

DATE 12/22/2008

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000027533

APPLICANT JERRY PERRY PHONE 466-7827
ADDRESS 2153 SW OLD WIRE RD LAKE CITY FL 32024
OWNER JERRY PERRY PHONE 466-7827
ADDRESS 2153 SW OLD WIRE RD LAKE CITY FL 32024
CONTRACTOR CHESTER KNOWLES PHONE 755-6441
LOCATION OF PROPERTY 47S, TL CR 240, TR OLD WIRE RD, 2 MILES ON LEFT
WITH POND AND GAZEBO IN FRONT YARD
TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING A-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 24-5S-16-03707-103 SUBDIVISION PARADISE SOUTH
LOT 3 BLOCK PHASE UNIT TOTAL ACRES 5.00

IH0000509
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-783 CS WR
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, IMPACT FEE EXEMPT, FIRE DEPT. SHOWING
BURN OUT IS ON FILE

Check # or Cash

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof 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 FEE 0.00
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		Zoning Official <u>CH 12/17/08</u>		Building Official <u>WR 12/16/08</u>	
AP# <u>0812-25</u>	Date Received <u>12-15-08</u>	By <u>CH</u>	Permit # <u>27533</u>		
Flood Zone <u>X</u>	Development Permit <u>---</u>	Zoning <u>A-3</u>	Land Use Plan Map Category <u>A-3</u>		
Comments <u>Burn Out</u>					
<u>No charge</u> impact fee exempt					
FEMA Map # _____	Elevation _____	Finished Floor _____	River _____	In Floodway _____	
<input checked="" type="checkbox"/> Site Plan with Setbacks shown	<input checked="" type="checkbox"/> Environmental Health Signed Site Plan	<input type="checkbox"/> Env. Health Release			
<input type="checkbox"/> Well letter provided	<input checked="" type="checkbox"/> Existing Well	<u>out of County Done</u>		<input checked="" type="checkbox"/> in county	Revised 9-23-04

- 24-55-16
- Property ID RD 3707-103 Must have a copy of the property deed
 - New Mobile Home _____ Used Mobile Home ☒ Year 1991
 - Subdivision Information Lot 3 Paradise South
 - Applicant Jerry Perry Phone # 386 466-7827
 - Address 2153 SW Old Wine Rd Lake City FL 32024
 - Name of Property Owner Jerry Perry Phone# _____
 - 911 Address 2153 SW Old Wine Rd Lake City FL 32024
 - Circle the correct power company - FL Power & Light Clay Electric Progressive Energy
(Circle One) - Suwannee Valley Electric - Progressive Energy
 - Name of Owner of Mobile Home Jerry Perry Phone # _____
 - Address 2153 SW Old Wine Rd Lake City FL 32024
 - Relationship to Property Owner _____
 - Current Number of Dwellings on Property One (Burnt MH)
 - Lot Size 5 AC Total Acreage 5 AC
 - Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
 - Driving Directions SR Road 47 South T.L. on C.R. 240 T.R. on Old Wine Road 2 miles T.L. INTO Site (HAS pond & gazebo in Front yard.)
 - Is this Mobile Home Replacing an Existing Mobile Home yes (Burned out home)
 - Name of Licensed Dealer/Installer Jessie L. "Chester" Knowles Phone # 386-755-6441
 - Installers Address 5801 SW. SR 47 LAKE CITY FL 32024
 - License Number IH 0000509 Installation Decal # 300503

spoke to Jerry
12/17/08

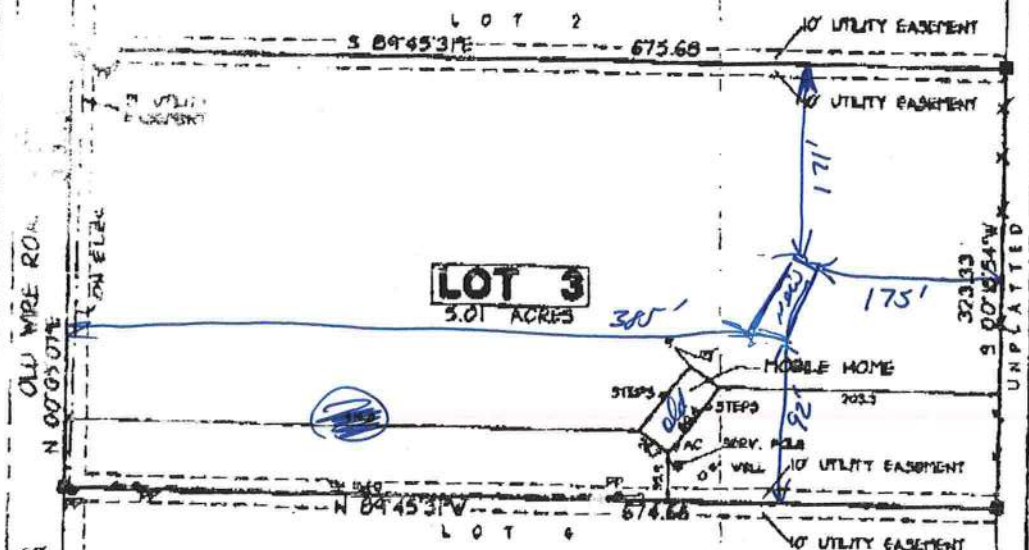
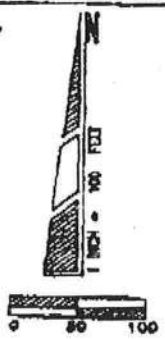
Sote Plan

