYPE, SOIL CONDITION, ETC.
- ANCHOR BOLTS ARE IDENTIFIED AT SUPPORT POSTS. SEE INSTALLATION MANUAL FOR REQUIREMENTS.

- (A) MAIN ELECTRICAL
 (B) ELECTRICAL CROSSOVER
 (C) WATER INLET
 (D) WATER CROSSOVER (IF ANY)
 (E) GAS INLET (IF ANY)
 (F) GAS CROSSOVER (IF ANY)
 (G) DUCT CROSSOVER
 (H) SEWER DROPS
 (I) RETURN AIR (W/OPT., HEAT PUMP OH DUCT)
 (J) SUPPLY AIR (W/OPT., HEAT PUMP OH DUCT)
- M-250

M-2563D

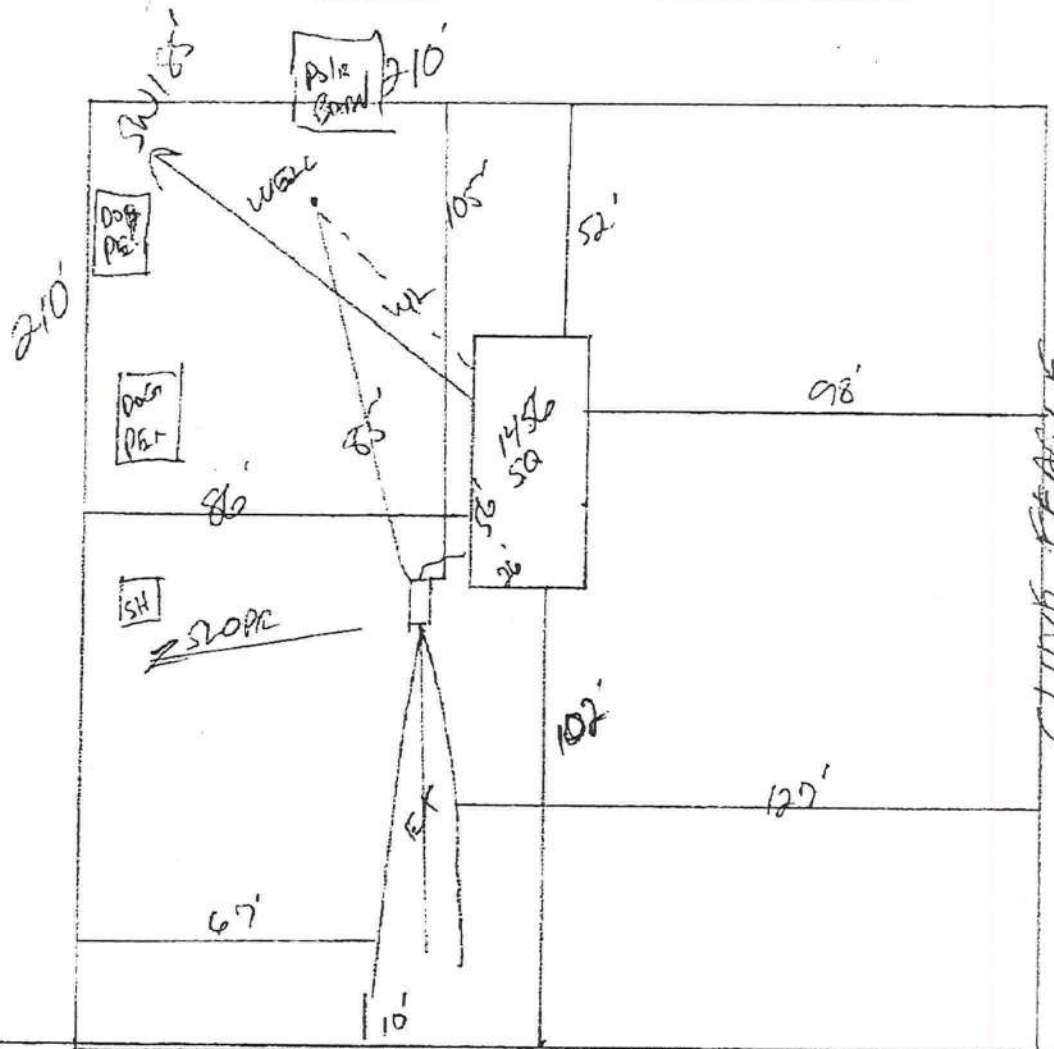
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 13-02705

Robinson

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

Scale: 1 inch = 40 feet.



