Burnt out SFD – No Charge ☑ Copy of fire Report

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 8 MAY 2013 Building Official JN 5/6/13

AP# 1305-09 Date Received 5-3-13 By LH Permit # 31074

Flood Zone X Development Permit N/A Zoning A-1 Land Use Plan Map Category A-1

Comments Second Family Lot

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

☑ Site Plan with Setbacks Shown ☑ EH # 13-0283-E ☐ EH Release ☑ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Road Access ☑ 911 Sheet OK Per Room 5-3-13 LH

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

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

Road/Code School = TOTAL Impact Fees Suspended March 2009

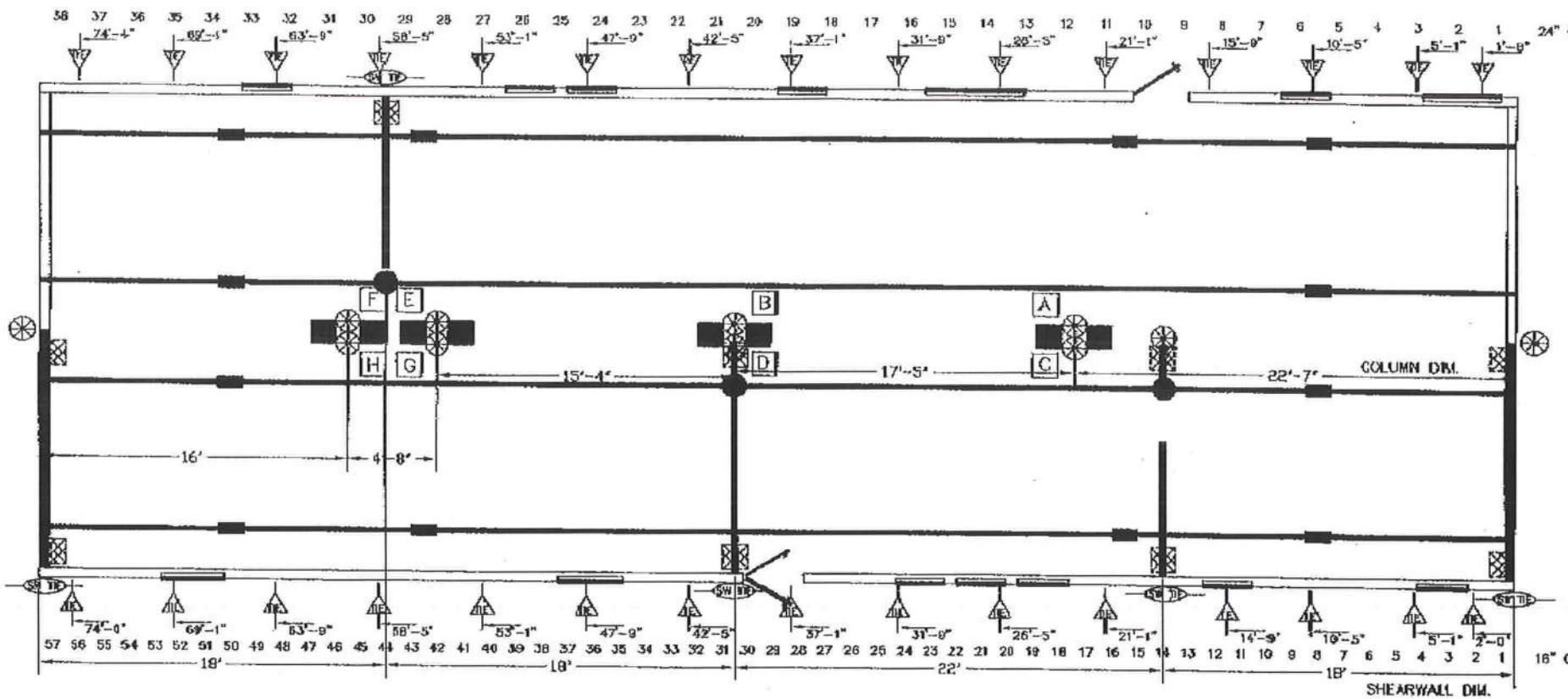
Property ID # 28-1S-17-04591-001 Subdivision

- New Mobile Home C Used Mobile Home MH Size 28'x76' Year 2013
- Applicant James Law, JR. Phone # (386) 292-2260
- Address 387 NE Deep Creek Gln Lake City Fl. 32055
- Name of Property Owner James Law Phone# (386) 292-2260
- 911 Address 387 NE Deep Creek Gln Lake City 32055
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home James Law Phone # (386) 292-2260
  Address 387 NE Deep Creek Gln Lake City Fl. 32055
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1
- Lot Size 5 Ac. Total Acreage 5 Ac.
- 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 NO
- Driving Directions to the Property Approx 10 miles North of I-10 on 441N turn Right onto Deep Creek Gln. Left on First Driveway
- Name of Licensed Dealer/Installer Terry L. Thrift Phone # (386) 623-0115
- Installers Address 448 NW Nyc Hubbard Dr Lake City Fla. 32055
  - License Number IH-10 25139 Installation Decal # 15990

Called 5-8-13 @ 12:18pm - No Voice Mail - Could not leave a message.