BOUNDARY SURVEY

SECTION
"PARADISE SOUTH", a
subdivision, is recorded in Plat Book 6,
pages 67 & 67-A of the Public
Records of Columbia County, Florida.

FLOOD NOTE

ACCORDING TO THE
OFFICIAL FLOOD HAZARD
MAPS OF COLUMBIA
COUNTY (FIRM), THE
LOT SHOWN DOES NOT
LIE WITHIN A FLOOD
ZONE "A" AREA. IT
IS WITHIN FLOOD ZONE
"X", WHICH HAS BEEN
DETERMINED TO BE OUT-
SIDE OF THE 500 YEAR
FLOOD PLANE (REF:
PANEL NO. 120070
0225 B).



LEGEND - NOTES

- 1.) ■ = CONC. MONUMENT FOUND IN PLACE.
- 2.) BOUNDARY & BEARINGS FROM RECORD PLAT.
- 3.) IMPROVEMENTS PLOTTED FROM FIELD TIES.
- 4.) UNDERGROUND ENCROACHMENTS NOT LOCATED.
- 5.) DATE OF SURVEY: NOVEMBER 18, 1996.

CERTIFICATION

CERTIFIED TO: Peter J. and Carrie Cashman, Green Tree Financial, Abstracts and Title Services, Chicago Title Insurance Company.
I HEREBY CERTIFY that this Survey complies with the Minimum Technical Standards for Land Surveying as set forth by the Florida Board of Professional Land Surveyors, pursuant to Section 472.027, Florida Statutes.

SIGNED: *Donald F. Lee*
Donald F. Lee, P.L.S.
Florida Reg. No. 3828

NOT VALID WITHOUT THE SIGNATURE AND ORIGINAL RAISED
SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER



Donald F. Lee and Associates, Inc.

SURVEYORS ENGINEERS
950 South Ridgewood Drive, Lake City, Florida 32055
Phone: (904) 755-6166 FAX: (904) 755-6167
Certificate of Authorization #LB 4016

Date:	11-18-1996
Drafting:	TAD
Computations:	TAD
Checked:	D.F.L.

PETER J. CASHMAN
CARRIE CASHMAN

Scale:	1" = 100'
Field Book:	96-245
Work Order:	96-2726
File:	C

LIMITED POWER OF ATTORNEY

I, Jessie "Chester" Knowles, license # IH0000500 hereby
authorize Jerry Perry to be my representative and
act on my behalf in all aspects of applying for a mobile home
permit to be placed on the following described property located
in Columbia County, Florida.

Property Owner: Jerry Perry
911 Address: 2153 SW Oldwine Rd Lp4 Cof 32024
Parcel ID #: RD 3707-103
Sect: 24 Twp: 5S Rge: 16

Jessie L "Chester" Knowles
Mobile Home Installer Signature

12-12-08
Date

Sworn to and subscribed before me this 12 day
of Dec, 2008.

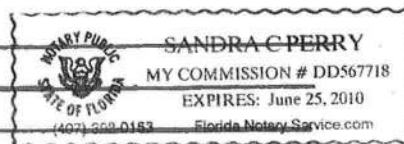
Sandra C Perry
Notary Public

My Commission expires: _____

Commission Number: _____

Personally known: _____

Produced ID (type): _____



MOBILE HOME INSTALLERS AFFIDAVIT

Florida Statute Section 320.8249 Requires Mobile Home Installers to be Licensed:

Any person who engages in mobile home installation shall obtain a mobile home installers license from the Bureau of Mobile Home and Recreational Vehicle construction of the Department of Highway Safety and Motor Vehicles Pursuant to this section.

I, Jessie L. "Chister" Knowles, License No., IH0000509
Please Type or Print

do hereby state that the installation of the manufactured home at:

2153 SW Old Wain Rd Lake City FL 32024
911 Address of the Job site

Will be done under my supervision.

Jessie L. "Chister" Knowles
Signature

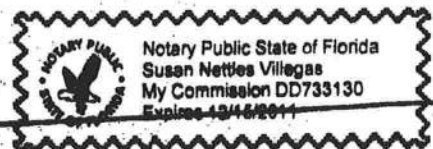
Sworn to and subscribed before me this 12th day of December 2008.