Notes:

10297 ACRES SEE ATTACHED

Site Plan submitted by: Rocky D 7-0

Plan Approved ☒

Not Approved ☐

By: Sallie Ford Env Health Director Columbia

MASTER CONTRACTOR

Date 5-9-13

County Health Department

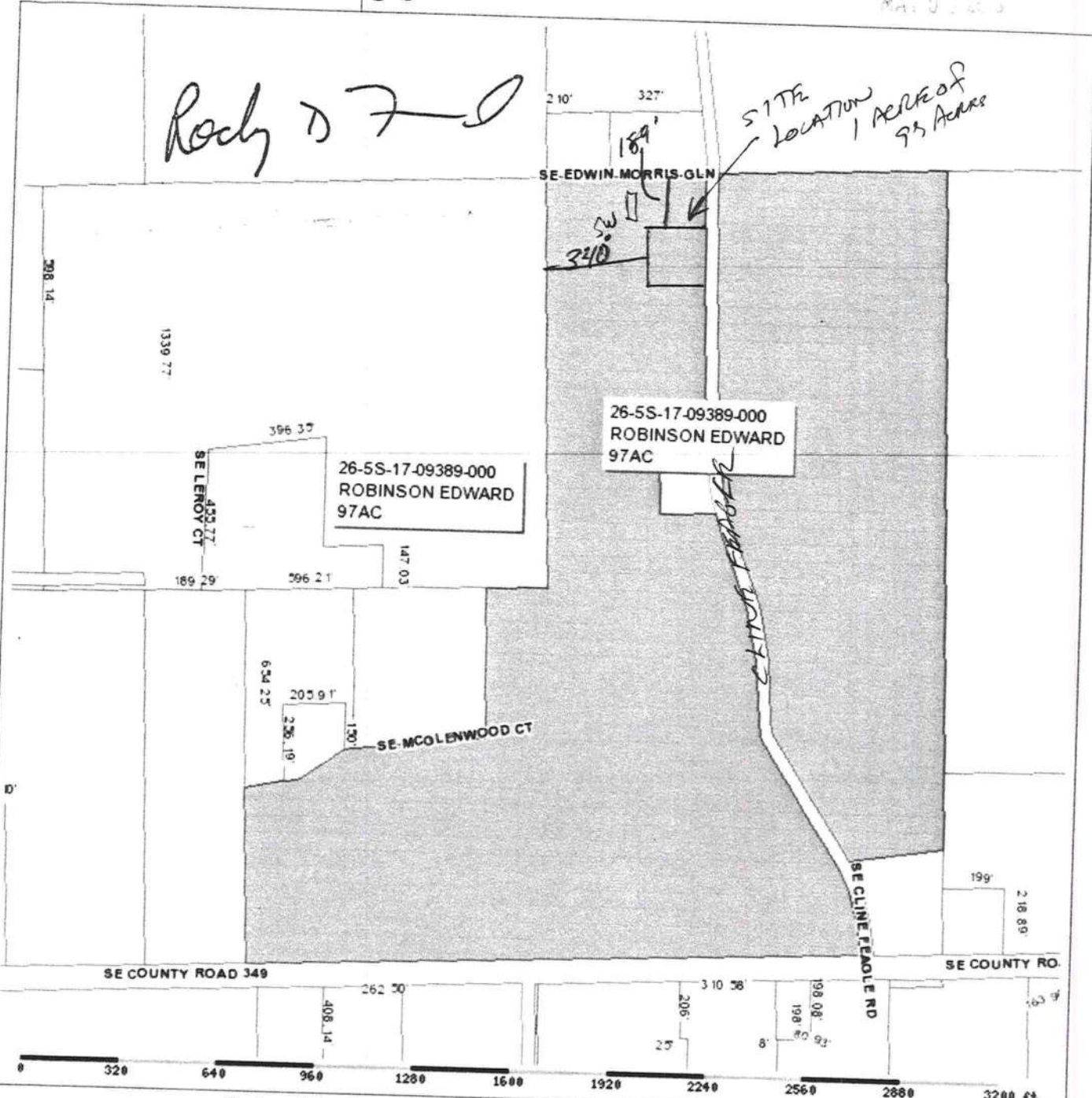
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Robinson

MAY 0 2013

Rocky D F

SITE LOCATION 1 AC OF 95 ACRES



Columbia County Property Appraiser

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

PARCEL: 26-5S-17-09389-000 - IMPROVED A (005000)

W1/2 OF NE1/4, EX 1 AC IN NW1/4 OF NE1/4 & SE1/4 OF NW1/4, EX 10 AC OFF W SIDE EX COMM SW COR OF SW1/4 OF NE1/4 FOR POB, RUN N 456.87 FT, SW 318.54 FT

NOTES:

Name: ROBINSON EDWARD
Site: 1909 SE CLINE FEAGLE RD
Mail: 1909 SE CLINE FEAGLE RD
LAKE CITY, FL 32025
Sales Info: NONE

2012 Certified Values

Land	\$8,750.00
Bldg	\$38,571.00
Assd	\$63,824.00
Exmpt	\$57,074.00
Taxbl	Cnty: \$6,750

Other: \$31,750 | Schl: \$38,824

This information, GIS updated: 5/3/2013, 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.



