Clary (84)

Fire Damage – No Charge

☒ Fire Report.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 14 DEC 2012 Building Official T.C. 12-14-12

AP# 1212-18 Date Received 12-10-12 By CH Permit # 30672

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

Comments

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0556E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization on file ☑ State Road Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH N/A ☑ F W Comp. letter ☐ VF Form

IMPACT FEES: EMS Fire Corr N/A Out County ☑ In County

Road/Code School = TOTAL Impact Fees Suspended March 2009

Existing Home Burnt Down

☑ Electrician

Property ID # 20-6S-16-03891-000 Subdivision

- New Mobile Home ✓ Used Mobile Home MH Size 32x60 Year 2012
- Applicant Bo Royals Phone # 754-6737
- Address 4068 U.S. 90 West Lake City, FL. 32055
- Name of Property Owner Thomas H. Clary Phone# 719-0139
- 911 Address 9983 SW US HWY 27 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 Thomas H. Clary Phone # 719-0139
  Address 9983 SW U.S. Hwy 27 Ft. White, Fl. 32038
- Relationship to Property Owner
- Current Number of Dwellings on Property Ø
- Lot Size Total Acreage 40 acres
- Do you : Have (Existing Drive) (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home Yes (Burn Out)
- Driving Directions to the Property 47 South Turn Rt. on 27 go to 9983 SW U.S. 27. Just past Rambing Ct on (R) follow drive 1.6 miles back to property
- Name of Licensed Dealer/Installer Manuel Branch Phone # 386-590-3289
- Installers Address 5107 CR252 Welborn Fla. 32094
- License Number 102596 Installation Decal # 12999

Spoke to Bobby 12-14-12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Manuel Brannan License # 1025396

911 Address where home is being installed. 9983 SW 40 Hwy 27, Ft. White, FL. 32038

Manufacturer Clayton Length x width 32x60

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 MB

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

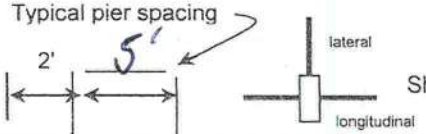
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

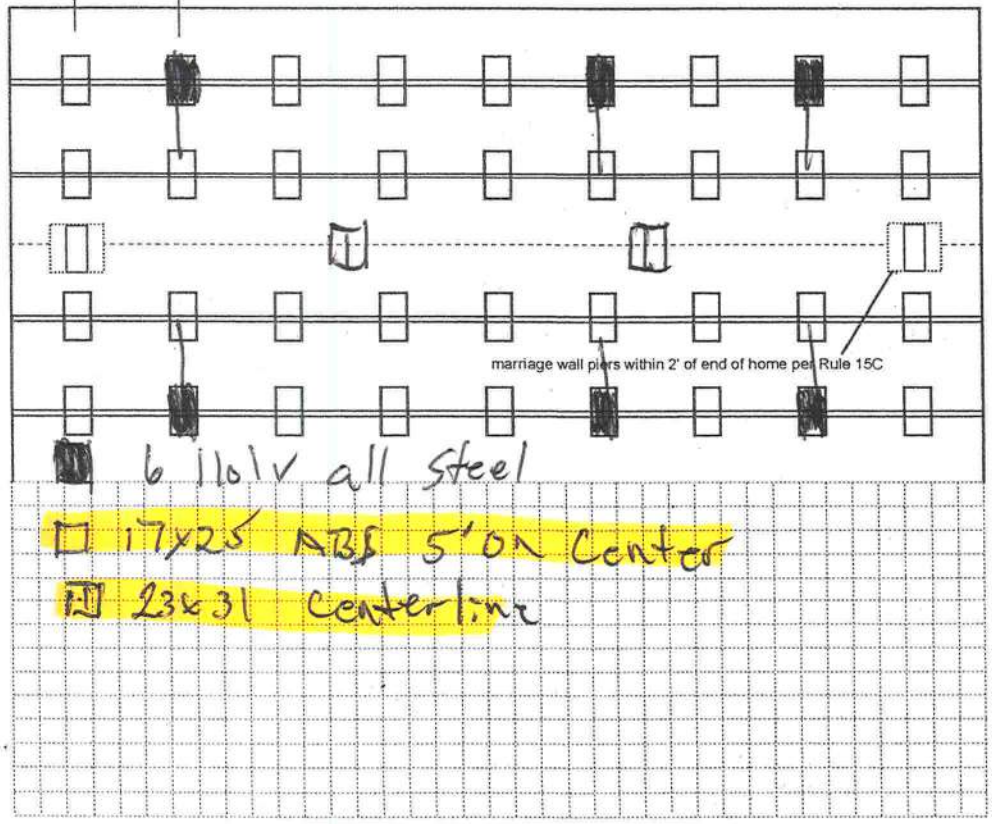
Double wide ☐ Installation Decal # 12999

Triple/Quad ☐ Serial # WHC019574GA AD

Typical pier spacing



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



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'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 23x31

☐ 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
16'	23x31

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ✓ 5 ft ____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer ____

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer OT

OTHER TIES

	Number
Sidewall	32
Longitudinal	4
Marriage wall	3
Shearwall	

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1.5 x 1.5 x 1.5

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 1.5 x 1.5 x 1.5

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

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

MB Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Manuel Brannon

Date Tested 12-6-12

Electrical

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

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 ✓.
Water drainage: Natural _____ Swale _____ Pad ✓ Other _____.

