NO CHARGE - Burnt MH ☑ Fire Report

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only *(Revised 1-11)* Zoning Official BLK 30 Oct. 2013 Building Official TM 10/30/13

AP# 1310-61 Date Received 10/29/13 By CH Permit # 31551

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

Comments

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

☑ Site Plan with Setbacks Shown ☑ EH # 13-0563-E ☐ EH Release ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☐ Installer Authorization ☐ State Rd Access ☑ 911 Sheet Same Location

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

IMPACT FEES: EMS Fire Corr NA Out County NA In County

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

Property ID # 15-6S-17-09682-001 Subdivision

- New Mobile Home X Used Mobile Home MH Size 16x60 Year 2014
- Applicant Lynne , Vaughn Phone # 386-466-4000
- Address 548 SE Ward Crawford Court Lake City, Florida 32024
- Name of Property Owner Lynne Vaughn Phone# 386-466-4000
- 911 Address 548 SE Ward Crawford Ct. Lake City, Florida 32024
- Circle the correct power company - FL Power & Light - (Clay Electric)
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Lynne & Alton Vaughn Phone # 386-466-4000
  Address same
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 1 (Replace Burnt MH)
- Lot Size 5.05 Total Acreage 5.05
- 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 441 South, (L) SE Ward Crawford Ct go to 1st site on the right
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 386-752-3871
- Installers Address 1004 SW Charles Terrace Lake City, Florida 32024
- License Number IH0102514 5. Installation Decal # 17878

Spoke to Lynne 10/30/13

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer Ronnie Norris License # IH1028145/1

Address of home being installed _____

Manufacturer ~~Ron~~ Jacobson Length x width 14 52

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 RN

New Home ☑ Used Home ☐

Home installed to the Manufacturer's Installation Manual ☑

Home is installed in accordance with Rule 15-C ☐

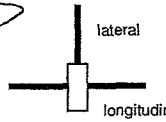
Single wide ☑ Wind Zone II ☐ Wind Zone III ☐

Double wide ☐ Installation Decal # 17878

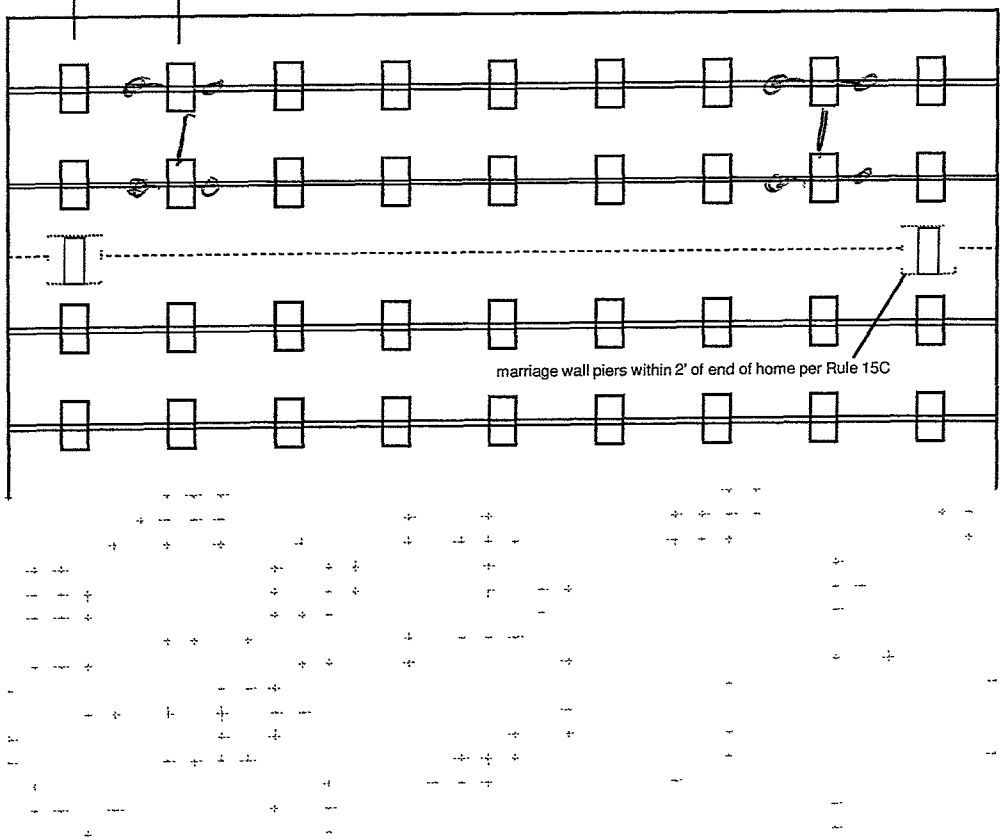
Triple/Quad ☐ Serial # _____

Roof System: **Typical** **Hinged**

Typical pier spacing 2'