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EDWIN MORRIS GLEN

CLINE FEAGLE RD

1306-59

386 758 2187

ENVIRONMENTAL HEALTH

03:34:35 p.m. 05-09-2013

3/4



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

PERMIT NO. 13-0270E
DATE PAID: 5/8/13
FEE PAID: 145.00
RECEIPT #: 1107283

APPLICATION FOR:

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

APPLICANT: Edward RobinsonAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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

PROPERTY INFORMATION

LOT: na BLOCK: na SUB: na PLATTED: _____PROPERTY ID #: 25-5S-17-09389-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ NPROPERTY SIZE: 97 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FTPROPERTY ADDRESS: 1682 SE Cline Feagle Road, Lake City, FL, 32025DIRECTIONS TO PROPERTY: 441 South, TL on CR 349, TL on Cline Feagle Road, 1/2 mile on left

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential	3	1456	REPLACING 3 BR BURNED HOUSE
2				WITH LIKE 3 BR HOUSE
3				

☒ Floor/Equipment Drains ☒ Other (Specify) _____SIGNATURE: Rocky D FordDATE: 5/6/2013

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1306- CONTRACTOR RUSTY L. KNOWLES PHONE 386.755.6441

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.

<input checked="" type="checkbox"/> ELECTRICAL	Print Name <u>Edward Dale Robinson</u> Signature <u>[Signature]</u> License #: _____ Phone #: <u>386.288.8467</u>
<input checked="" type="checkbox"/> MECHANICAL/ A/C <u>706</u>	Print Name <u>Robert Grant</u> Signature <u>[Signature]</u> License #: <u>CAC1814931</u> Phone #: _____
<input checked="" type="checkbox"/> PLUMBING/ GAS	Print Name <u>Rusty L. Knowles</u> Signature <u>[Signature]</u> License #: <u>IH-1038219</u> Phone #: <u>386-755-6441</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.

Contractor Forms: Subcontractor form: 1/11



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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Rusty L. Knowles, give this authority for the job address show below
Installer License Holder Name
only, 11682 SE Cline Eagle Road, 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)
Edward Dale Robins	<i>[Signature]</i>	<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
		<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.

[Signature] License Holders Signature (Notarized) IH-1038218 License Number 6-13-13 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is Rusty Knowles, personally appeared before me and is known by me or has produced identification (type of I.D.) State ID on this 13 day of June, 2013.

[Signature]
NOTARY'S SIGNATURE



Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 26-5S-17-09389-000

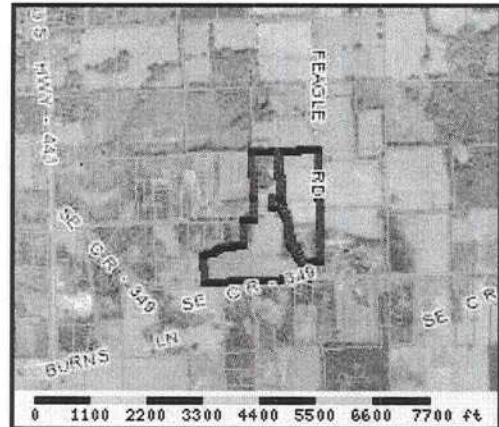
<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	ROBINSON EDWARD		
Mailing Address	1909 SE CLINE FEAGLE RD LAKE CITY, FL 32025		
Site Address	1909 SE CLINE FEAGLE RD		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	25517
Land Area	97.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W1/2 OF NE1/4, EX 1 AC IN NW1/4 OF NE1/4 & SE1/4 OF NW1/4, EX 10 AC OFF W SIDE EX COMM SW COR OF SW1/4 OF NE1/4 FOR POB, RUN N 456.87 FT, SW 318.54 FT, S 419.44 FT, E 230.17 FT TO POB, EX 5 AC DESC ORB 625-377-378 & EX 5 AC DESC ORB 625-386-387.		