Notary public: Susan Villagas My commission Expires: 12/15/2011
Signature Date

Personally Known: ☒

Produce Valid Identification: _____

Stamp or seal



PERMIT NUMBER

PERMIT WORKSHEET

Installer Issie L. Chester Knudsen License # EH0000509

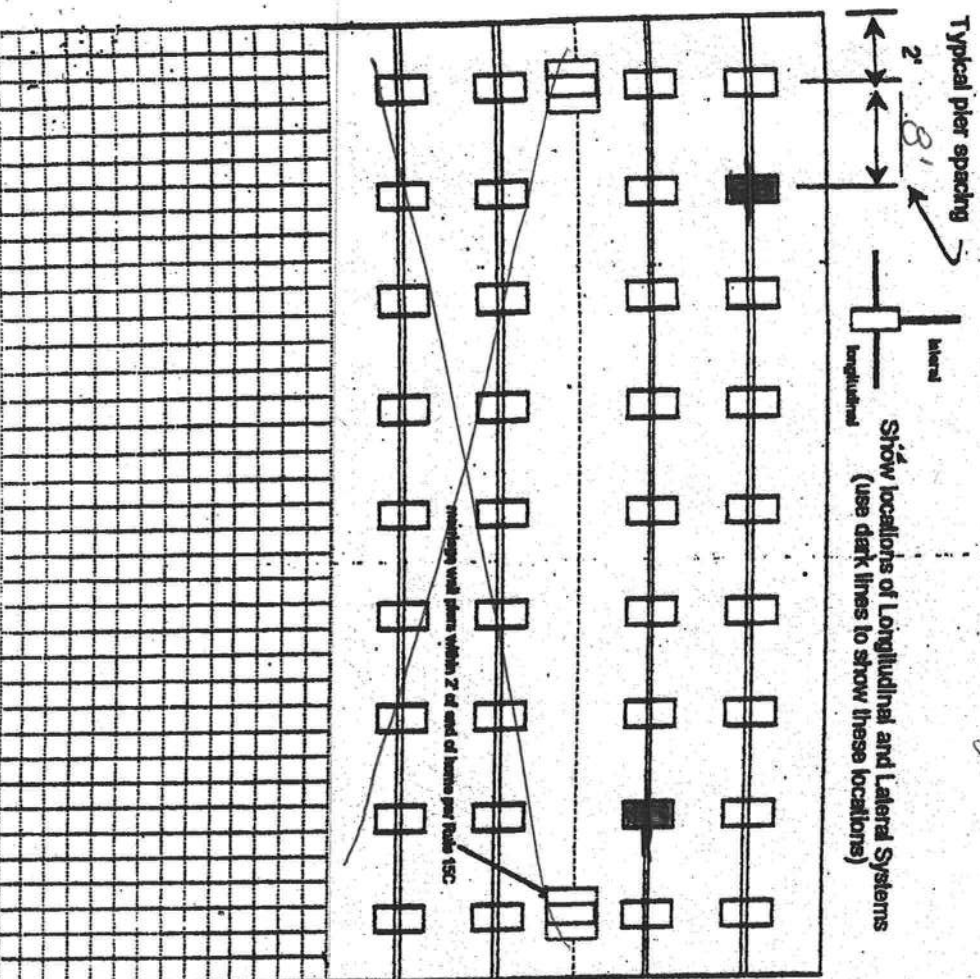
Address of home being installed _____

Manufacturer Fleetwood Length x width 14 x 60 Box

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 AK



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 # 300503

Triple/Quad ☐ Serial # 19144

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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' 8"	6'	7'	8'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

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

PIER PAD SIZES

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

Perimeter pier pad size NA

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

POPULAR PAD SIZES

Pad Size	Sq ft
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 28 1/4	346
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	676

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

NA

ANCHORS

4 ft 5 ft

FRAME TIES

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

OTHER TIES

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Oliver Technology

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer NA

Number 22

Side wall NA

Longitudinal NA

Marriage wall NA

Shear wall NA

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 1.0 x 1.0 x 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 1.0 x 1.0 x 1.0

TORQUE PROBE TEST

The results of the torque probe test is NA 45.03 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 the points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

JAL Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Jessie L. "Chloe" Knowles

Date Tested 12-12-08

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. 15C1

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 15C1

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 15C1

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: NA Length: _____ Spacing: _____
Walls: Type Fastener: NA Length: _____ Spacing: _____
Roof: Type Fastener: NA Length: _____ Spacing: _____

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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

Installer's initials NA

Type gasket NA Installed: Between Floors Yes _____
Pg. _____ Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C1
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: 15C1 may or may not have pike # in setup
MAKUE