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



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
~~1500 psf~~		4' 6"	6"	7'	8'	8'	8'
~~2000 psf~~		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17 15

Perimeter pier pad size 16 X 6

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
SW	SW
SW	SW
SW	SW

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
~~12 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 ~~4~~ 5 ft _____

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	24
Longitudinal	4
Marriage wall	2
Shearwall	2

PERMIT NUMBER

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 150 psf
or check here to declare 1000 lb soil _____ without testing

x 150 x 150 x 150

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 150 x 150 x 150

TORQUE PROBE TEST

The results of the torque probe test is 275 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 [signature]

Date Tested 10-21-013

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		Length		Spacing
Walls	Type Fastener	SW	Length	SW	Spacing SW
Roof	Type Fastener		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, 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.

Type gasket SW
Pg _____

Installer's initials SW

Installed
Between Floors Yes SW
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 [signature] **Date** 10-21-013

Site Plan

Columbia County Property Appraiser

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

PARCEL: -

Name:		2013 Certified Values	
Site:		Land	
Mail:		Bldg	
Sales Info	NONE	Assd	
		Exmpt	
		Taxbl	

NOTES

Columbia County Property Appraiser

CAMA updated 9/23/2013

2013 Tax Year

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

Parcel: 15-6S-17-09682-001

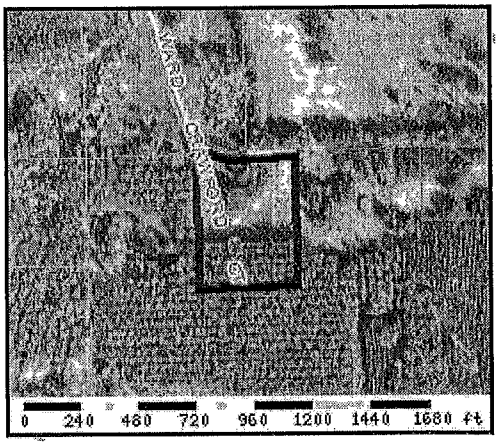
<< Next Lower Parcel | Next Higher Parcel >>

<< Prev Search Result 12 of 13 Next >>

Owner & Property Info

Owner's Name	VAUGHN LYNNE CRAWFORD		
Mailing Address	548 SE WARD CRAWFORD COURT LAKE CITY, FL 32024		
Site Address	548 SE WARD CRAWFORD CT		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	**Neighborhood**	15617
Land Area	5.050 ACRES	**Market Area**	02
Description	NOTE This description is not to be used as the Legal Description for this parcel in any legal transaction		

N 550 FT OF E 200 FT OF NW1/4 OF SE1/4 & N 550 FT OF W 200 FT OF NE1/4 OF SE1/4 ORB 756-1251



Property & Assessment Values

2013 Certified Values		
Mkt Land Value	cnt. (0)	$31,461.00
Ag Land Value	cnt: (2)	$0 00
Building Value	cnt (1)	$17,968.00
XFOB Value	cnt (5)	$7,800.00
Total Appraised Value		$57,229.00
Just Value		$57,229.00
Class Value		$0.00
Assessed Value		$52,184.00
Exempt Value	(code HX H3)	$27,184 00
Total Taxable Value		Cnty: $25,000 Other: $25,000 | Schl: $27,184

2014 Working Values

NOTE:

2014 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
10/17/1988	756/1251	WD	V	U	03	$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1989	AL SIDING (26)	1744	1898	$17,968.00
	Note: All S F calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0070	CARPORT UF	1993	$1,000.00	0000001 000	0 x 0 x 0	(000.00)
0263	PRCH,USP	2004	$4,000.00	0000001.000	0 x 0 x 0	(000.00)
0190	FPLC PF	2004	$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	2004	$800.00	0000001.000	0 x 0 x 0	(000.00)
0070	CARPORT UF	2004	$800.00	0000001.000	0 x 0 x 0	(000.00)

Printed for Attorneys' Title Insurance Fund, Inc., Orlando, Florida

Return to:
Name LYNNE CRAWFORD VAUGHN
Address ROUTE 3, BOX 185-A
LAKE CITY, FLORIDA 32055

BK 0754 PG 913

OFFICIAL RECORDS
91 17493

FILED AND RECORDED IN OFFICIAL RECORDS OF COLUMBIA COUNTY, FL
1991 DEC 31 AM 9:57
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY D.C.

