

DATE 05/06/2019

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

PERMIT
000038074

APPLICANT DEAN MIHALOVITS PHONE 202-439-3342
ADDRESS 5762 SW 91ST PLACE LAKE BUTLER FL 32054
OWNER HELEN ROBERSON PHONE 386-365-4503
ADDRESS 252 SW PILOTS WAY LAKE CITY FL 32024
CONTRACTOR AARON NAGLE PHONE 352-665-0801
LOCATION OF PROPERTY 90 W. L 247, R MAYFAIR, R PILOTS WAY, 7TH ON LEFT
TYPE DEVELOPMENT FIRE DAMAGE REPAIRS ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS FRAMED ROOF PITCH FLOOR
LAND USE & ZONING RSF-2 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 11-4S-16-02911-113 SUBDIVISION MAY-FAIR
LOT 13 BLOCK PHASE UNIT TOTAL ACRES

CGC1523638 X Dean E. Mihalovits
Culvert Permit No. Culvert Waiver X19 Contractor's License Number LH Applicant/Owner/Contractor TC
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance N New Resident Time/STUP No.

COMMENTS: EXISTING HOME FIRE DAMAGE REPAIR
FRE REPORT RC'D - NO FEE FOR PERMIT PER ORDINANCE

Check # or Cash NO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Insulation
date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
date/app. by date/app. by date/app. by
Reconnection RV Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
PLAN REVIEW FEE \$ DP & 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.
NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Burnt Home - No Charge for Permit

Fire Report

Columbia County Remodel Permit Application

For Office Use Only Application # 1904-67 Date Received 4-23-19 By CH Permit # 38074
Zoning Official MA Date 4-25-19 Flood Zone X Land Use RLD Zoning RSF-2
FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner J.C Date 4-29-19
Comments Existing Home, Fire Damage repair
☐ NOC ☒ Deed or PA ☐ Dev Permit # ☐ In Floodway ☒ Letter of Auth. from Contractor
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid
☒ Site Plan ☒ Env. Health Approval ☒ Sub VF Form Rodney Cribbs
Liab. 7896

Applicant (Who will sign/pickup the permit) Dean Mihalovits Fax _____ Phone 202-439-3342
Address 5762 SW 91st PL Lake Butler FL 32054
Owners Name Helen Roberson Phone X 386-365-4503
911 Address 252 SW Pilots Way Lake City FL 32024
Contractors Name Aaron Nagle Phone 352-665-0801
Address 9723 NW 4th Place Gainesville FL 32607
Contractor Email aaron31nagle@gmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Nicholas Geister 1758 NW Brown Rd Lake City FL 32025

Mortgage Lenders Name & Address _____

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 11-45-16-02911-113 Estimated Construction Cost 80,000.00

Subdivision Name May-Fair Lot 13 Block _____ Unit _____ Phase _____

Driving Directions from a Major Road 247 R on May Fair, R on Pilots Way
7th lot on left

Construction of rebuild roof after fire Commercial OR ☒ Residential

Type of Structure (House; Mobile Home; Garage; Exxon) House

Use/Occupancy of the building now Home Is this changing NO

If Yes, Explain, Proposed Use/Occupancy _____

Is the building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

Entrance Changes (Ingress/Egress) NO If Yes, Explain _____

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: 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 work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

x Helen Roberson
Print Owners Name

Helen Roberson
Owners Signature

****Property owners must sign here
before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

[Signature]
Contractor's Signature

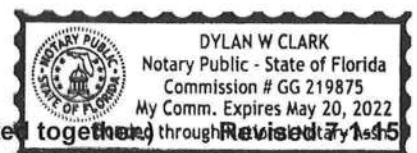
Contractor's License Number CGC 1523638
Columbia County
Competency Card Number 2103 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 21st day of March 2019.

Personally known _____ or Produced Identification FLDL N240-019-81-066-0

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:



Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 3/29/2019

Parcel: << 11-4S-16-02911-113 >>

Aerial Viewer Pictometry Google Maps

Owner & Property Info

Result: 1 of 1

Owner	ROBERSON HELEN M 200 NW ZACK DRIVE LAKE CITY, FL 32055		
Site	252 PILOTS WAY, LAKE CITY		
Description*	LOT 13 MAY-FAIR S/D. ORB 777-1832, 777-1834 WD 1082-2589, WD 1170-2779		
Area	0.53 AC	S/T/R	11-4S-16E
Use Code**	SINGLE FAM (000100)	Tax District	2

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$14,500	Mkt Land (1)	\$16,000
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$31,551	Building (1)	\$30,900
XFOB (4)	\$4,602	XFOB (4)	\$4,602
Just	\$50,653	Just	\$51,502
Class	\$0	Class	\$0
Appraised	\$50,653	Appraised	\$51,502
SOH Cap [?]	\$1,396	SOH Cap [?]	\$0
Assessed	\$50,653	Assessed	\$51,502
Exempt	HX H3 \$25,653	Exempt	HX H3 \$26,502
Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$25,653	Total Taxable	county:\$25,000 city:\$25,000 other:\$25,000 school:\$26,502