Installer verifies all information given with this permit worksheet

is accurate and true based on the

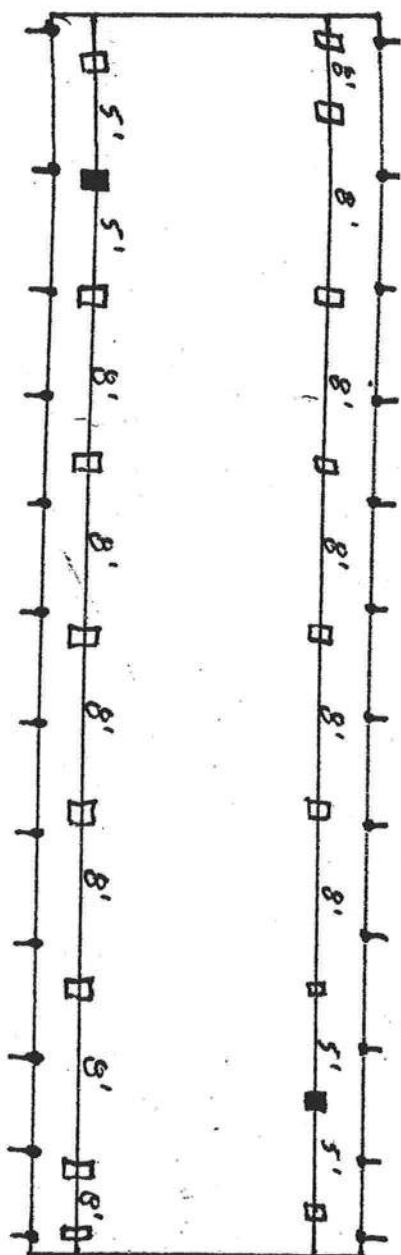
manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Jessie L. "Chloe" Knowles Date 12-12-08

199L

14X60 Fleetwood

Serial # 19144



■ - 2-110V All steel foundations longitudinal only

□ - I Beam pier 8'0" using 23 1/2 x 3 1/2 Abs pads

p. Anchors 5'4" o.c. = RMT ties + Drive plates @ each tie

DEED

THIS DEED made this 15th day of December, 2003, by Shirley Hitson, hereinafter called the Grantor, to Jerry Perry, whose Post Office address is Rt 2 Box 374-36, Old Wire Rd., Lake City, Florida 32024, hereinafter called the Grantee:

WITNESSETH:

THAT the Grantor, for and in consideration of LOVE AND AFFECTION, hereby grants, bargains, sells, aliens, remiss, releases, conveys and confirms unto the Grantee all that certain land situate in Columbia County, Florida, viz:

LOT 3 PARADISE SOUTH SUBDIVISION, orb 783-303,831-1666,
Ct 910-066, 914-1063, PARCEL ID 24-5S-16-03707-103

For the term of his natural life, and upon the further express condition that Grantee shall use and occupy said property as his personal residence; and should Grantee not so occupy said property for a continuous period of three (3) years, then and in that event title to said property shall revert to and vest in Grantor, SHIRLEY HITSON, her heirs and assigns. Should Grantee, Jerry Perry, fail for any reason to reside upon the property for a continuous period of three (3) years, the filing by the Grantor of an affidavit in the Public Records of Columbia County, Florida stating that Grantee has not occupied the above described property as his personal residence for a continuous period of three (3) years shall be sufficient proof of the termination of the estate hereby created.

Grantee, JERRY PERRY, is the natural brother of the Grantor SHIRLEY HITSON.

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 covenants with said Grantee that 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 person whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these
Presents the day and year above written.

Signed, sealed and delivered in the presence of:

Leannah E Kraus

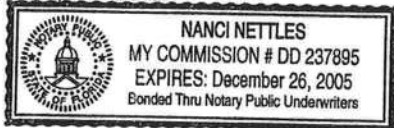
Shirley Hitson
SHIRLEY HITSON

Nanci Nettles

Witness

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 31st day of December, 2003
By Shirley Hitson.