Fastening multi wide units

Floor:	Type Fastener:	lags	Length: 6"	Spacing:	18"
Walls:	Type Fastener:	screws	Length: 4"	Spacing:	24"
Roof:	Type Fastener:	lags	Length: 6"	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, meldew 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 MB

Type gasket foam
Pg. _____

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

Weatherproofing

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

Miscellaneous

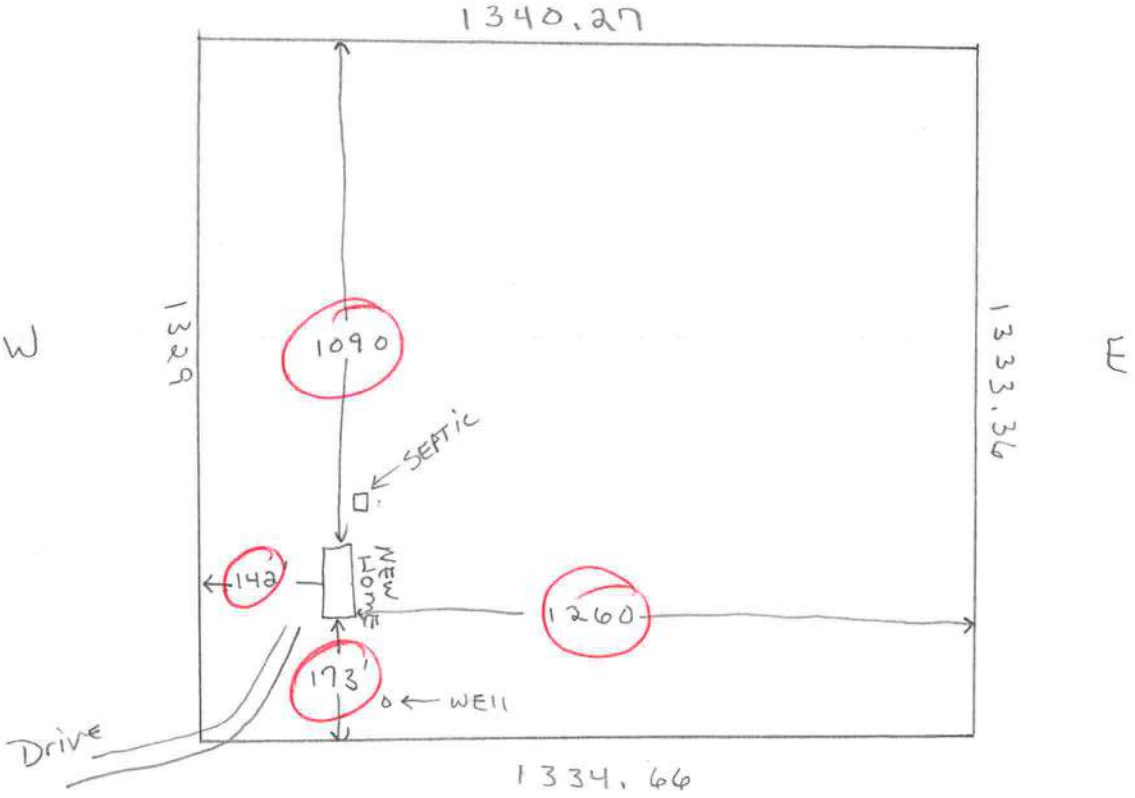
Skirting to be installed. Yes ✓ No _____
Dryer vent installed outside of skirting. Yes _____ N/A ✓
Range downflow vent installed outside of skirting. Yes _____ N/A ✓
Drain lines supported at 4 foot intervals. Yes ✓
Electrical crossovers protected. Yes ✓
Other : _____

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

Installer Signature Manuel Brannon **Date** 12-6-12

233

N


1340.27
1329
1333.36
1090
SEPTIC
142'
NEW LOAD
1260
173'
WELL
Drive
1334.66

W

E

S

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL 1338	Print Name Michael Reader License #: EC13002315	Signature Phone #: 850-973-0111
MECHANICAL/ N/C _____	Print Name License #:	Signature Phone #:
PLUMBING/ GAS	Print Name Manuel Brenner License #: 1025396	Signature Phone # 590-3215

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.