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$8,750.00
Ag Land Value	cnt: (4)	\$21,150.00
Building Value	cnt: (1)	\$38,571.00
XFOB Value	cnt: (3)	\$1,200.00
Total Appraised Value		\$69,671.00
Just Value		\$236,521.00
Class Value		\$69,671.00
Assessed Value		\$63,824.00
Exempt Value	(code: HX H3 SX)	\$57,074.00
Total Taxable Value	Cnty: \$6,750 Other: \$31,750 Schl:	\$38,824

2013 Working Values

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

[Show Working Values](#)

Sales History

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

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1955	CONC BLOCK (15)	1014	2450	\$38,982.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0021	BARN,FR AE	0	\$200.00	0000001.000	0 x 0 x 0	(000.00)
0296	SHED METAL	0	\$400.00	0000001.000	12 x 24 x 0	(000.00)
0040	BARN,POLE	1993	\$600.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1 AC	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00
000200	MBL HM (MKT)	2 AC	1.00/1.00/1.00/1.00	\$2,000.00	\$4,000.00
005200	CROPLAND 2 (AG)	94 AC	1.00/1.00/1.00/1.00	\$225.00	\$21,150.00
009910	MKT.VAL.AG (MKT)	94 AC	1.00/1.00/1.00/1.00	\$0.00	\$188,000.00
009947	SEPTIC (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$750.00	\$750.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	\$2,000.00	\$2,000.00

Columbia County Property Appraiser

CAMA updated: 5/3/2013

1 of 1

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A	FDID: 29091	State: FL	Incident Date: MM 04 DD 10 YYYY 2013	Station: 45	Incident Number: CCFR13CAD001117	Exposure: 0	NFIRS-1 Basic
----------	-------------	-----------	--------------------------------------	-------------	----------------------------------	-------------	--------------------------

B Location Type	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.						
<input checked="" type="checkbox"/> Street address	Census Tract: _____ - _____						
Intersection	1682		SE		CLINE FEAGLE		
In front of	Number/Milepost		Prefix		Street or Highway		
Rear of	Apt./Suite/Room		City		LAKE CITY		
Adjacent to					State: FL Zip Code: 32025		
Directions	Cross Street, Directions or National Grid, as applicable						
US National Grid							

C Incident Type	121 Fire in mobile home used as fixed residence	E1 Dates and Times	Midnight is 0000
D Aid Given or Received	Check boxes if dates are the same as Alarm Date. 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None	Month Day Year Hour Min Sec ALARM always required Alarm 04 10 2013 07:13:48 Arrival 04 10 2013 07:21:08 Controlled _____ Last Unit Cleared 04 10 2013 09:41:21	E2 Shifts and Alarms Local Option: C Shift or Platoon: 1 Alarms: 45 District: _____ E3 Special Studies Local Option: _____ Special Study ID#: _____ Special Study Value: _____

F Actions Taken	G1 Resources	G2 Estimated Dollar Losses and Values
11 Extinguishment by fire service personnel Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2)	<input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression 4 6 EMS 0 0 Other 0 0 Check box if resources counts include aid received resources.	LOSSES: Required for all fires if known, Optional for non-fires. None Property \$ 100,000 Contents \$ 50,000 PRE-INCIDENT VALUE: Optional Property \$ _____ Contents \$ _____

Completed Modules	H1 Casualties	<input checked="" type="checkbox"/> None	H3 Hazardous Materials Release	Mixed Use Property
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	Fire Service 0 0 Civilian 0 0 H2 Detector 1 Required for confined fires. Detector alerted occupants 2 Detector did not alert occupants U Unknown		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 None	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 Not mixed use

J Property Use Structures

131 Church, mosque, synagogue, temple, chapel
161 Restaurant or cafeteria
162 Bar or nightclub
213 Elementary school, including kindergarten
215 High school/junior high school/middle school
241 Adult education center, college classroom
311 24-hour care Nursing homes, 4 or more persons
331 Hospital - medical or psychiatric

341 Clinic, clinic-type infirmary
342 Doctor, dentist or oral surgeon office
361 Jail, prison (not juvenile)
419 ☒ 1 or 2 family dwelling
429 Multifamily dwelling
439 Boarding/rooming house, residential hotels
449 Hotel/motel, commercial
459 Residential board and care
464 Barracks, dormitory
519 Food and beverage sales, grocery store

539 Household goods, sales, repairs
571 Service station, gas station
579 Motor vehicle or boat sales, services, repair
599 Business office
615 Electric-generating plant
629 Laboratory or science laboratory
700 Manufacturing, processing
819 Livestock, poultry storage
882 Parking garage, general vehicle
891 Warehouse

Outside

124 Playground
655 Crops or orchard
669 Forest, timberland, woodland
807 Outside material storage area
919 Dump, sanitary landfill
931 Open land or field

936 Vacant lot
938 Graded and cared-for plots of land
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**

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

Business Name (If Applicable) _____ Area Code _____ Phone Number _____
Mr. **Edward** **D** **Robinson**
Mr., Ms., Mrs. First Name MI Last Name
1682 **SE** **CLINE FEAGLE** **RD**
Number Prefix Street or Highway Street Type Suffix
LAKE CITY
Post Office Box Apt./Suite/Room City
FL **32025** **-**
State Zip Code

K2 Owner

Same as person involved?