This instrument was prepared by:
Name William J. Haley
Address Post Office Box 1029
Lake City, Florida 32055

[Space above this line for recording data.]

WARRANTY DEED (STATUTORY FORM — SECTION 689.02, F.S.)

This Indenture, made this 17th day of October 19 88, **Between**

E. W. CRAWFORD AND HIS WIFE, VIVIAN CRAWFORD

of the County of Columbia, State of Florida, grantor*, and

LYNNE CRAWFORD VAUGHN

whose post office address is Route 3, Box 185-A, Lake City 32091

of the County of Columbia, State of Florida, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of ——————

——————Ten and No/100—————— Dollars,

and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

PARCEL NO. 15-6S-[redacted]

GRANTOR'S SOCIAL SECURITY NO. [redacted] & [redacted]

SEE SCHEDULE "A" ATTACHED E.W.C

N.B. GRANTORS HEREBY RESERVE [redacted] EXCLUSIVE TIMBER RIGHTS FOR CUTTING AND REMOVING TIMBER.

SUBJECT TO: Taxes for 1992 and subsequent years, easements, reservations and restrictions of record, if any, visible easements and applicable zoning regulations.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Natalie C. Kuby — E. W. Crawford (Seal)

Cynthia M. Buescher — E. W. Crawford (Seal)

Vivian Crawford (Seal)

BK 0756 PG 125 — Vivian Crawford (Seal)

STATE OF Florida
COUNTY OF Columbia

OFFICIAL RECORDS

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared E. W. Crawford and his wife, Vivian Crawford

to me known to the person(s) described in and who executed the foregoing instrument and acknowledged before me that executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of October, 19 88.

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. JULY 13,1992
BONDED THRU GENERAL INS UND

Natalie C. Kuby
Notary Public

BK 0754 PG 1914

OFFICIAL RECORDS

SCHEDULE "A"

TOWNSHIP 6 SOUTH, RANGE 17 EAST

SECTION 15: N 550' of E 200' of NW 1/4 of SE 1/4 and
N 550' of W 200' of NE 1/4 of SE 1/4.

DOCUMENTARY STAMP .60
INTANGIBLE TAX -0-
P. DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY [illegible] D.C.

FILED FOR RECORD IN PUBLIC RECORDS COUNTY, FL.

92-01949

1992 FEB 13 PM 2 00

BY [illegible] D.C.

BK 0756 PG 1252

OFFICIAL RECORDS

THIS SCHEDULE "A" CONSISTS OF ONE PAGE AND IS ATTACHED TO THAT WARRANTY DEED DATED OCTOBER 17, 1988 FROM E. W. CRAWFORD AND HIS WIFE, VIVIAN CRAWFORD TO LYNNE CRAWFORD VAUGHN

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, Ronnie Norris, give this authority for the job address show below only, 548 SE Ward Crawford Ct. Lake City fl 32024, and I do certify that 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.

Installer License Holder Name

Job Address

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
Lynne C Vaughn	Lynne C Vaughn	___ 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.

License Holders Signature (Notarized) | License Number: IH10254481 | Date: 10-21-013

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.) FLDL on this 21 day of October, 2013.

NOTARY'S SIGNATURE

SANDRA ELIZABETH TOPE
Notary Public - State of Florida
My Comm. Expires Jan 13, 2017
Commission # EE 864908

Seal/Stamp

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1310-61 CONTRACTOR Ronnie Norris 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 Lynne Vaughn License #:	Signature Lynne C Vaughn Phone #: 386-466-4900
MECHANICAL/ A/C _____	Print Name Lynne Vaughn License #:	Signature Lynne C Vaughn Phone #: 386-466-4900
PLUMBING/ GAS	Print Name Ronnie Norris License # FH1025145	Signature _____ Phone #: 752-3871

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.