James LAW

28 x 76' Box



BLOCKING LEGEND:

- I-BEAM BLOCKING — SEE SOIL BEARING CAPACITY CHARTS FOR SPACING
- COLUMN BLOCKING — SEE SOIL BEARING CAPACITY CHARTS FOR PAD SIZE
- SHEARWALL BLOCKING
- SHEARWALL FRAME TIE
- CENTER LINE TIES
- VERTICAL TIE — MAX. SPACING 9'-9" CENTER TO CENTER
- LONGITUDINAL TIES
- SHEARWALL TIE

1) ALL EXTERIOR DOORS, BAY WINDOWS, RECESSED SIDEWALLS AND EXTERIOR WALL OPENINGS 48" OR GREATER. WILL REQUIRE BLOCKING ON EACH SIDE.

2) 32' WIDE HOMES REQUIRED TO BE BLOCKED MIN 8'-0" ON CENTER BETWEEN COLUMNS.

TownHomes
P.O. BOX 1059
LAKE CITY, FLORIDA
32056

Date: 4-9-13	Revisions	Code#: 2885A
Dr'n: ROB		
Parent: NEW		
Code: T (13)		
ZONE 2	Model: 2885-346	Print: BLOCKING PLAN

May. 1. 2013 10:47AM — TOWNHOMES LLC — No. 5051 — P. 1

COLUMBIA COUNTY PERMIT WORKSHEET

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

Installer Terry L. Thrift License # LH-1025139

911 Address where home is being installed.

Manufacturer Town Home Length x width 72' x 28'

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 TLT

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

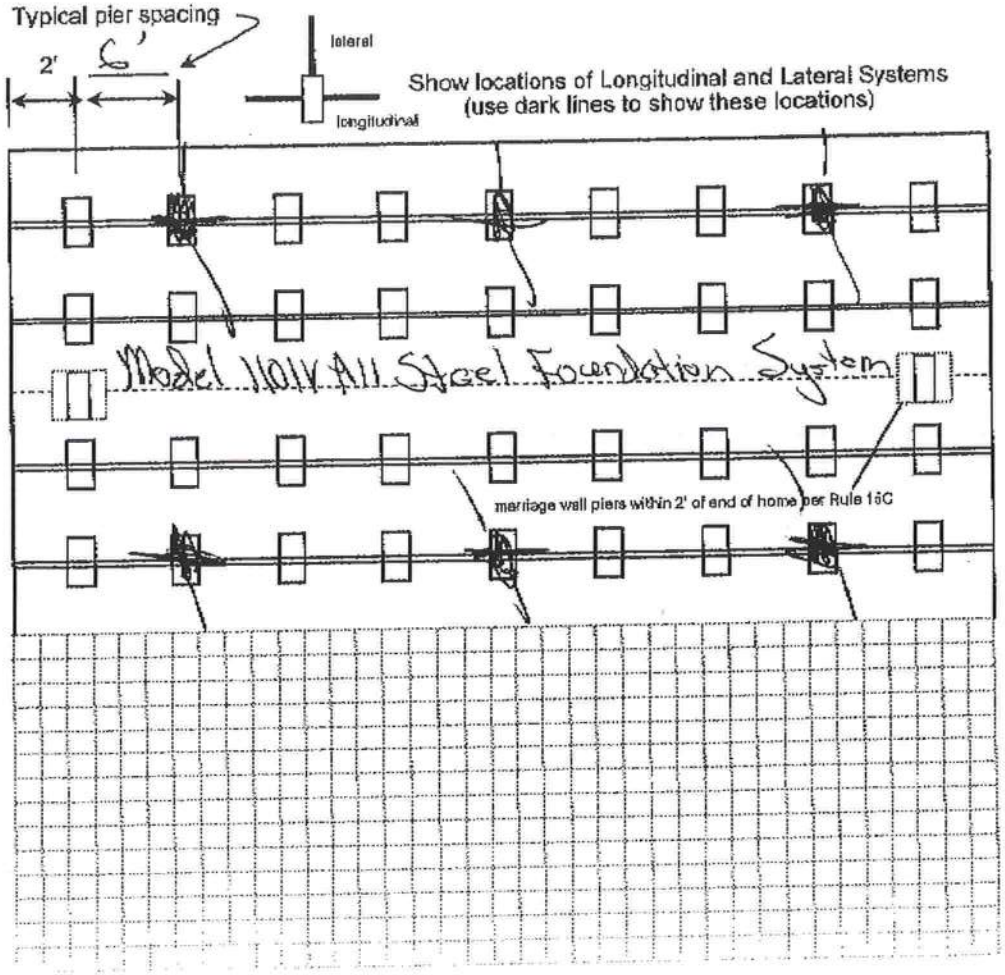
Home is installed in accordance with Rule 15-C ☐

Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☑ Installation Decal # 15990

Triple/Quad ☐ Serial # "TBA"

Typical pier spacing



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 17½ x 25½

Perimeter pier pad size 16" x 16"

Other pier pad sizes (required by the mfg.)

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

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

Opening	Pier pad size
15'-4"	17½ x 25½
17'-5"	17½ x 25½

POPULAR PAD SIZES

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

ANCHORS

4 ft ✓ 5 ft

FRAME TIES

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

OTHER TIES

	Number
Sidewall	36
Longitudinal	6
Marriage wall	3
Shearwall	3

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Oliver Tech

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 1500 / 285 x 1600 / 290 x 600 / 240

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 1600 / 295 x 1500 / 290 x 1600 / 285

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.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical

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

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor:	Type Fastener: Lags	Length: 6"	Spacing: 24" oc
Walls:	Type Fastener: Screws	Length: #8's	Spacing: 12" oc
Roof:	Type Fastener: Screws	Length: #8's	Spacing: 12" oc

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 TLT

Type gasket Foam Tape
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 _____

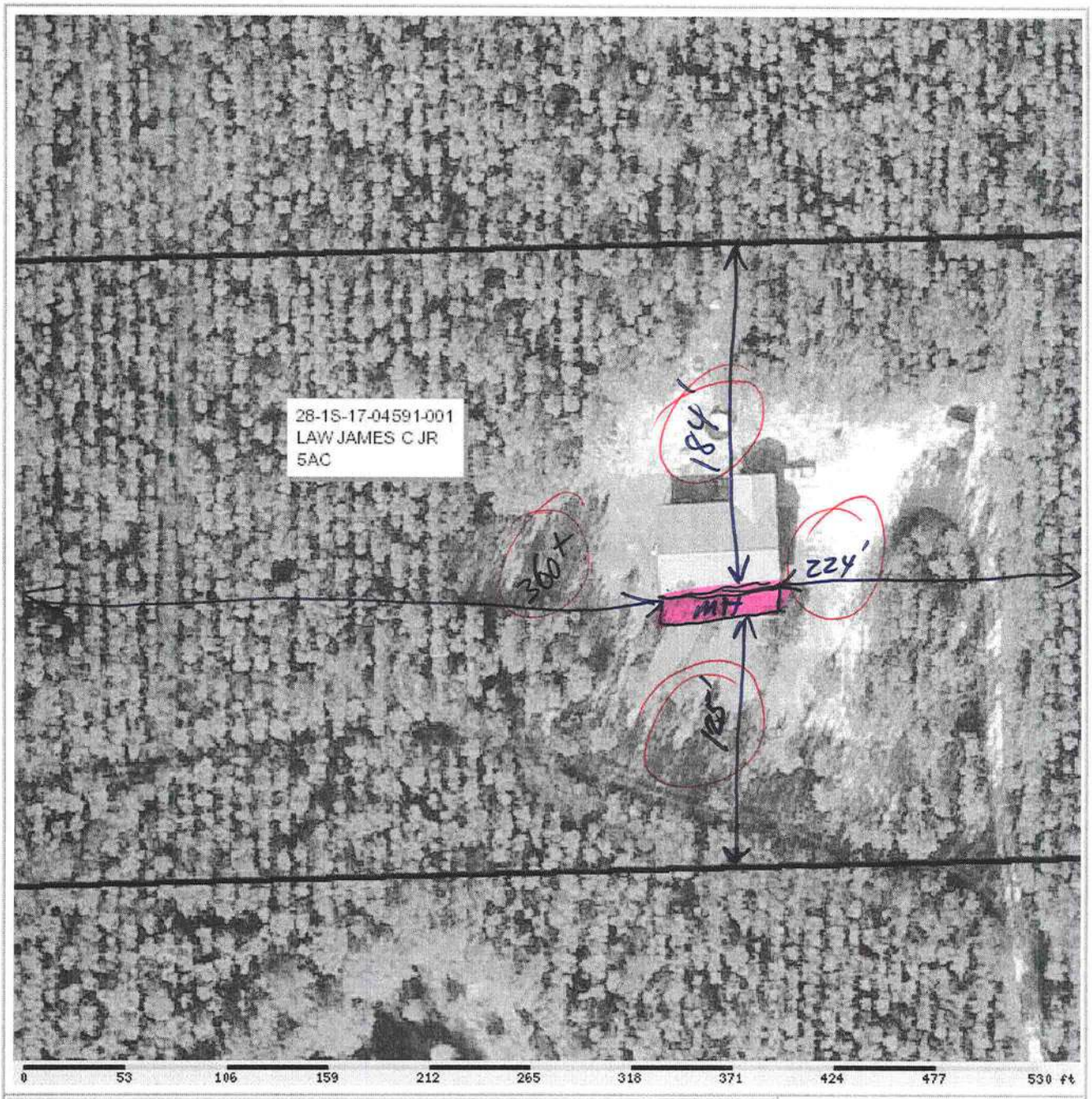
Miscellaneous

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 _____ Date 5/2/13

Site Plan



Columbia County Property Appraiser

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

PARCEL: 28-1S-17-04591-001 - IMPROVED A (005000)

S1/2 OF NW1/4 OF SW1/4 OF SE1/4. ORB 877-1480 & QCD 1224 -488

NOTES:

Name:	LAW JAMES C JR	**2012 Certified Values**	
Site:	387 NE DEEP CREEK GLN	Land	$5,214.00
Mail:	387 NE DEEP CREEK GLN LAKE CITY, FL 32055	Bldg	$112,082.00
		Assd	$114,535.00
Sales Info	11/2/2011$100.00 I / U 3/30/1999$100.00 V / U	Exmpt	$50,000.00