WINCHESTER - Col Co

TOTAL P.01

TOTAL P.05

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

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Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name _____ License #:	Signature _____ Phone #:
MECHANICAL/ A/C B 770	Print Name Timothy D Shatto License #: CAC057875	Signature Tim Shatto Phone #: 386-496-8224
PLUMBING/ GAS	Print Name Manuel Branan License #: 1025396	Signature Manuel Branan Phone #: 590-3245

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 Permit Subcontractor form 1/11

Columbia County Property Appraiser

CAMA updated: 10/15/2012

2012 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

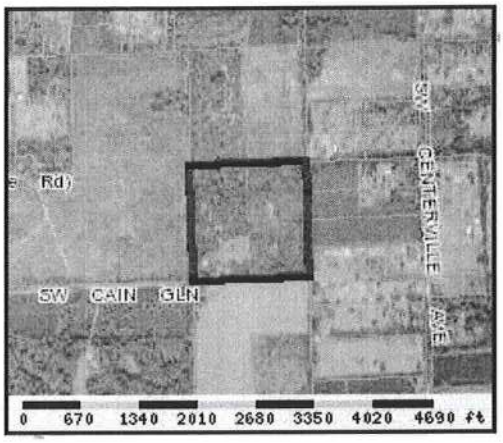
Parcel: 20-6S-16-03891-000

<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 3 of 4 Next >>

Owner & Property Info

Owner's Name	CLARY THOMAS H II		
Mailing Address	9983 SW US HWY 27 FT WHITE, FL 32038		
Site Address	9983 SW US HIGHWAY 27		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	20616
Land Area	40.000 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
SW1/4 OF NE1/4. ORB 840-156, 845-763, 870-2393, CORR DEED 872-2596,			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (0)	$101,727.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (1)	$5,895.00
XFOB Value	cnt: (3)	$5,400.00
Total Appraised Value		$113,022.00
Just Value		$113,022.00
Class Value		$0.00
Assessed Value		$100,265.00
Exempt Value	(code: HX H3 13)	$100,265.00
Total Taxable Value		Cnty: $0 Other: $0 | Schl: $0

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
12/11/1998	870/2393	WD	V	U	01	$42,500.00
5/21/1997	840/156	WD	V	U	03	$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1985	BELOW AVG. (03)	960	960	$5,699.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0190	FPLC PF	1999	$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1999	$200.00	0000001.000	0 x 0 x 0	(000.00)
0255	MBL HOME S	2008	$4,000.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

9486KB
WARRANTY DEED
INDIVID. TO INDIVID.

This Warranty Deed *Made the* 11th *day of* December *A. D. 19* 98 *by*

George R. Koon and wife, Rosa B. Koon

BK 0870 PG 2393

hereinafte. alled the grantor, to

Thomas H. 'lary, II

OFFICIAL RECORDS

whose postoffice address is RT 2, BOX 7092 Ft. White, FL 32038
hereinafter called the grantee:
(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth: *That the grantor, for and in consideration of the sum of $* 10.00 *and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in* COLUMBIA *County, Florida, viz:*

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

FILED AND RECORDED IN PUBLIC RECORDS OF COLUMBIA COUNTY, F

98-19899

1998 DEC 11 PM 3:21

Documentary Stamp $297.50
Intangible Tax
P. DeWitt Cason
Clerk of Court
By D.C.

Together *with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.*

To Have and to Hold, *the same in fee simple forever.*

And *the grantor hereby convenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accuring subsequent to December 31, 19* 97

In Witness Whereof, *the said grantor has signed and sealed these presents the day and year first above written.*

Signed, sealed and delivered in our presence:

JANE S. USHER

DAWNA HERRINGSHAW

GEORGE R. KOON

ROSA B. KOON

RT 2, BOX 3418
Lake City, FL 32024

STATE OF Florida

COUNTY OF Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared
George R. Koon and wife, Rosa B. Koon

to me known to be the person they *described in and who executed the foregoing instrument and acknowledged before me that* they *executed the same.*

WITNESS my hand and official seal in the County and State last aforesaid this 11th *day of* December *, A.D. 19* 98

Michael H. Harrell
Abstract & Title Services, Inc.
420 West Baya Avenue
Lake City, FL 32025
Pursaunt to issuance of Title Insurance

NOTARY PUBLIC

PERSONALLY KNOWN TO ME
PRODUCED IDENTIFICATION x
FLORIDA DRIVER'S LICENSE

DAWNA W. HERRINGSHAW
MY COMMISSION # CC 666409
EXPIRES: November 11, 2001
Bonded Thru Notary Public Underwriters

EXHIBIT "A"

Southwest ¼ of Northeast ¼ of Section 20, Township 6 South, Range 16 East, Columbia County, Florida.