Local Option

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

Business Name (If Applicable) _____ Area Code _____ Phone Number _____
Mr. **Edward** **D** **Robinson**
Mr., Ms., Mrs. First Name MI Last Name
1682 **SE** **CLINE FEAGLE** **RD**
Number Prefix Street or Highway Street Type Suffix
LAKE CITY
Post Office Box Apt./Suite/Room City
FL **32025** **-**
State Zip Code

L Remarks**Local Option**

ENGINE 45 RESPONDED TO SAID ADDRESS REFERENCE A STRUCTURE FIRE. UPON OUR ARRIVAL, 1303 WAS ON SCENE AND ADVISED A DOUBLE-WIDE MOBILE HOME, TEN (10) PERCENT INVOLVED ROOM AND CONTENT FIRE. FIRE WAS COMING OUT OF THE FRONT BEDROOM WINDOW ON THE A SIDE OF THE STRUCTURE. WE ESTABLISHED COMMAND. E-45 CREW MADE CONTACT WITH COMMAND AND WAS ADVISED THE POWER HAD BEEN SECURED AND A 360 WALK AROUND OF THE HOME HAD BEEN COMPLETED. 1302 ADVISED COMMAND TO PULL ONE PRE-CONNECT TO THE FRONT DOOR AND SET UP A POSITIVE PRESSURE VENTILATING FAN. E-45 CREW WENT TO THE FRONT DOOR AND ENCOUNTERED HEAVY, THICK, BLACK/BROWN SMOKE COMING FROM THE FRONT DOOR AND WINDOWS. 1302 CHECKED THE DOOR FOR HEAT AND THEN OPENED THE DOOR. IT SHOULD BE NOTED THAT THE FRONT DOOR WAS NOT LOCKED. E-45 MADE ENTRY FOR AN OFFENSIVE ATTACK. E-45 MADE IT INTO THE STRUCTURE APPROXIMATELY TEN FEET AND ENCOUNTERED HEAVY HEAT AND BLACKOUT CONDITIONS. 1302 ADVISED 1703 TO BACK OUT AND SWITCHED TO DEFENSIVE MODE. AT THIS TIME 1302 ADVISED COMMAND TO PULL A SECOND PRECONNECT TO THE FRONT OF THE STRUCTURE AND HAD 1703 BEGIN KNOCK DOWN OF THE FIRE, IN THE FRONT BEDROOM FROM THE EXTERIOR. 1302 DID ANOTHER 360 OF THE STRUCTURE AND FOUND THE C & D SIDE OF THE STRUCTURE FULLY INVOLVED. AT THIS TIME 1302 ORDERED THE PPV FAN STARTED TO VENTILATE THE STRUCTURE. AT THIS TIME E-45 SWITCHED AND WENT INTO OFFENSIVE MODE. WE ENTERED THE STRUCTURE AND BEGAN EXTINGUISHING FIRE. E-48 ARRIVED ON SCENE AND MADE ENTRY WITH A PRECONNECT 2 AND ALSO BEGAN EXTINGUISHING FIRE. 1302 COMPLETED PRIMARY SEARCH OF HOME USING A THERMAL IMAGING CAMERA AND ADVISED COMMAND ALL CLEAR VIA FACE TO FACE. 1303 TURNED COMMAND OVER TO 1302 AND LEFT SCENE TO REPORT TO STATION 46 FOR DUTY. 1302 MADE CONTACT WITH CF-10 FOR STATUS REPORT AND WAS ADVISED FIRE IS KNOCKED DOWN AND THAT THERE ARE A LOT OF HOT SPOTS. 1302 ADVISED ALL PERSONNEL IN THE STRUCTURE TO COME OUT AND INTO RE-HAB. 1302 MADE CONTACT WITH STATION 45 AND HAD PERSONNEL RESPOND IN TANKER 45 TO THE SCENE. 1302 MADE CONTACT WITH THE OWNERS AND ASKED IF THEY HAD ANY WORK DONE TO THE HOME RECENTLY AND THEY STATED NO WORK WAS DONE TO THE HOME. 1302 ASKED IF THEY HAD ANY ELECTRICAL WORK OR AND ELECTRICAL PROBLEMS OVER THE PAST FEW WEEKS/MONTHS AND THEY STATED NO. 1302 ADVISED CF-10 OF FINDINGS AND AGREED TO NOTIFY STATE FIRE MARSHAL'S OFFICE TO INVESTIGATE. 1302 ADVISED CDC TO NOTIFY STATE FIRE MARSHAL ALONG WITH CF-1. CF-1 ARRIVED ON SCENE AND STATUS REPORT WAS GIVEN. CF-1 WAS ADVISED THAT 1302 NOTIFIED THE FIRE MARSHAL. 1302 ADVISED CDC SITUATION UNDER CONTROL AND IN MOP UP MODE. CDC ADVISED A 45 MINUTE ESTIMATED TIME OF ARRIVAL FOR THE STATE FIRE MARSHAL. CLAY ELECTRIC ARRIVED ON SCENE AND PULLED THE METER FROM THE STRUCTURE. T-45 ON SCENE AND ESTABLISHED WATER SUPPLY FOR E-45. CREWS ENTERED THE STRUCTURE AND COMPLETED MOP UP AND CHECKED FOR FIRE EXTENSION. STATE FIRE MARSHAL ON SCENE AND 1302 MADE CONTACT WITH HIM AND GAVE HIM A STATUS REPORT ALONG WITH CCFR CASE NUMBER AND HOME OWNER'S INFORMATION. RED CROSS ON SCENE AT THIS TIME TO ASSIST WITH THE FAMILY. 1302 ADVISED CDC, FIRE MARSHAL AND RED CROSS ON SCENE. 1302 DID A WALK THROUGH OF THE STRUCTURE WITH THE FIRE MARSHAL. FIRE MARSHAL ADVISED WE CAN CLEAR THE SCENE. 1302 ADVISED CDC COMMAND TERMINATED AND ALL UNITS CLEARED THE SCENE. SCENE WAS TURNED OVER TO THE STATE FIRE MARSHAL. WE COMPLETED ASSIGNMENT AND RETURNED TO STATION.