		Taxbl	Cnty: $64,535 Other: $64,535 | Schl: $89,535

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, executed this 2ND day of November, 2011 by JAMES C. LAW, JR. and his wife TANDAE LAW, also known as TANDY LAW, whose address is 387 NE Deep Creek Glen, Lake City, Florida 32055, first parties, and JAMES C. LAW, JR., whose address is 387 NE Deep Creek Glen, Lake City, Florida 32055, second party:

WITNESSETH, That first parties, in consideration of the sum of $10.00 and other valuable consideration in hand paid by second party, receipt whereof is hereby acknowledged, do hereby remise, release and quit-claim unto second party forever, all right, title, interest, claim and demand which first parties have in and to the following described land lying in COLUMBIA County, Florida:

TOWNSHIP 1 SOUTH, RANGE 17 EAST

Section 28: The South 1/2 of NW 1/4 of SW 1/4 of SE 1/4.

(Tax parcel Number 28-1S-17-04591-001)

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of first party, either in law or equity, to the only proper use, benefit and behoof of second party forever.

IN WITNESS WHEREOF, said first parties have signed and sealed these presents the day and year first above written.

Signed, sealed and delivered
in the presence of:

LaTania Delford
Print Name: LaTania Delford

Robin Smithey
Print Name: Robin Smithey
Witnesses

James C Law Jr. (SEAL)
JAMES C. LAW, JR.

Tandae Law (SEAL)
TANDAE LAW, a/k/a TANDY LAW

This Instrument Was Prepared By:
Eddie M. Anderson, P.A.
Post Office Box 1179
Lake City, Florida 32056-1179

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 2ND day of November, 2011, by JAMES C. LAW, JR. and TANDAE LAW. They are personally known to me or they produced _____ as identification.

Robin Smithey
Notary Public
My commission expires:

(Notarial Seal)

ROBIN L SMITHEY
Notary Public, State of Florida
My Comm. Expires Nov. 8, 2012
Commission No. DD 816084

Inst:201112016890 Date:11/2/2011 Time:10:59 AM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1224 P:488