The West 60 feet of the Southwest of Southwest North of road right of way; the West 60 feet of the North 42 acres of West ½ of the Southwest ¼ and the North 60 feet of North 42 acres of West ½ of the Southwest ¼ and North 60 feet of the Northeast of the Southwest and South 30 feet of East 30 feet of Northwest ¼, Section 20, Township 6 South, Range 16 East, Columbia County, Florida.

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

PERMIT NO. 12-1556E
DATE PAID: 12-13-12
FEE PAID: 285.00
RECEIPT #: 1091569

APPLICATION FOR:

[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Thomas Clary II

AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 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 #: 20-6S-16-03891-000 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 40 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 9983 SW US HWY 27, Fort White, FL, 32038

DIRECTIONS TO PROPERTY: 47 S, TR on SR 27, approx 2 1/4 miles, TR on access road Just past Rambling Court, Follow road approx 1 mile to site on left

BUILDING INFORMATION [X] 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	1800	LIKE FOR LIKE 3BR/3BR
2				HOUSE BURNED TO GROUND
3				MOBILE @ 64"

[N] Floor/Equipment Drains [N] Other (Specify) _____

SIGNATURE: Rocky D Ford DATE: 12/13/2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION F0R ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

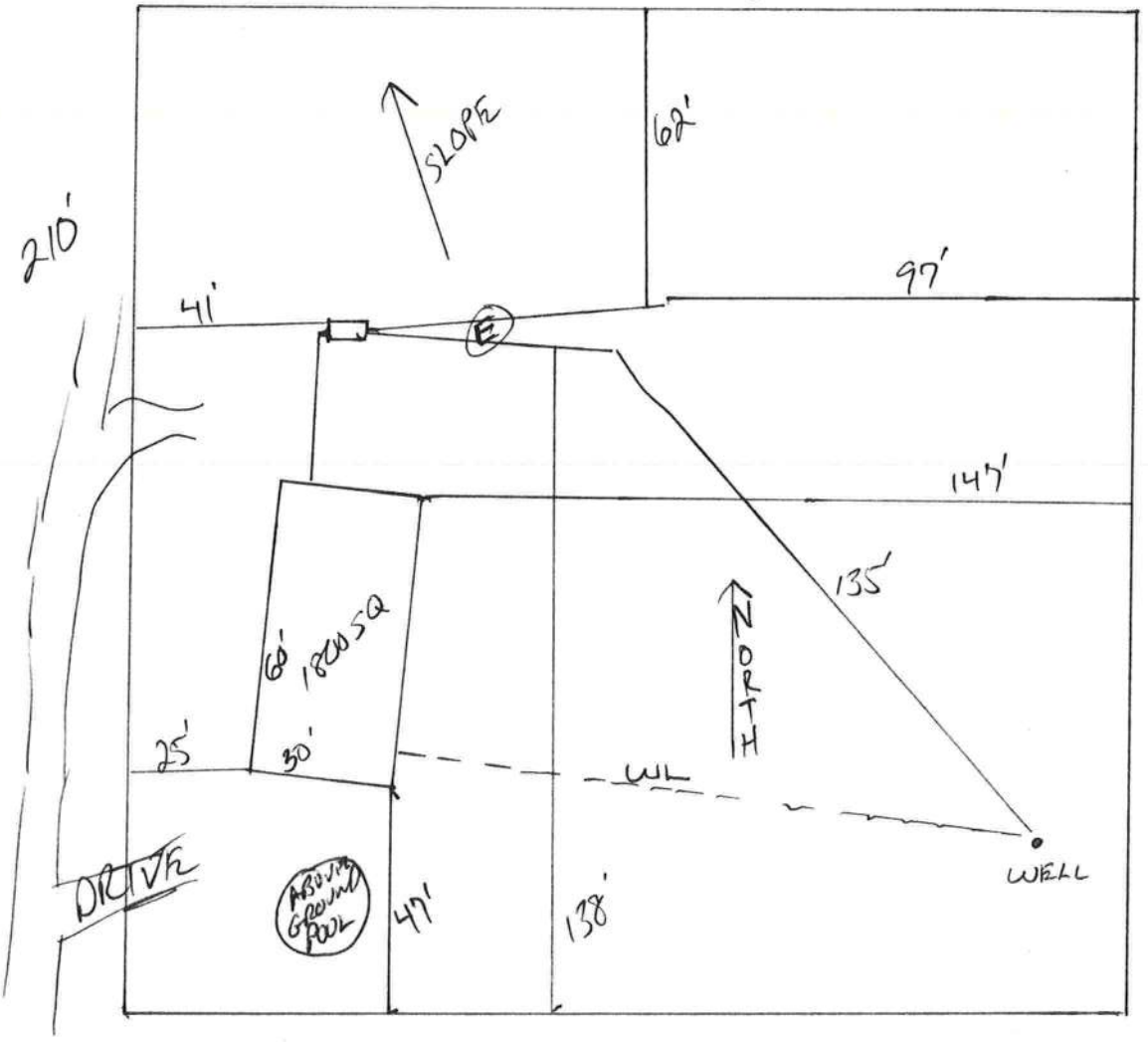
Permit Application Number 12-0556E

CLARY

PART II - SITEPLAN

210'

Scale: 1 inch = 40 feet.