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
4/8/2009	\$141,100	1170/2779	WD	I	Q	01
5/4/2006	\$185,000	1082/2589	WD	I	Q	
7/28/1993	\$83,700	777/1834	WD	I	Q	
7/28/1993	\$11,900	777/1832	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	1993	1530	2390	\$30,900

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$1,662.00	1187.000	0 x 0 x 0	(000.00)

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1904-67 JOB NAME Roberson

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/> CC# <u>117</u>	Print Name <u>Dale Williams</u> Signature <u>Dale Williams</u> Company Name: <u>Affordable electrical services inc</u> License #: <u>EC13007092</u> Phone #: <u>386-362-2034</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/> CC# <u>1896</u>	Print Name <u>Rodney Cribbs</u> Signature <u>Rodney Cribbs</u> Company Name: <u>Quality AIR CARE LLC</u> License #: <u>RA13067616</u> Phone #: <u>386-288-8034</u>	Need <input checked="" type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/> CC# <u>1921</u>	Print Name <u>Wainwright Joseph</u> Signature <u>Joseph Wainwright</u> Company Name: <u>Wainwright Construction & Roofing Inc</u> License #: <u>CCC1326767</u> Phone #: <u>386-688-5130</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Liab <input checked="" type="checkbox"/> W/C <input checked="" type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/> CC# <u>1921</u>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

A		MM DD YYYY		Delete		NFIRS -1	
FDID 29091 *		State FL *		Incident Date 03 23 2018 *		Station 43	
				Incident Number 18-8001371 *		Exposure 000 *	
						Change	
						No Activity	
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.					
<input checked="" type="checkbox"/> Street address		252		SW		PILOTS	
<input type="checkbox"/> Intersection		Number/Milepost		Prefix		Street or Highway	
<input type="checkbox"/> In front of						WAY	
<input type="checkbox"/> Rear of		Apt./Suite/Room		City		State Zip Code	
<input type="checkbox"/> Adjacent to		LAKE CITY		FL		32024	
<input type="checkbox"/> Directions		Cross street or directions, as applicable					
C Incident Type *		E1 Date & Times				E2 Shift & Alarms	
111 Building fire		Midnight is 0000				Local Option	
Incident Type		Check boxes if dates are the same as Alarm Date.				C 01 043	
D Aid Given or Received*		ALARM always required				Shift or Alarms District	
1 <input type="checkbox"/> Mutual aid received		Alarm * 03 23 2018 16:58:34				Platoon	
2 <input type="checkbox"/> Automatic aid recvd.		ARRIVAL required, unless canceled or did not arrive				E3 Special Studies	
3 <input type="checkbox"/> Mutual aid given		<input checked="" type="checkbox"/> Arrival * 03 23 2018 17:05:58				Local Option	
4 <input type="checkbox"/> Automatic aid given		CONTROLLED Optional, Except for wildland fires				Special Study ID#	
5 <input type="checkbox"/> Other aid given		<input type="checkbox"/> Controlled				Special Study Value	
N <input checked="" type="checkbox"/> None		LAST UNIT CLEARED, required except for wildland fires					
		<input checked="" type="checkbox"/> Last Unit Cleared 03 23 2018 22:15:55					
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
11 Extinguishment by fire service personnel		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires.			
12 Salvage & overhaul		Apparatus 0007 Personnel 0010		Property \$ 100,000			
		Suppression		Contents \$ 015,000			
		EMS		PRE-INCIDENT VALUE: Optional			
		Other		Property \$ 125,000			
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ 020,000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
<input checked="" type="checkbox"/> Fire-2		Deaths Injuries		N <input checked="" type="checkbox"/> None		NN <input type="checkbox"/> Not Mixed	
<input checked="" type="checkbox"/> Structure-3		Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions		10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)		20 <input type="checkbox"/> Education use	
<input type="checkbox"/> Fire Serv. Cas.-5		H2 Detector		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6		Required for Confined Fires.		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input checked="" type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		1 <input type="checkbox"/> Detector alerted occupants		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable		51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		2 <input type="checkbox"/> Detector did not alert them		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		U <input type="checkbox"/> Unknown		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use	
<input type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		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		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input checked="" type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office			
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant			
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab			
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant			
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)			
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage			
		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse			
Outside		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site			
124 <input type="checkbox"/> Playground or park		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard			
655 <input type="checkbox"/> Crops or orchard		946 <input type="checkbox"/> Lake, river, stream					
669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:			
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street		Property Use 419			
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway		1 or 2 family dwelling			
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway					

NFIRS-1 Revision 03/11/99