Nanci Nettles
Notary Public,

Prepared by: Shirley Hitson
P.O. Box 1419
Lake City, FL 32056

A		MM DD YYYY		Delete <input type="checkbox"/>		NFIRS -1									
29091		FL		11 19 2008		44		08-0004316		000		Change <input type="checkbox"/>		Basic	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *		No Activity <input type="checkbox"/>			
B Location*															
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <input type="checkbox"/> - <input type="checkbox"/>															
<input checked="" type="checkbox"/> Street address															
2153 SW Old Wire RD															
Number/Milepost Prefix Street or Highway Street Type Suffix															
<input type="checkbox"/> Intersection															
<input type="checkbox"/> In front of															
<input type="checkbox"/> Rear of															
<input type="checkbox"/> Adjacent to															
<input type="checkbox"/> Directions															
Apt./Suite/Room City State Zip Code															
Cross street or directions, as applicable															
C Incident Type *															
121 Fire in mobile home used as															
Incident Type															
D Aid Given or Received*															
1 <input type="checkbox"/> Mutual aid received															
2 <input type="checkbox"/> Automatic aid recvd.															
3 <input type="checkbox"/> Mutual aid given															
4 <input type="checkbox"/> Automatic aid given															
5 <input type="checkbox"/> Other aid given															
N <input checked="" type="checkbox"/> None															
Their FDID Their State															
Their Incident Number															
E1 Date & Times															
Midnight is 0000															
Check boxes if dates are the same as Alarm															
Month Day Year Hr Min Sec															
Alarm * 11 19 2008 20:43:00															
ARRIVAL required, unless canceled or did not arrive															
<input checked="" type="checkbox"/> Arrival * 11 19 2008 20:55:00															
CONTROLLED Optional, Except for wildland fires															
<input type="checkbox"/> Controlled															
LAST UNIT CLEARED, required except for wildland fires															
<input type="checkbox"/> Last Unit															
<input type="checkbox"/> Cleared 11 20 2008 00:07:00															
E2 Shift & Alarms															
Local Option															
C 02 1															
Shift or Alarms District															
Platoon															
E3 Special Studies															
Local Option															
Special Study ID# Special Study Value															
F Actions Taken *															
11 Extinguishment by fire															
Primary Action Taken (1)															
12 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 0008 0017															
EMS															
Other 0004															
<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 \$ 060 000															
Contents \$ 015 000															
PRE-INCIDENT VALUE: Optional															
Property \$ 060 000															
Contents \$ 025 000															
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															
<input checked="" type="checkbox"/> None															
Deaths Injuries															
Fire Service															
Civilian															
H2 Detector															
Required for Confined Fires.															
1 <input checked="" 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 419															
1 or 2 family dwelling															

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 dispatched to a structure fire. Upon arrival Fire Chief Atkinson took command. Shift Commander Cervantes had interior and made entry with Engine 40 & 46 and Tanker 45 crews. Interior crews pulled ceiling and extinguished the fire which was running in the attic area. One handline crew was extinguishing drop down which had consumed the two spare bedrooms. Interior crew stopped the progress of the fire in the living room area. Interior crews pulled sheetrock from the ceiling to check for extension, none found. Interior crews continued mop up and salvage and overhaul at the same time, removing personal items from the home to the exterior. Once all items were removed or covered with tarps, crews finished mopping up interior and exterior of home. All crews picked equipment up and completed assignment, returning to quarters.

L Authorization

0001

Officer in charge ID

Atkinson, Tres

Signature

FC

Position or rank

Assignment

12

Month

01

Day

2008

Year

Check Box if same as Officer in charge.

0018

Member making report ID

Cervantes, Tad

Signature

SC

Position or rank

Assignment

12

Month

01

Day

2008

Year

A <div style="display: flex; justify-content: space-between;"> <div>FDID * <u>29091</u></div> <div>State * <u>FL</u></div> <div>Incident Date * MM <u>11</u> DD <u>19</u> YYYY <u>2008</u></div> <div>Station <u>44</u></div> <div>Incident Number * <u>08-0004316</u></div> <div>Exposure * <u>000</u></div> <div> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div> </div>		NFIRS -2 Fire	
--	--	--------------------------------	--

B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <u> </u> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre	C On-Site Materials <input type="checkbox"/> None or Products <i>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</i> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <u> </u> On-site material (1) <u> </u> On-site material (2) <u> </u> On-site material (3) </div> <div style="flex: 1;"> 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 </div> </div>
---	--

D Ignition D1 <u>14</u> <u>Common room, den,</u> <i>Area of fire origin *</i> D2 <u>43</u> <u>Hot ember or ash</u> <i>Heat source *</i> D3 <u>15</u> <u>Interior wall covering</u> <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u>63</u> <u>Sawn wood, including</u> <i>Type of material first ignited</i> 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	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
---	--	---

F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <i>Equipment Involved</i> Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>	F2 Equipment Power <u> </u> <i>Equipment Power Source</i>	F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <i>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</i>	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <i>Fire suppression factor (1)</i> <u> </u> <i>Fire suppression factor (2)</i> <u> </u> <i>Fire suppression factor (3)</i>
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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> <i>Mobile property type</i> <u> </u> <i>Mobile property make</i> <u> </u> <i>Mobile property model</i> <u> </u> <i>Year</i> <u> </u> <i>License Plate Number</i> <u> </u> <u> </u> <i>State</i> <u> </u> <i>VIN Number</i> <u> </u>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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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* <div style="text-align: right;">NFIRS-3 Structure Fire</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">, 001, 680</div> <small>Total square feet</small> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>, 060</div> <div>BY</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>, 028</div> </div> <div style="display: flex; justify-content: space-between;"> <small>Length in feet</small> <small>Width in feet</small> </div>	
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>		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> <small>Number of stories w/ minor damage (1 to 24% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of stories w/ significant damage (25 to 49% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Number of stories w/ heavy damage (50 to 74% flame damage)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Number of stories w/ extreme damage (75 to 100% flame damage)</small>		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>			
L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" 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 checked="" 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			
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (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> <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99			