1 of 40 ACRES SEE ATTACHED

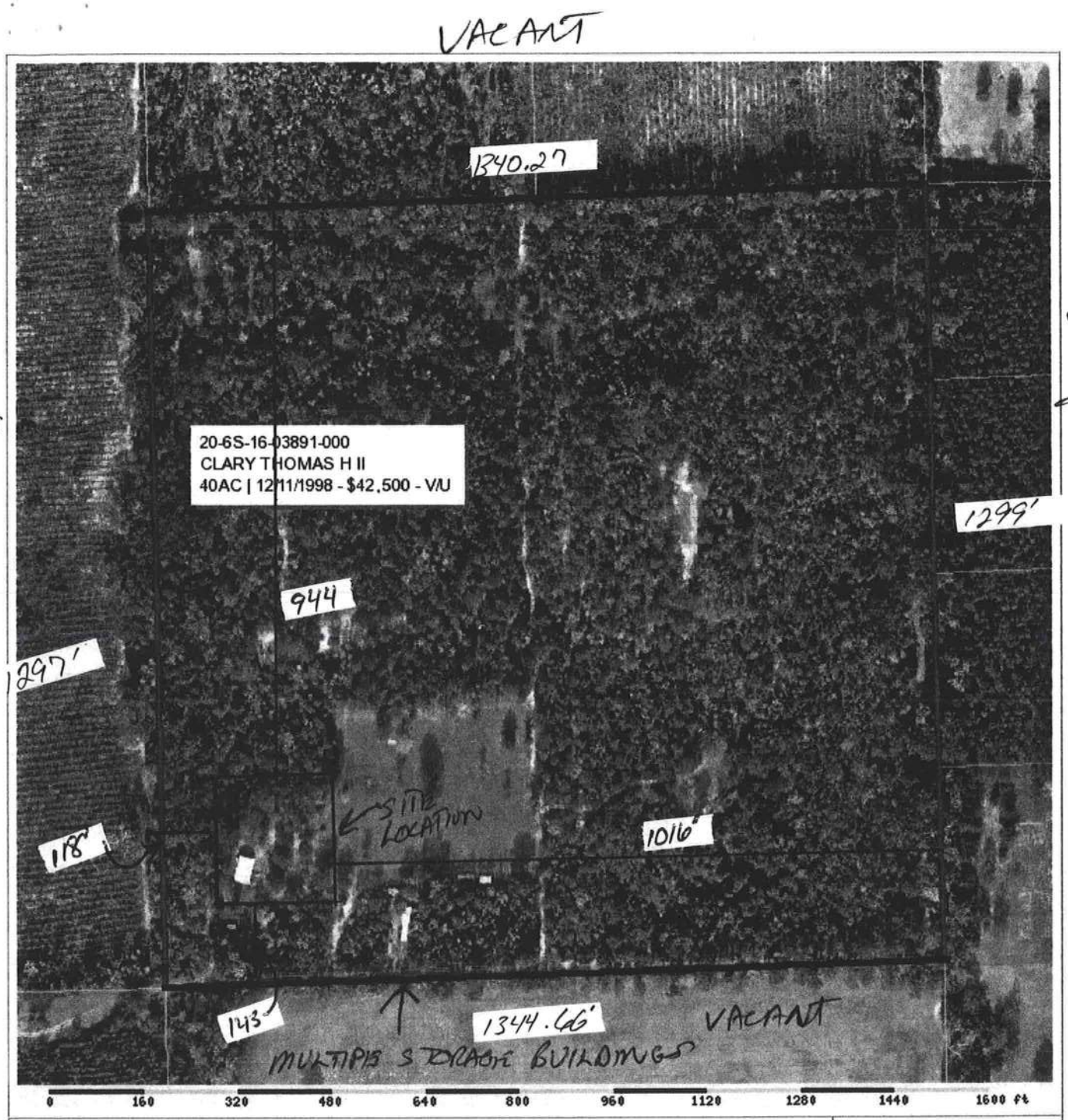
Notes: _____

Site Plan submitted by: Rocky Turner MASTER CONTRACTOR

Plan Approved X Not Approved _____ Date 12/17/12

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser

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

PARCEL: 20-6S-16-03891-000 - MOBILE HOM (000200)