Columbia County Property Appraiser

CAMA updated: 5/3/2013

2012 Tax Year

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

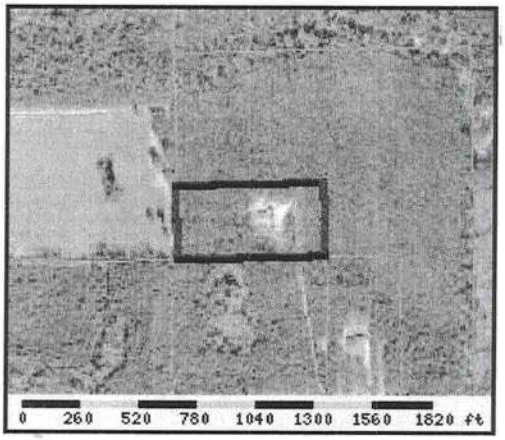
Parcel: 28-1S-17-04591-001

<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result: 3 of 6 Next >>

Owner & Property Info

Owner's Name	LAW JAMES C JR		
Mailing Address	387 NE DEEP CREEK GLN LAKE CITY, FL 32055		
Site Address	387 NE DEEP CREEK GLN		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	**Neighborhood**	19417
Land Area	5.000 ACRES	**Market Area**	03
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
S1/2 OF NW1/4 OF SW1/4 OF SE1/4. ORB 877-1480 & QCD 1224 -488			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (1)	$5,214.00
Ag Land Value	cnt: (1)	$1,080.00
Building Value	cnt: (1)	$112,082.00
XFOB Value	cnt: (1)	$1,200.00
Total Appraised Value		$119,576.00
Just Value		$131,330.00
Class Value		$119,576.00
Assessed Value		$114,535.00
Exempt Value	(code: HX H3)	$50,000.00
Total Taxable Value		Cnty: $64,535 Other: $64,535 | Schl: $89,535

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
11/2/2011	1224/488	QC	I	U	11	$100.00
3/30/1999	877/1480	WD	V	U	01	$100.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2000	COMMON BRK (19)	1891	3147	$112,002.00
	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	2000	$1,200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value

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

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

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

only, 387 NE Deep Creek GW Lake City Fl 32055, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
James Law	James Law	___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Terry L. Thrift — IH-1025139 — 5/2/13
License Holders Signature (Notarized) — License Number — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift, personally appeared before me and ~~is known by me or~~ has produced identification (type of I.D.) _____ on this 3 day of May, 20 13.

Rebecca L. Arnau
NOTARY'S SIGNATURE

REBECCA L. ARNAU
Notary Public - State of Florida
My Comm. Expires Sep 25, 2015
(Seal/Stamp) Commission # EE 101174
Bonded Through National Notary Assn.

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1305-09 CONTRACTOR Terry Thrift 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	Print Name James Law License #: Owner	Signature James Law Phone #: (386) 292-2260
MECHANICAL/ A/C _____	Print Name James Law License #: Owner	Signature [illegible] Phone #: [illegible]
PLUMBING/ GAS	Print Name James Law License #: Owner	Signature [illegible] Phone #: [illegible]

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.

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	03 09 2013	41	CCFR13CAD000748	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
387	NE	DEEP CREEK	GLN	

Apt./Suite/Room	City	State	Zip Code
	LAKE CITY	FL	32055

Cross Street, Directions or National Grid, as applicable

C Incident Type

111 Building fire

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)	03	09	2013	13:22:48
Arrival (ARRIVAL required, unless canceled or did not arrive)	03	09	2013	13:29:24
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	03	09	2013	16:47:35

E2 Shifts and Alarms

Local Option

Shift or Platoon	Alarms	District
B	3	48

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken

11 Extinguishment by fire service personnel — Primary Action Taken (1)
12 Salvage & overhaul — Additional Action Taken (2)

G1 Resources

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

	Apparatus	Personnel
Suppression	4	7
EMS	0	0
Other	3	5

Check box if resources counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property $	150,000
Contents $	60,000

PRE-INCIDENT VALUE: Optional

Property $	150,000
Contents $	60,000

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

X None

Fire Service	0	0
Civilian	0	0

H2 Detector

Required for confined fires.

1 Detector alerted occupants
2 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 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 Not mixed use

J Property Use

Structures

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

Outside

124 Playground
655 Crops or orchard
669 Forest, timberland, woodland
807 Outside material storage area
919 Dump, sanitary landfill
931 Open land or field
936 Vacant lot
938 Graded and cared-for plots of land
946 Lake, river, stream
951 Railroad right-of-way
960 Street, other
961 Highway or divided highway
962 Residential street, road or residential driveway
981 Construction site
984 Industrial plant yard - area

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: 292-2260
Mr., Ms., Mrs.: Ms. First Name: Brittany MI: E Last Name: Law Suffix:
Number: 387 Prefix: NE Street or Highway: DEEP CREEK Street Type: GLN Suffix:
Post Office Box: Apt./Suite/Room: City: LAKE CITY
State: FL Zip Code: 32055 -

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: Phone Number: -
Mr., Ms., Mrs.: Mr. First Name: James MI: C Last Name: Law Suffix:
Number: 387 Prefix: NE Street or Highway: DEEP CREEK Street Type: GLN Suffix:
Post Office Box: Apt./Suite/Room: City: LAKE CITY
State: FL Zip Code: 32055 -