A		FDID 29091		State FL		MM 11 DD 19 YYYY 2008		Station 44		Incident Number 08-0004316		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources			
B Apparatus or *		Resource		Date and Times <small>Check if same as alarm date</small>						Sent		Number of *		Use		Actions Taken			
				Month		Day		Year		Hour		Min							
1		ID B45	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76		
		Type 16	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
2		ID CF1	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 75		
		Type 92	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
3		ID CF2	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 75		
		Type 92	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
4		ID CF3	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 75		
		Type 91	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
5		ID E40	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76		
		Type 11	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
6		ID E45	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76		
		Type 11	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
7		ID E46	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76		
		Type 11	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
8		ID POV	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		2		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 75		
		Type 99	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											
9		ID QR44	Dispatch <input checked="" type="checkbox"/>		11	19	2008	20:43			<input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76		
		Type 12	Arrival <input checked="" type="checkbox"/>		11	19	2008	20:55			<input checked="" type="checkbox"/>								
			Clear <input type="checkbox"/>		11	20	2008	00:07											

A	FDID 29091 *	State FL *	Incident Date 11/19/2008 *	Station 44	Incident Number 08-0004316 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	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
1 ID QR45 Type 12	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75
2 ID T44 Type 24	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75 76
3 ID T45 Type 24	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75 76
4 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9 ID Type 	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/> 	<input type="checkbox"/>	 	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

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

A		FDID 29091 *		State FL *		Incident Date 11/19/2008 *		Station 44		Incident Number 08-0004316 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		MM 11 DD 19 YYYY 2008															
B Apparatus or Resource *		Date and Times Check if same as alarm date Month Day Year Hours/mins						Sent <input checked="" type="checkbox"/>	Number of * People 1	Use 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		Actions Taken List up to 4 actions for each apparatus and each personnel. 73 74 75 76					
														Use codes listed below			
1 ID B45 Type 16		Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07						Sent <input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76					
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken					
0086		Sullivan, Danny				FF		X	58	11							
2 ID CF1 Type 92		Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07						Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74					
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	81	86					
3 ID CF2 Type 92		Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43 Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55 Clear <input type="checkbox"/> 11/20/2008 00:07						Sent <input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74					
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken					
0016		Cason, James				AC		X	58	11							

A		FDID 29091 *		State FL *		Incident Date 11 19 2008 *		Station 44		Incident Number 08-0004316 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times Check if same as alarm date						Sent <input checked="" type="checkbox"/>		Number of * People		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.			
Use codes listed below		Month Day Year Hours/mins															
1 ID CF3		Dispatch <input checked="" type="checkbox"/> 11 19 2008 20:43						Sent <input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 74 75 76			
Type 91		Arrival <input checked="" type="checkbox"/> 11 19 2008 20:55															
		Clear <input type="checkbox"/> 11 20 2008 00:07															
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0009		Boozer, David				FMD		X		58		11					
2 ID E40		Dispatch <input checked="" type="checkbox"/> 11 19 2008 20:43						Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76			
Type 11		Arrival <input checked="" type="checkbox"/> 11 19 2008 20:55															
		Clear <input type="checkbox"/> 11 20 2008 00:07															
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0018 CASL01		Cervantes, Tad Caslin, Trevor				SC FF		X X		11 58		12 11		12			
3 ID E45		Dispatch <input checked="" type="checkbox"/> 11 19 2008 20:43						Sent <input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75 76			
Type 11		Arrival <input checked="" type="checkbox"/> 11 19 2008 20:55															
		Clear <input type="checkbox"/> 11 20 2008 00:07															
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0004		Bailey, Stephen				FF		X		58		11					

A	FDID 29091	State FL	Incident Date 11/19/2008	Station 44	Incident Number 08-0004316	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 E46	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43	Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55	Clear <input type="checkbox"/> 11/20/2008 00:07	Sent <input checked="" type="checkbox"/>	Number of People 2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75 76
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0066	Moffitt, James	FF	X	58	11	12	
0089	Tompkins, Ret	FF	X	11	12	51	

2	ID POV	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43	Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55	Clear <input type="checkbox"/> 11/20/2008 00:07	Sent <input checked="" type="checkbox"/>	Number of People 2	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	73 74 75 76
---	---------------	--	---	--	--	---------------------------	---	--

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
COBB01	Cobb, Aaron	FF	X	58	11		
CRIS01	Criswell, Rodney	FF	X	11			