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

PERMIT NO. 13-0526E
DATE PAID: 10/30/13
FEE PAID: 80.00
RECEIPT #: _____

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

APPLICANT: Lynne Vaughn & Alton Vaughn

AGENT: _____ TELEPHONE: 386-466-4000

MAILING ADDRESS: 548 SE Ward Crawford CT

==========

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 #: 15-6S-17-09682-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.050 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 548 SE Ward Crawford CT

DIRECTIONS TO PROPERTY: 2 miles south of I-75/441 to 2nd dirt rd on left - Ward Crawford CT, 1/2 mile to 1st residence on Rt.

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	SW-Mobile	2	920	
2				
3				
4				

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

SIGNATURE: Lynne C Vaughn DATE: 10/30-13

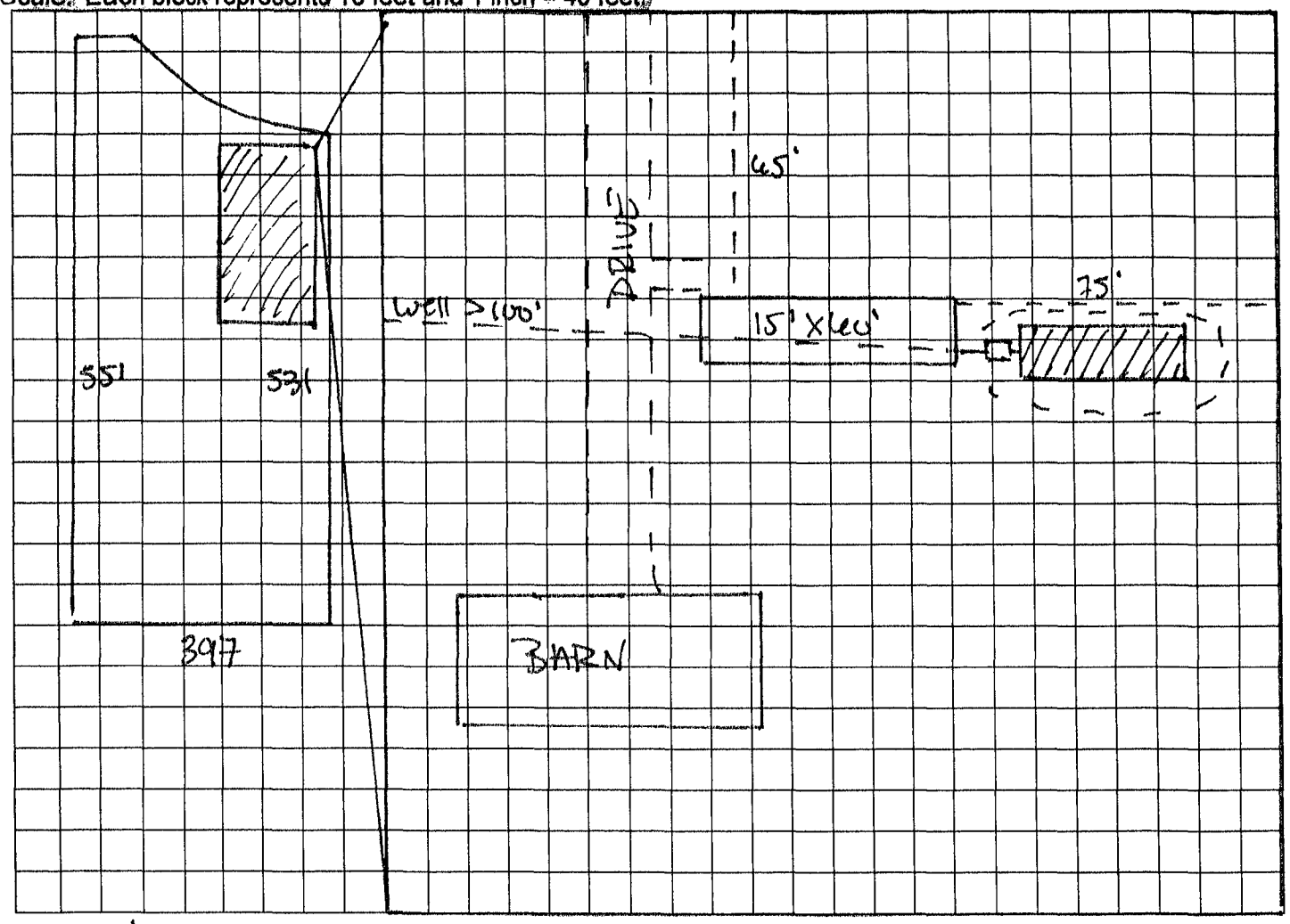
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-0563E

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

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



Notes: 1 ac 5.05 shown

well on neighbor property.