L Remarks

Local Option

Engine 48, Tanker 42, Engine 42, Brush 48, Engine 41 and CF-9 responded to said location for a reported residential house fire. Crews from Station 42 arrived on scene and advised heavy fire conditions that appeared to have been in the attic space for an extended amount of time. Command was established by CF-9 on an approximately 2000 square foot brick structure with heavy fire showing from the entire structure. Crews began a defensive attack from (2) 1 3/4" attack lines from E-42. Water supply was established upon Tanker 42's arrival. Roofing material had began to fail prior to the arrival of fire crews. Knockdown of the fire was made difficult due to the amount of storage in the attic space. Crews from 48 and 42 extinguished the area with the heaviest fire. Overhaul was very extensive due to furnishings and roofing material that had failed and was inside structure walls. Crews used 20 gallons of Class A knockdown foam to minimize extinguishment time. Power was secured to the structure from the power company. Fire appeared to have started in the gable end of the structure from a controlled wildland burn property owners were performing. Crews salvaged as much furnishings and personal belongings to prevent damage from water. Information was very limited at the time of the incident due to all insurance information being damaged in the fire. Homeowner denied assistance from Red Cross several times. Scene was deemed safe and all units became available.

Insurance - State Farm
Agent - John Kasak

Owner James C. Law lived in the house with his daughter and grand daughter.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
CASS01	GREGORY CASSADY	Lieutenant	48-Racetra	03	09	2013
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year
CASS01	GREGORY CASSADY	Lieutenant	48-Racetra	03	09	2013

A | 29091 (FDID) | FL (State) | 03 (MM) | 09 (DD) | 2013 (YYYY) (Incident Date) | 41 (Station) | CCFR13CAD000748 (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 1 — Buildings not involved
Number of buildings involved

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

C On-Site Materials or Products

Enter up to three codes. Check one box for each code entered.

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

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

D Ignition

D1 86 Exterior, exposed surface
Area of fire origin

D2 43 Hot ember or ash
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

61 High wind
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

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.

____ ____ Fire suppression factor (1)
____ ____ Fire suppression factor (2)
____ ____ 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 ____ FL 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) | 03 (MM) | 09 (DD) | 2013 (YYYY) (Incident Date) | 41 (Station) | CCFR13CAD000748 (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 X Enclosed building
2 Fixed portable or mobile structure
3 Open structure
4 Air-supported structure
5 Tent
6 Open platform
7 Underground structure work area
8 Connective structure

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 hightest story.
1 — Total number of stories at or above grade
0 — Total number of stories below grade

I4 Main Floor Size
, 2 , 000 — 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 X Confined to building of origin
5 Beyond building of origin

J3 Number of Stories Damaged by Flame
Count the roof as part of the highest story.
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 — Item contributing most to flame spread
K2 — 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 Present
N None present
U X Undetermined

L2 Detector Type
0 Detector type, other
1 Smoke
2 Heat
3 Combination smoke and heat in a single unit
4 Sprinkler, water flow detection
5 More than one type present
U Undetermined

L3 Detector Power Supply
0 Detector power supply, other
1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery backup
5 Plug-in with battery backup
6 Mechanical
7 Multiple detectors and power supplies
U Undetermined

L4 Detector Operation
1 Fire too small to activate detector
2 Detector operated
3 Detector failed to operate
U 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 None Present
U X 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	03 / 09 / 2013	41	CCFR13CAD000748	0

NFIRS-9 Apparatus or Resources

B Apparatus or Resource

	Apparatus or Resource	Dates and Times (Midnight is 0000; Check if the same date as Alarm date on the Basic Module (Block E1))			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.)	
			Month/Day/Year	Hour/Min					
1	ID: E48 Type: 11	Dispatch			Sent	2	Other	73	74
		Arrival X	03/09/13	1340			X Suppression	75	76
		Clear X	03/09/13	1635			EMS		
2	ID: B48 Type: 16	Dispatch			Sent	1	Other	73	74
		Arrival X	03/09/13	1342			X Suppression	75	
		Clear X	03/09/13	1647			EMS		
3	ID: E42 Type: 11	Dispatch			Sent	3	Other	73	
		Arrival X	03/09/13	1329			X Suppression		
		Clear X	03/09/13	1647			EMS		
4	ID: E41 Type: 11	Dispatch			Sent	1	Other	73	
		Arrival X	03/09/13	1341			X Suppression		
		Clear X	03/09/13	1635			EMS		
5	ID: T42 Type: 24	Dispatch			Sent	2	X Other	73	76
		Arrival X	03/09/13	1433			Suppression		
		Clear X	03/09/13	1635			EMS		
6	ID: CF9 Type: 92	Dispatch			Sent	1	X Other	73	81
		Arrival X	03/09/13	1340			Suppression		
		Clear X	03/09/13	1647			EMS		
7	ID: T43 Type: 24	Dispatch			Sent	2	X Other	93	
		Arrival					Suppression		
		Clear X	03/09/13	1432			EMS		