3	ID QR44	Dispatch <input checked="" type="checkbox"/> 11/19/2008 20:43	Arrival <input checked="" type="checkbox"/> 11/19/2008 20:55	Clear <input type="checkbox"/> 11/20/2008 00:07	Sent <input checked="" type="checkbox"/>	Number of People 2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73 74 75 76
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
0085	Steiner, Curtis	FF	X	11	12		
VANI01	Vani, Stephen	FF	X	58	11		

A	FDID 29091	State FL	Incident Date 11/19/2008	Station 44	Incident Number 08-0004316	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"/>	11	19	2008	20:43	Sent	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
	Type 12	Arrival <input checked="" type="checkbox"/>	11	19	2008	20:55		<input checked="" type="checkbox"/>			75	
		Clear <input type="checkbox"/>	11	20	2008	00:07						

Personnel ID	Name	Rank or Grade	Attend	<input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0003	Bailey, Emory	BC	X		58	11		

2	ID T44	Dispatch <input checked="" type="checkbox"/>	11	19	2008	20:43	Sent	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
	Type 24	Arrival <input checked="" type="checkbox"/>	11	19	2008	20:55		<input checked="" type="checkbox"/>			75	76
		Clear <input type="checkbox"/>	11	20	2008	00:07						

Personnel ID	Name	Rank or Grade	Attend	<input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0073	Peeler, Walter	BC	X		58	11		

3	ID T45	Dispatch <input checked="" type="checkbox"/>	11	19	2008	20:43	Sent	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
	Type 24	Arrival <input checked="" type="checkbox"/>	11	19	2008	20:55		<input checked="" type="checkbox"/>			75	76
		Clear <input type="checkbox"/>	11	20	2008	00:07						

Personnel ID	Name	Rank or Grade	Attend	<input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0063	McCauley, Scott	LT	X		11	12		
ALBR01	Albritton, Jr., James	FF	X		58	11		

0812-25

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

COUNTY THE MOBILE HOME IS BEING MOVED FROM Columbia County
OWNERS NAME Jerry Perry PHONE 386-466-7827 CELL _____
INSTALLER Jessie L. Chester Knowles PHONE 386-755-6441 CELL 397-3619
INSTALLERS ADDRESS 5801 S.W. SR 47 LAKE CITY FL 32024

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1991 SIZE 14 x 16 Box
COLOR _____ SERIAL No. 19144
WIND ZONE II SMOKE DETECTOR 2

INTERIOR:

FLOORS OK
DOORS good
WALLS good
CABINETS good
ELECTRICAL (FIXTURES/OUTLETS) _____

EXTERIOR:

WALLS / SIDING good
WINDOWS good Missing some Screens
DOORS good
STATUS: APPROVED [Signature] NOT APPROVED _____

NOTES:

INSTALLER OR INSPECTORS PRINTED NAME Jessie L. Chester Knowles
Installer/Inspector Signature [Signature] License No. IH000509 Date 12-12-08

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.

Sent 12/17/08

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 12/17/08 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Jerry Petty PHONE 576 466-7828 CELL

ADDRESS

MOBILE HOME PARK N/A SUBDIVISION Paradise South, lot 3

DRIVING DIRECTIONS TO MOBILE HOME 475. TL on CR 240, TR on Old Wire Rd. 2 miles on left (pond + gazebo in yard)

MOBILE HOME INSTALLER Chaster Knowles PHONE 755-6441 CELL

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1991 SIZE 14 x 60 COLOR ? Beige

SERIAL No. 19144

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

INSPECTION STANDARDS

INTERIOR:

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

- ☒ SMOKE DETECTOR () OPERATIONAL () MISSING
- ☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
- ☒ 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 [Signature]

ID NUMBER 402

DATE 12-18-08



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

08-0783-E

PERMIT NO. AP
DATE PAID: 12/22/08
FEE PAID: 125.00
RECEIPT #: _____

APPLICATION FOR:

[] New System [☒] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Jerry Perry

AGENT: _____

TELEPHONE: 386-466-7827

MAILING ADDRESS: 2153 SW Oldwine Rd Lake City FL 32024

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.

PROPERTY INFORMATION

LOT: 3 BLOCK: _____ SUBDIVISION: Gradese South PLATTED: ☒

PROPERTY ID #: 24-55-16-03707-103 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 2153 SW Oldwine Rd Lake City FL 32024

DIRECTIONS TO PROPERTY: 47 South & 290 turn left on 290
Turn left on Old wine Rd property 2 1/2 miles
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	<u>14X60 Mobile</u>	<u>2</u>	<u>840</u>	
2				
3				
4				