M Authorization

MCCA01

JAMES MCCABE

D/E

45-Ellisvi

04

10

2013

MCCA01	JAMES MCCABE	D/E	45-Ellisvi	04	10	2013
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

A	FDID	29091	State	FL	Incident Date	MM	04	DD	10	YYYY	2013	Station	45	Incident Number	CCFR13CAD001117	Exposure	0	NFIRS-2 Fire
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B Property Details	C On-Site Materials or Products	<input checked="" 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	
B1 <input type="text" value="1"/> Not Residential Estimate number of residential living units in building of origin whether or not all units became involved	Enter up to three codes. Check one box for each code entered.			On-Site Materials Storage Use
B2 <input type="text" value="0"/> Buildings not involved Number of buildings involved	<input type="text"/> On-site material (1)	<input type="text"/>		1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
B3 <input type="text"/> Acres burned (outside fire) <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre	<input type="text"/> On-site material (2)	<input type="text"/>		1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
	<input type="text"/> On-site material (3)	<input type="text"/>		1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined

D Ignition	E1 Cause of Ignition	E3 Human Factors Contributing to Ignition
D1 <input type="text" value="UU"/> Undetermined Area of fire origin	Check this box if this is an exposure report 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 Unintentional 3 Failure of equipment or heat source 4 Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U Cause undetermined after investigation	Check all applicable boxes <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 Estimated age of person involved <input type="text"/>
D2 <input type="text" value="UU"/> Undetermined Heat Source		1 Male 2 Female
D3 <input type="text" value="UU"/> Undetermined Item first ignited Check box if fire spread was confined to object of origin.	E2 Factors Contributing to Ignition <input type="text" value="UU"/> Undetermined Factor contributing to ignition (1) <input type="text"/> Factor contributing to ignition (2) <input type="text"/>	
D4 <input type="text" value="UU"/> Undetermined Type of material first ignited Required only if item first ignited code is 00 or <70		

F1 Equipment Involved in Ignition	F2 Equipment Power Source	G Fire Suppression Factors
<input checked="" type="checkbox"/> None If equipment was not involved, skip to Section G <input type="text"/> Equipment Involved Brand <input type="text"/> Serial <input type="text"/> Model <input type="text"/> Year	<input type="text"/> Equipment Power Source	<input checked="" type="checkbox"/> None Enter up to three codes. <input type="text"/> Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3)
F3 Equipment Portability 1 Portable 2 Stationary Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.		