A | FDID: 29091 | State: FL | Incident Date: MM 03 DD 09 YYYY 2013 | Station: 41 | Incident Number: CCFR13CAD000748 | Exposure: 0 | **NFIRS-10 Personnel**

B Apparatus or Resource: 1 ID E48, Type 11 | 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): Dispatch —, Arrival X 03/09/13 1340, Clear X 03/09/13 1635 | Sent: 2 | Apparatus Use: Other, X Suppression, EMS | Actions Taken: 73, 74, 75, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
MCCO01	MCCOOK, JOSHUA	FF/EMT	73	11	12	
WALD01	WALDRON, JOHN	Firefighter EMT	73	58	11	12

B Apparatus or Resource: 2 ID B48, Type 16 | 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): Dispatch —, Arrival X 03/09/13 1342, Clear X 03/09/13 1647 | Sent: 1 | Apparatus Use: Other, X Suppression, EMS | Actions Taken: 73, 74, 75

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
SHAL01	SHALLAR, III, LARRY	Reservist	73	11	12	

B Apparatus or Resource: 3 ID E42, Type 11 | 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): Dispatch —, Arrival X 03/09/13 1329, Clear X 03/09/13 1647 | Sent: 3 | Apparatus Use: Other, X Suppression, EMS | Actions Taken: 73

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
HUDS01	HUDSON, MICHAEL	FF/EMT	73	11	12	58
SWEA01	SWEARS, AARON	Reservist	73	76		
TOMP01	TOMPKINS, RET	Driver Engineer	73	11	12	

B Apparatus or Resource: 4 ID E41, Type 11 | 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): Dispatch —, Arrival X 03/09/13 1341, Clear X 03/09/13 1635 | Sent: 1 | Apparatus Use: Other, X Suppression, EMS | Actions Taken: 73

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
BULL01	BULLARD, ALEX	Reservist	73	58	11	12

B Apparatus or Resource: 5 ID T42, Type 24 | 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): Dispatch —, Arrival X 03/09/13 1433, Clear X 03/09/13 1635 | Sent: 2 | Apparatus Use: X Other, Suppression, EMS | Actions Taken: 73, 76

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
RHOD03	RHODES, FREDERICK	Reservist	73	76		
DURK01	DURKIN, MICHAEL	RESERVIST	73	76		

B Apparatus or Resource: 6 ID CF9, Type 92 | 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): Dispatch —, Arrival X 03/09/13 1340, Clear X 03/09/13 1647 | Sent: 1 | Apparatus Use: X Other, Suppression, EMS | Actions Taken: 73, 81

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
CASS01	CASSADY, GREGORY	Lieutenant	73	81		

B Apparatus or Resource: 7 ID T43, Type 24 | 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): Dispatch —, Arrival —, Clear X 03/09/13 1432 | Sent: 2 | Apparatus Use: X Other, Suppression, EMS | Actions Taken: 93

Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
DANT01	D'ANTONIO, WADE	FF/EMT	93			

MINT01	MINTON, MICHAEL	Lieutenant	93			

A | 29091 (FDID) | FL (State) | 03 (MM) | 09 (DD) | 2013 (YYYY) (Incident Date) | 41 (Station) | CCFR13CAD000748 (Incident Number) | 0 (Exposure) | 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 | Phone Number

Mr., Ms., Mrs.: Ms. | First Name: Ivy | MI: E | Last Name: Frodosio | Suffix

Number: 387 | Prefix: NE | Street or Highway: DEEP CREEK | Street Type: GLN | Suffix

Post Office Box | Apt./Suite/Room | City: LAKE CITY

State: FL | Zip Code: 32055

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 | Phone Number

Mr., Ms., Mrs.: Mr. | First Name: James | MI: C | Last Name: Law | Suffix

Number: 387 | Prefix: NE | Street or Highway: DEEP CREEK | Street Type: GLN | Suffix

Post Office Box | Apt./Suite/Room | City: LAKE CITY

State: FL | Zip Code: 32055

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

PERMIT NO. 13-0983E
DATE PAID: 5/14/13
FEE PAID: 125.00
RECEIPT #: 1607982

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

APPLICANT: James C. Law jr

AGENT: Same TELEPHONE: (386) 292-2260

MAILING ADDRESS: 387 NE Deep Creek Gln
Lake City Fl. 32055

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 28-5S-17-08591-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