SW1/4 OF NE1/4. ORB 840-156, 845-763, 870-2393, CORR DEED 872-2596,

Name: CLARY THOMAS H II

Site: 9983 SW US HIGHWAY 27

Mail: 9983 SW US HWY 27, FT WHITE, FL 32038

Sales			
Info	12/11/1998	$42,500.00	V / U
	5/21/1997	$0.00	V / U

2012 Certified Values

Land	$101,727.00
Bldg	$5,895.00
Assd	$100,265.00
Exmpt	$100,265.00
Taxbl	Cnty: $0
	Other: $0 | Schl: $0

NOTES:

This information, updated: 12/12/2012, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

powered by GrizzlyLogic.com

IMAGETREND FIRE BRIDGE

Columbia County Fire Rescue Department
370 SE Racetrack Lane, LAKE CITY, FL 32056
Phone: 386 754 7057 Fax:386 754 7064

NFIRS-1 Basic

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure
29091	FL	09 30 2012	46	CCFR12CAD002862	0

B Location Type

X Street address
Intersection
In front of
Rear of
Adjacent to
Directions
US National Grid

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: -

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
9983	SW	US HIGHWAY 27		

Apt./Suite/Room	City	State	Zip Code
	FORT WHITE	FL	32038 -

Cross Street, Directions or National Grid, as applicable:

C Incident Type

121 Fire in mobile home used as fixed residence

D Aid Given or Received

1 Mutual aid received
2 Automatic aid received
3 Mutual aid given
4 Automatic aid given
5 Other aid given
N X None

Their FDID | Their State | Their Incident Number

E1 Dates and Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (ALARM always required)	09	30	2012	13:20:32
Arrival (ARRIVAL required, unless canceled or did not arrive)	09	30	2012	13:25:29
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	09	30	2012	17:20:04

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
A	1	46

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken

Primary Action Taken (1): 11 Extinguishment by fire service personnel
Additional Action Taken (2): 12 Salvage & overhaul
Additional Action Taken (3): 86 Investigate

G1 Resources

X Check this box and test this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	5	8
EMS	0	0
Other	2	2

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

None

LOSSES: Required for all fires if known. Optional for non-fires.
Property $ 25,000
Contents $ 65,000

PRE-INCIDENT VALUE: Optional
Property $ 25,000
Contents $ 65,000

Completed Modules

X Fire-2
X Structure Fire-3
Civilian Fire Cas.-4
Fire Service Cas.-5
EMS-6
HazMat-7
WildLand Fire-8
X Apparatus-9
X Personnel-10
Arson-11

H1 Casualties

☒ None

Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.
1 Detector alerted occupants
2 X Detector did not alert occupants
U Unknown

H3 Hazardous Materials Release

0 Special HazMat actions required or spill >= 55 gal.
1 Natural gas: slow leak, no evac. or HazMat actions
2 Propane gas - Less than a 21 lb. tank
3 Gasoline - vehicle fuel tank or portable container
4 Kerosene - fuel-burning equipment/portable storage
5 Diesel fuel/fuel oil - vehicle fuel tank/portable
6 Household/office solvent or chemical spill
7 Motor oil - from engine or portable container
8 Paint - spills less than 55 gallons
N X None

I Mixed Use Property

00 Mixed use, other
10 Assembly use
20 Educational use
33 Medical use
40 Residential use
51 Row of stores
53 Enclosed mall
58 Business and residential use
59 Office use
60 Industrial use
63 Military use
65 Farm use
NN X Not mixed use

J Property Use

Structures

131	Church, mosque, synagogue, temple, chapel	341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
161	Restaurant or cafeteria	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
162	Bar or nightclub	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
213	Elementary school, including kindergarten	419 X	1 or 2 family dwelling	599	Business office
215	High school/junior high school/middle school	429	Multifamily dwelling	615	Electric-generating plant
241	Adult education center, college classroom	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	449	Hotel/motel, commercial	700	Manufacturing, processing
331	Hospital - medical or psychiatric	459	Residential board and care	819	Livestock, poultry storage
		464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse

Outside

124	Playground	936	Vacant lot	981	Construction site
655	Crops or orchard	938	Graded and cared-for plots of land	984	Industrial plant yard - area
669	Forest, timberland, woodland	946	Lake, river, stream		
807	Outside material storage area	951	Railroad right-of-way		
919	Dump, sanitary landfill	960	Street, other		
931	Open land or field	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: 386 - Phone Number: 719-0139

Mr. (Mr., Ms., Mrs.) | Thomas (First Name) | H (MI) | Clary (Last Name) | II (Suffix)

9983 (Number) | SW (Prefix) | US HIGHWAY 27 (Street or Highway) | (Street Type) | (Suffix)

(Post Office Box) | (Apt./Suite/Room) | FORT WHITE (City)

FL (State) | 32038 (Zip Code) -

K2 Owner

Local Option

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

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

Business Name (if Applicable):