H1 Mobile Property Involved	H2 Mobile Property Type and Make	Local Use
1 Not involved in ignition, but burned 2 Involved in ignition, but did not itself burn 3 Involved in ignition and burned <input type="text"/> Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN	<input type="text"/> Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year	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

J1 Structure Type If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. 0 <input checked="" type="checkbox"/> Structure type, other 1 Enclosed building 2 Fixed portable or mobile structure 3 Open structure 4 Air-supported structure 5 Tent 6 Open platform 7 Underground structure work area 8 Connective structure	J2 Building Status 0 Building status, other 1 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	J3 Building Height Count the roof as part of the highest story. Total number of stories at or above grade: <input type="text" value="1"/> Total number of stories below grade: <input type="text" value="0"/>	J4 Main Floor Size Total square feet: <input type="text" value="1"/> <input type="text" value="400"/> OR Length in feet: <input type="text"/> BY Width in feet: <input type="text"/>
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J1 Fire Origin <input type="text" value="1"/> Below Grade Story of fire origin J2 Fire Spread If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). 1 Confined to object of origin 2 Confined to room of origin 3 Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 Beyond building of origin	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <input type="text"/> Number of stories w/minor damage (1 to 24% flame damage) <input type="text"/> Number of stories w/significant damage (25 to 49% flame damage) <input type="text"/> 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)	K Type of Material Contributing Most to Flame Spread <input checked="" type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 <input type="text"/> Item contributing most to flame spread K2 <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70
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L1 Presence of Detectors (In area of the fire) 1 <input checked="" type="checkbox"/> Present N None present U Undetermined L2 Detector Type 0 Detector type, other 1 <input checked="" type="checkbox"/> Smoke 2 Heat 3 Combination smoke and heat in a single unit 4 Sprinkler, water flow detection 5 More than one type present U Undetermined	L3 Detector Power Supply 0 Detector power supply, other 1 Battery only 2 Hardwire only 3 Plug-in 4 <input checked="" type="checkbox"/> Hardwire with battery backup 5 Plug-in with battery backup 6 Mechanical 7 Multiple detectors and power supplies U Undetermined L4 Detector Operation 1 Fire too small to activate detector 2 Detector operated 3 Detector failed to operate U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 Detector alerted occupants, occupants responded 2 Detector alerted occupants, occupants failed to respond 3 There were no occupants 4 Detector failed to alert occupants U Undetermined L6 Detector Failure Reason Required if detector failed to operate 0 Detector failure reason, other 1 Power failure, hardwired det. shut off, disconnect 2 Improper installation or placement of detector 3 Defective detector 4 Lack of maintenance, includes not cleaning 5 Battery missing or disconnected 6 Battery discharged or dead U Undetermined
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M1 Presence of Automatic Extinguishing System 1 Present 2 Partial System Present N <input checked="" type="checkbox"/> None Present U Undetermined M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES 0 Special hazard system, other 1 Wet-pipe sprinkler system 2 Dry-pipe sprinkler system 3 Other sprinkler system 4 Dry chemical system 5 Foam system 6 Halogen-type system 7 Carbon dioxide system U Undetermined	M3 Operation of Automatic Extinguishing System Required if fire was within designed range 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 M3 Number of Sprinkler Heads Operating Required if system operated <input type="text"/> Number of sprinkler heads operating	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective 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 FDID 29091 State FL Incident Date 04/10/2013 Station 45 Incident Number CCFR13CAD001117 Exposure 0

**NFIRS-9
Apparatus
or
Resources**

B Apparatus or Resource		Dates and Times		Sent	Number of People	Apparatus Use	Actions Taken		
		Check if the same date as Alarm date on the Basic Module (Block E1)		Midnight is 0000					
		Month/Day/Year	Hour/Min						
1	ID E45 Type 11	Dispatch							
		Arrival X	04/10/13 0721	Sent	2	X	Suppression	11 12	
		Clear X	04/10/13 0941				EMS		
2	ID 220 Type	Dispatch		Sent	0		Other		
		Arrival					Suppression		
		Clear X	04/10/13 0723				EMS		
3	ID CF1 Type 92	Dispatch		Sent	1	X	Other	80	
		Arrival X	04/10/13 0757				Suppression		
		Clear X	04/10/13 0837				EMS		
4	ID T45 Type 24	Dispatch		Sent	1	X	Other	76	
		Arrival X	04/10/13 0828				Suppression		
		Clear X	04/10/13 0941				EMS		
5	ID E48 Type 11	Dispatch X	04/10/13 0713	Sent	2	X	Other	11 12	
		Arrival X	04/10/13 0721				Suppression		
		Clear X	04/10/13 0941				EMS		