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

SIGNATURE: _____ DATE: _____



STATE OF FLORIDA
DEPARTMENT OF HEALTH

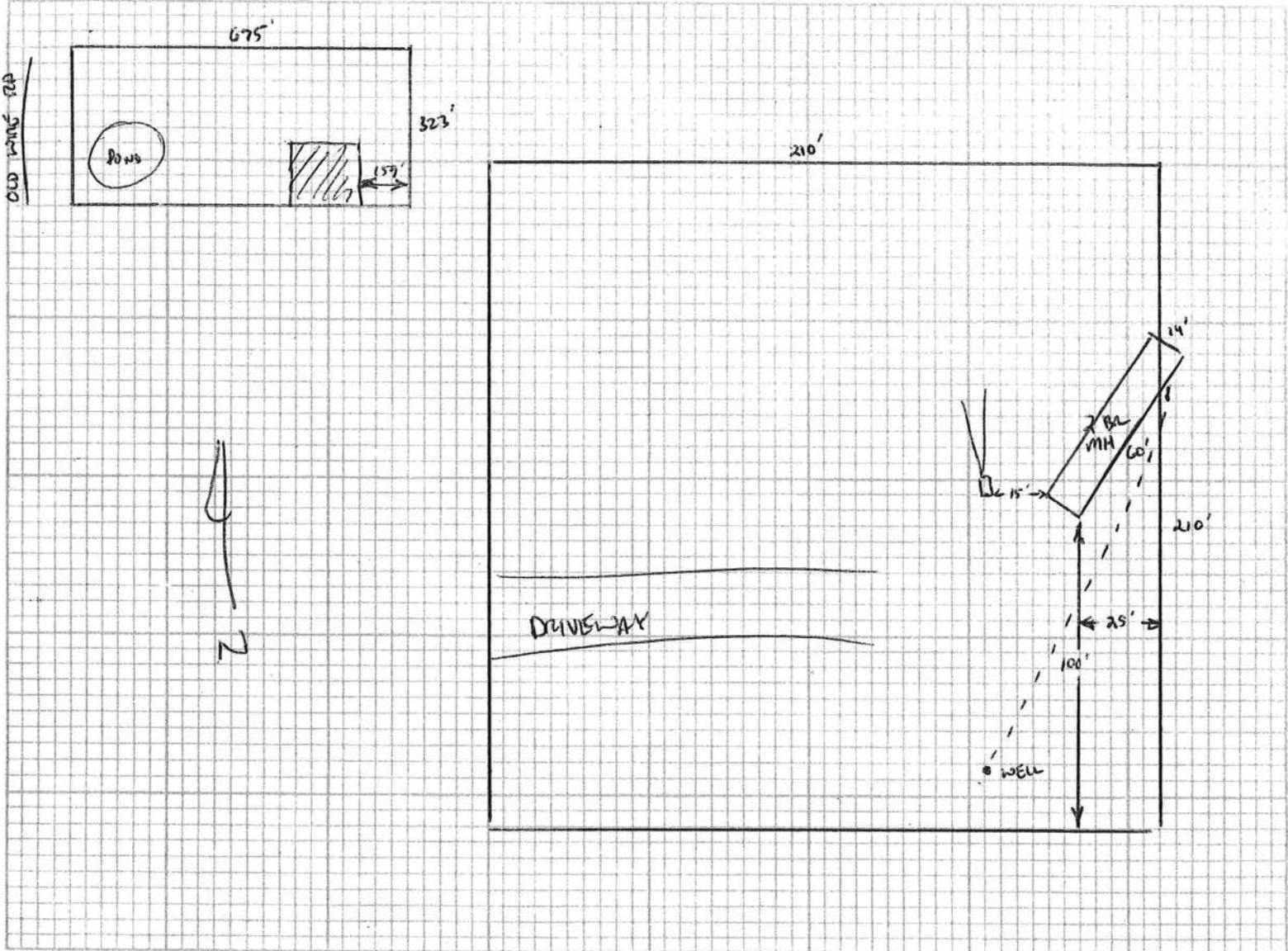
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

08-783-E

PART II - SITE PLAN

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



Notes: 1 AC OF S.O.I

Site Plan submitted by:

Jerry Perry
Signature
APPROVED

Plan Approved

Not Approved

By

OWNER

Title

Date 12/22/8

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Sent 12/17/08

27533

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 12/17/08 BY G IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME Jerry Perry PHONE 386 466-7823 CELL _____

ADDRESS _____

MOBILE HOME PARK N/A SUBDIVISION Paradise South, Lot 3

DRIVING DIRECTIONS TO MOBILE HOME 475. TL on CR 240, TR on Old Wire Rd. 2 miles on left (pond + gazebo in yard)

MOBILE HOME INSTALLER Chester Knowles PHONE 755-6441 CELL _____

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1991 SIZE 14 X 60 COLOR ?

SERIAL No. 19144

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

INSPECTION STANDARDS

INTERIOR:

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

☒ SMOKE DETECTOR () OPERATIONAL () MISSING

☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

☒ 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: GP

NOT APPROVED ☐ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE _____

ID NUMBER _____

DATE _____