Site Plan submitted by: Lynne O'Keefe

Plan Approved X Not Approved ____ Date 10/30/12

By ____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Lynne & Alton Vaughn

IMAGETREND FIRE BRIDGE

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

A FDID: 28091 | State: FL | Incident Date: MM 05 DD 15 YYYY 2013 | Station: 45 | Incident Number: CCFR13CAD0001447 | Exposure: 0 | NFIRS-1 Basic

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/Name Repeat: 648 | Prefix: SW | Street or Highway: WARD CRAWFORD | Street Type: CT | Suffix:

Apt./Suite/Room: | City: LAKE CITY | State: FL | Zip Code: 32024

Cross Street, Directions or National Grid, as applicable:

C Incident Type: 111 Building fire

Final NFIRS Code:

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 (Military is 0000)

Check boxes if times are the same as Alarm Date.

	Month	Day	Year	Hour Min Sec
Alarm (All but always required)	05	15	2013	08:38:23
Arrival (ARRIVAL required, unless canceled or did not arrive)	05	15	2013	08:43:35
Controlled (CONTROLLED optional, except for wildland fires)				
Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	05	15	2013	10:35:29

E2 Shifts and Alarms: Local Option — Shift or Person: C | Alarms: 1 | District: 45

E3 Special Studies: Local Option — Special Study ID: | Special Study Value:

F Actions Taken

11 Extinguishment by fire service personnel

Primary Action Taken (1)

G1 Resources

[X] Check this box and text this block if no Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression	4	6
EMS	0	0
Other	4	5

Check box if resources exclude aid received resources.

G2 Estimated Dollar Losses and Values

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

Property $	50,000
Contents $	25,000

PRE-INCIDENT VALUE: Optional

Property $	75,000
Contents $	50,000

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
[X] 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 [X] Unknown

H3 Hazardous Materials Release

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

I Mixed Use Property

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

Attn: Laurie Hodson

J Property Use

Structure

- 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
- 351 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
- 535 Vacant lot
- 536 Graded and cleared for plots of land
- 540 Lake, river, stream
- 551 Railroad right-of-way
- 560 Street, other
- 561 Highway or divided highway
- 562 Residential street, road or residential driveway
- 638 Household goods, sales, repairs
- 571 Service station, gas station
- 579 Motor vehicle or boat sales, services, repair
- 580 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
- 931 Construction site
- 934 Industrial plant yard - area

Outside

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

Last operator enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use: 419 (Code) — 1 or 2 family dwelling (Property Use Description)

K1 Person/Entity Involved

Local Option

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

Business Name (if Applicable) | Area Code | Phone Number

Mr., 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

K2 Owner

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

Local Option

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

Business Name (if Applicable) | Area Code | Phone Number

Ms. | Lynne | C | Vaughn

Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix

54B | SW | WARD CRAWFORD | CT

Number | Prefix | Street or Highway | Street Type | Suffix

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

City

FL | 32024

State | Zip Code

L Remarks

Local Option

We were dispatched along with Stations 45 and 48 to a structure fire. Report was fully involved. Upon Engine 45 arriving on scene they reported no fire but heavy smoke showing. E-45 sent a two person team inside to locate and start putting out the fire. We (Engine 48) arrived next and I (CF-1201) went inside to help. There was thick smoke throughout the home but the fire was contained to the kitchen and dining room area. Fire had spread into the attic so we had to pull part of the tin from the roof and put out the hot spots.

After talking to the homeowner she said she had cooked breakfast around 6:30 AM and left the house to go to work at 6:45 AM. After looking we found the stove had been left on and that was the starting point of the fire. The home had substantial damage due to heat and smoke.

M Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
BOOZ01	DAVID BOOZER	Fire Chief	48-Racetrack	05	15	2013
BICK01	BRIAN BICKEL	Lieutenant	45-South C	05	15	2013

Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year