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
1	ID E45	Dispatch	Month/Day/Year	Hour/Min	Sent	2	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-between;"> <div>11</div> <div>12</div> </div>
	Type 11	Arrival	X 04/10/13	0721				
	Clear	X 04/10/13	0941					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken		
MCCA01	MCCABE, JAMES	Driver Engineer	73	86	74	75		
MOFF01	MOFFITT, JAMES	Firefighter	58	73				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
2	ID 220	Dispatch	Month/Day/Year	Hour/Min	Sent	0	<input type="checkbox"/> Other <input type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div>
	Type	Arrival						
	Clear	X 04/10/13	0723					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	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)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
3	ID CF1	Dispatch	Month/Day/Year	Hour/Min	Sent	1	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-between;"> <div>80</div> <div></div> </div>
	Type 92	Arrival	X 04/10/13	0757				
	Clear	X 04/10/13	0837					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken		
BOOZ01	BOOZER, DAVID	Fire Chief	80					

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
4	ID T45	Dispatch	Month/Day/Year	Hour/Min	Sent	1	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-between;"> <div>76</div> <div></div> </div>
	Type 24	Arrival	X 04/10/13	0828				
	Clear	X 04/10/13	0941					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken		
TODD01	TODD, GREG	FF/EMT	58	73	74	75		

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
5	ID E48	Dispatch	Month/Day/Year	Hour/Min	Sent	2	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS	<div style="display: flex; justify-content: space-between;"> <div>11</div> <div>12</div> </div>
	Type 11	Arrival	X 04/10/13	0721				
	Clear	X 04/10/13	0941					
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken		
MIKE01	ARCHER, MIKEL	Firefighter/EMT	58	73	74	75		
THOM02	THOMAS, JAMES	Shift Commander	73	86				

K1 Person/Entity Involved

Local Option

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

Mr., Ms., Mrs. First Name

Number Prefix Street or Highway

State Zip Code

Last Name

Street Type

City

K1 Person/Entity Involved

Local Option

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

Mr., Ms., Mrs. First Name

Number Prefix Street or Highway

State Zip Code

Last Name

Street Type

City

K1 Person/Entity Involved

Local Option

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

Mr., Ms., Mrs. First Name

Number Prefix Street or Highway

State Zip Code

Last Name

Street Type

City

K2 Owner

Same as person involved?

Then check this box and skip the rest of this

Local Option block.

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

Mr., Ms., Mrs. First Name

Number Prefix Street or Highway

State Zip Code

Last Name

Street Type

City

E3 Supplemental Special Studies

Local Option

<p>1</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>2</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>3</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>4</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>
<p>5</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>6</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>7</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>	<p>8</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study ID#</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">Special Study Value</div>

L Additional Remarks

Local Option

Edward Dale Robinson 54 yrs

Donna Robinson 51 yrs

Braxten Robinson 10 yrs

Brennen Robinson 6 yrs

Janice Williams

From: Ron Croft
Sent: Friday, June 14, 2013 11:19 AM
To: Janice Williams
Subject: RE: ADDRESS VERIFICATION

✓ Need to on site check this one. I show 5 locations addressed on this parcel.

Ronal N. Croft

Columbia County 911 Addressing / GIS Department
P.O. Box 1787
Lake City, FL 32056-1787
Phone: 386-758-1125
Fax: 386-758-1365
E-Mail: ron_croft@columbiacountyfla.com

From: Janice Williams
Sent: Friday, June 14, 2013 10:26 AM
To: Ron Croft
Subject: ADDRESS VERIFICATION

✓ HI RON! PLEASE VERIFY R-09389-000...SAME ACCESS POINT...M/H DESTROYED BY FIRE & NEW ONE GOING IN THE SAME LOCATION...(MAYBE 1 FOOT OVER IF ANY)...THANKS RON.....

ADDRESS NOTED: 1682 SE CLINE FEAGLE ROAD, LAKE CITY, FL 32025

J&L

COLUMBIA COUNTY 9-1-1 ADDRESSING

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

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

Addressing Maintenance

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

DATE REQUESTED: 6/14/2013 DATE ISSUED: 6/19/2013

ENHANCED 9-1-1 ADDRESS:

1682 SE CLINE FEAGLE RD
LAKE CITY FL 32025
PROPERTY APPRAISER PARCEL NUMBER:
26-5S-17-09389-000

Remarks:

RE-ISSUE OF EXISTING ADDRESS FOR REPLACEMENT STRUCTURE
ON PARCEL.

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

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