Area Code: 386 - Phone Number: 719-0139

Mr. (Mr., Ms., Mrs.) | Thomas (First Name) | H (MI) | Clary (Last Name) | II (Suffix)

9983 (Number) | SW (Prefix) | US HIGHWAY 27 (Street or Highway) | (Street Type) | (Suffix)

(Post Office Box) | (Apt./Suite/Room) | FORT WHITE (City)

FL (State) | 32038 (Zip Code) -

L Remarks

Local Option

Columbia County Fire Rescue units were dispatched to a possible structure fire at the above location. We were waved down by the caller into the driveway which we then followed all the way back to a locked gate. We forced the gate and proceeded on to the house. Upon our arrival we found a double-wide mobile home which was already fully involved. We initiated a defensive attack until the fire could be brought under control. The severity of the damage necessitated an extensive salvage and overhaul operation and the recovery of the two family dogs. We assisted the family by contacting the Red Cross who responded to the scene to render further assistance. The cause of the fire was unable to be determined due to the completeness of the damage done to the structure in general and to the area of origin specifically. The fire was already well advanced prior to its discovery and reporting. Once salvage and overhaul operations were completed the scene was turned back over to the property owners and all units were released to return to service. Assignment completed.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	09	30	2012

Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
JOHN01	JOSEPH JOHNSON	Driver Engineer	46-South C	09	30	2012

A | 29091 (FDID) | FL (State) | MM 09 / DD 30 / YYYY 2012 (Incident Date) | 46 (Station) | CCFR12CAD002862 (Incident Number) | 0 (Exposure) | **NFIRS-2 Fire**

B Property Details

B1 | 1 | Not Residential
Estimate number of residential living units in building of origin whether or not all units became involved

B2 | 0 | ☒ Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products

☒ 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 box for each code entered.

On-site material (1) | | |

On-site material (2) | | |

On-site material (3) | | |

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
N None
U Undetermined

(repeated for each on-site material)

D Ignition

D1 | 21 | Bedroom - < 5 persons; included are jail or prison
Area of fire origin

D2 | UU | Undetermined
Heat Source

D3 | UU | Undetermined
Item first ignited

Check box if fire spread was confined to object of origin.

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

E1 Cause of Ignition

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 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition

UU | Undetermined
Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes ☒ 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 ☒ None

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition

☒ None — If equipment was not involved, skip to Section G

Equipment Involved
Brand
Serial
Model
Year

F2 Equipment Power Source

Equipment Power Source

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.

G Fire Suppression Factors

Enter up to three codes.

411 | Delayed detection of fire
Fire suppression factor (1)

412 | Delayed reporting of fire
Fire suppression factor (2)

431 | Blocked or obstructed roadway
Fire suppression factor (3)

H1 Mobile Property Involved

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

H2 Mobile Property Type and Make

Mobile property type
Mobile property make
Mobile property model
Year
License Plate Number
State
VIN

Local Use

Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
Police report attached
Coroner report attached
Other reports attached

A | 29091 (FDID) | FL (State) | 09 (MM) | 30 (DD) | 2012 (YYYY) (Incident Date) | 46 (Station) | CCFR12CAD002862 (Incident Number) | 0 (Exposure)

NFIRS-3 Structure Fire

I1 Structure Type
If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

0 Structure type, other
1 Enclosed building
2 X 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

I2 Building Status
0 Building status, other
1 Under construction
2 X 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

I3 Building Height
Count the roof as part of the highest story.

1 — Total number of stories at or above grade

0 — Total number of stories below grade

I4 Main Floor Size
, 2 , 800 — Total square feet

OR

, BY , — Length in feet / Width in feet

J1 Fire Origin
1 — Story of fire origin

Below Grade

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 Confined to building of origin
5 X Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.

Number of stories w/minor damage (1 to 24% flame damage)
Number of stories w/significant damag (25 to 49% flame damage)
Number of stories w/heavy damag (50 to 74% flame damage)
1 — Number of stories w/extreme damag (75 to 100% flame damage)

K Type of Material Contributing Most to Flame Spread
Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine.