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

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

PROPERTY ADDRESS: 387 NE Deep Creek Gln Lake City Fl. 32055

DIRECTIONS TO PROPERTY: North on 441 approx 9-10 miles
Cross Deep Creek bridge turn Right onto Deep Creek Glen
Down approx 1/2 mile turn Left onto First driveway

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	(Slab From existing home	4	1800	Home was destroyed by
2	mobile home	4	2027	Fire 3/9/13 Replacement)
3				ORIGINAL ATTACHED
4				Zone A

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

SIGNATURE: James Law Jr. DATE: 5-11-13

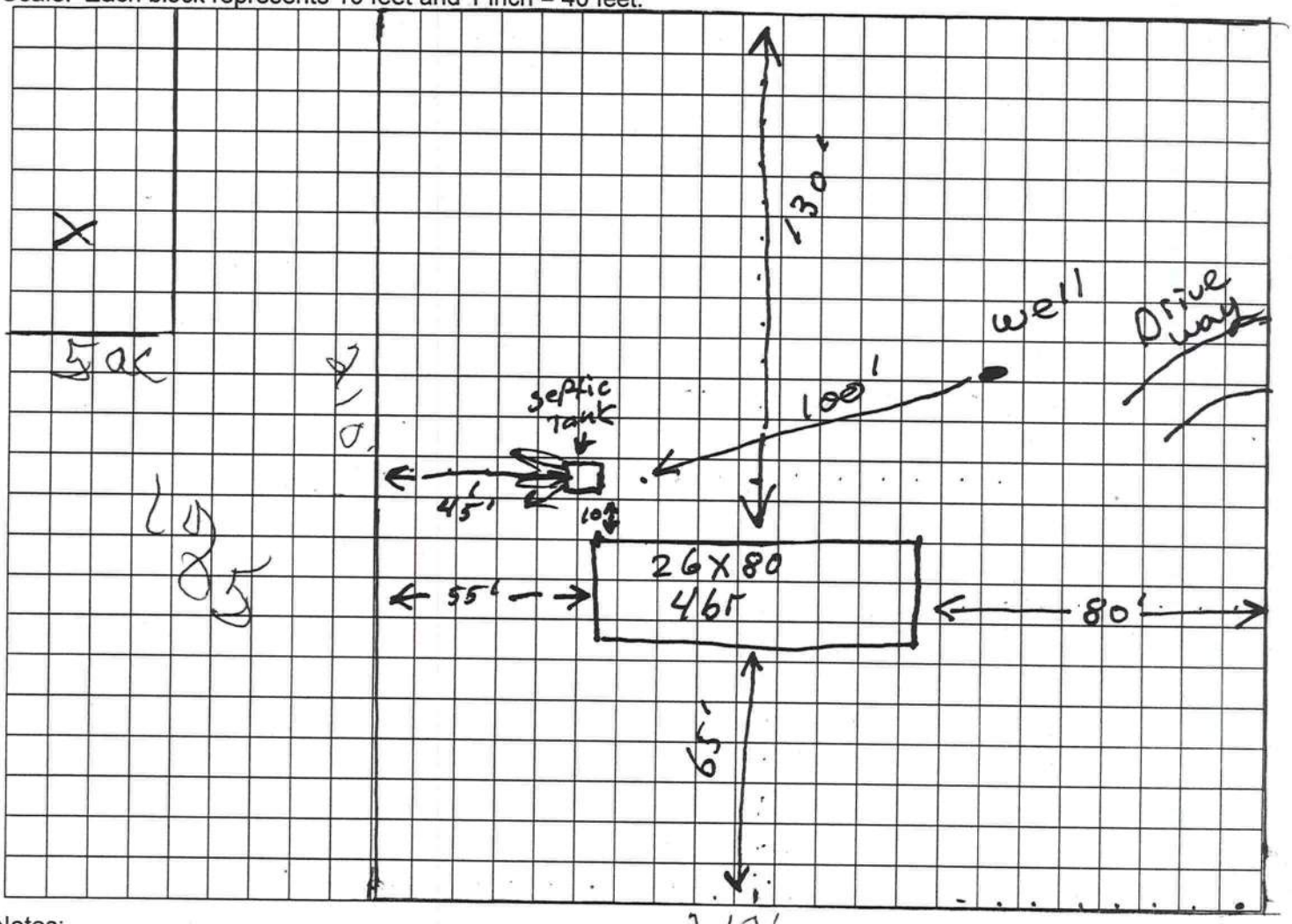
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-1283E

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: James Law — owner

Plan Approved 10 Not Approved ____ Date 5-13-13

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)