K1: UU — Undetermined
Item contributing most to flame spread

K2: UU — Undetermined
Type of material contributing most to flame spread

Required only if item contributing code is 00 or <70

L1 Presence of Detectors
(In area of the fire)

1 X Present
N None present
U Undetermined

L2 Detector Type
0 Detector type, other
1 X 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 X 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 X 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

M1 Presence of Automatic Extinguishing System
1 Present
2 Partial System Present
N X 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

0 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

Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective

0 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

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	09 / 30 / 2012	46	CCFR12CAD002862	0

NFIRS-9 Apparatus or Resources

B

	Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))	Month/Day/Year	Hour/Min	Sent	Number of People	Apparatus Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken (List up to 4 actions for each apparatus and each personnel.)	
1	ID: E46 Type: 11	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1325 1716	Sent	2	Other X Suppression EMS	11 86	12 81
2	ID: E45 Type: 11	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1341 1714	Sent	2	Other X Suppression EMS	11 86	12
3	ID: T44 Type: 24	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1343 1714	Sent	1	Other X Suppression EMS	76 12	11
4	ID: E48 Type: 11	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1349 1720	Sent	2	Other X Suppression EMS	11 86	12
5	ID: T46 Type: 24	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1330 1716	Sent	1	Other X Suppression EMS	76 45	58
6	ID: CF-1 Type: 92	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1352 1541	Sent	1	X Other Suppression EMS	86 	82
7	ID: POV Type: 10	Dispatch X Arrival X Clear X	09/30/12 09/30/12 09/30/12	1320 1718 1720	Sent X	1	X Other Suppression EMS	75 	92

A | FDID: 29091 | State: FL | Incident Date (MM/DD/YYYY): 09/30/2012 | Station: 46 | Incident Number: CCFR12CAD002862 | Exposure: 0 | **NFIRS-10 Personnel**

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

1 ID: E46 | Type: 11 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1325 | Clear X 09/30/12 1716 | Sent: 2 | Apparatus Use: Other / X Suppression / EMS | Actions Taken: 11, 12, 86, 81

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
GREE01	GREENE, JR., JOHN	Part Time	11	12	86	
JOHN01	JOHNSON, JOSEPH	Driver Engineer	11	12	86	81

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

2 ID: E45 | Type: 11 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1341 | Clear X 09/30/12 1714 | Sent: 2 | Apparatus Use: Other / X Suppression / EMS | Actions Taken: 11, 12, 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MOFF01	MOFFITT, JAMES	Firefighter	11	12	86	
TODD01	TODD, GREG	FF/EMT	11	12	86	

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

3 ID: T44 | Type: 24 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1343 | Clear X 09/30/12 1714 | Sent: 1 | Apparatus Use: Other / X Suppression / EMS | Actions Taken: 76, 11, 12

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MIKE01	ARCHER, MIKEL	Part Time FF	76	11	12	

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

4 ID: E48 | Type: 11 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1349 | Clear X 09/30/12 1720 | Sent: 2 | Apparatus Use: Other / X Suppression / EMS | Actions Taken: 11, 12, 86

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CERV01	CERVANTES, TAD	Shift Commander	11	12	86	
HEND01	HENDERSON, SHAWN	Firefighter	11	12	86	

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

5 ID: T46 | Type: 24 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1330 | Clear X 09/30/12 1716 | Sent: 1 | Apparatus Use: Other / X Suppression / EMS | Actions Taken: 76, 58, 45

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
TURN01	TURNER, MICHAEL	FF/EMT	76	58	45	

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

6 ID: CF-1 | Type: 92 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1352 | Clear X 09/30/12 1541 | Sent: 1 | Apparatus Use: X Other / Suppression / EMS | Actions Taken: 86, 82

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BOOZ01	BOOZER, DAVID	Fire Chief	86	82		

B — Midnight is 0000 — Check if the same date as Alarm date on the Basic Module (Block E1)

7 ID: POV | Type: 10 | Dispatch X 09/30/12 1320 | Arrival X 09/30/12 1718 | Clear X 09/30/12 1720 | Sent: X 1 | Apparatus Use: X Other / Suppression / EMS | Actions Taken: 75, 92

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SWEA01	SWEARS, AARON	Reservist	75	92		

A

FDID	State	Incident Date (MM / DD / YYYY)	Station	Incident Number	Exposure
29091	FL	09 / 30 / 2012	46	CCFR12CAD002862	0

NFIRS-1S Supplemental

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: 386 | Phone Number: 719-0137

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Mrs.	Nancy		Clary	

Number	Prefix	Street or Highway	Street Type	Suffix
9983	SW	US HIGHWAY 27		

Post Office Box: | Apt./Suite/Room: | City: FORT WHITE

State: FL | Zip Code: 32038-

K2 Owner

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

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: 386 | Phone Number: 719-0137

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Mrs.	Nancy		Clary	

Number	Prefix	Street or Highway	Street Type	Suffix
9983	SW	US HIGHWAY 27		

Post Office Box: | Apt./Suite/Room: | City: FORT WHITE

State: FL | Zip Code: 32038-

CERTIFICATE OF

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 20-6S-16-03891-000 **Building permit No.** 000030672

Use Classification MH, UTILITY **Fire:** 0.00

Permit Holder MANUEL BRANNAN **Waste:**

Owner of Building THOMAS H. CLARY **Total:** 0.00

Location: 9983 SW US HWY 27, FT WHITE, FL 32038

Date: 01/08/2013

Tony Crews

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)