

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 RM 10/30/13
AP# 1310-61 Date Received 10/29/13 By LT 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 above 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
☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter MC App Fee Pd ☒ VF Form
IMPACT FEES: EMS _____ Fire _____ Corr _____ MC Out County MC In County
Road/Code _____ School _____ = TOTAL _____ Suspended March 2009 MC Ellisville Water Sys

Property ID # 15-65-17-09682-001 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 or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)
(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)
- Is this Mobile Home Replacing an Existing Mobile Home no
- Driving Directions to the Property 441 South, (D) SE Ward Crawford Ct
go to 1st site on the right
- Name of Licensed Dealer/Installer Ronnie Morris Phone # 386-752-3871
- Installers Address 1004 SW Charles Terrace Lake City, Florida 32024
 - License Number IH1025145 Installation Decal # 17878

Spoke to Lynne 10/30/13

PERMIT NUMBER

Installer Rennie W. R. S. License # IH/025145/1

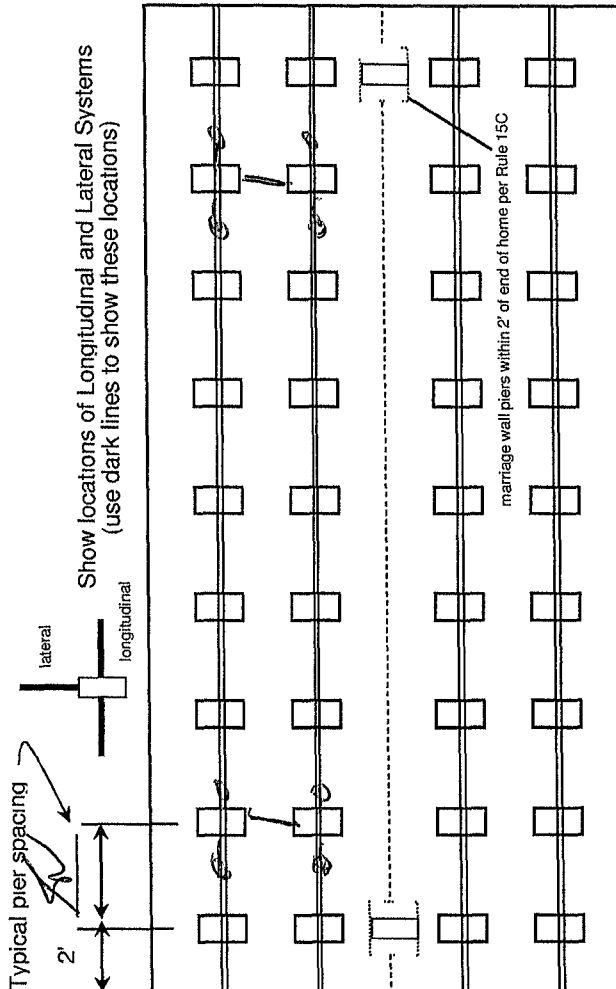
Address of home being installed _____

Manufacturer JACOBS 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 RW



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
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'	3'	4'	5'	6'	7'	8'
1500 psf	4.6"	4.6"	6"	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7.6"	7.6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'	8'

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

PIER PAD SIZES

I-beam pier pad size 17 x 15
Perimeter pier pad size 16 x 6
Other pier pad sizes (required by the mfg.) _____

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 1/2 x 25 3/4	441
17 1/2 x 25 1/2	446
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
<u>SW</u>	<u>SW</u>
<u>SW</u>	<u>SW</u>
<u>SW</u>	<u>SW</u>

ANCHORS

4 ft 6 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 <u>2</u>
Longitudinal <u>2</u>
Marriage wall <u>2</u>
Shearwall <u>2</u>

POCKET PENETROMETER TEST	
The pocket penetrometer tests are rounded down to <u>150</u> psf or check here to declare 1000 lb soil <u>without</u> testing	
<u>150</u> x <u>150</u>	<u>150</u> x <u>150</u>
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	
<u>150</u> x <u>150</u>	<u>150</u> x <u>150</u>
TORQUE PROBE TEST	
The results of the torque probe test is <u>285</u> inch pounds or check here if you are declaring 5' anchors without testing <u>50</u> 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 require anchors with 4000 lb holding capacity	
Installer's initials <u>SW</u>	
ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER	
Installer Name <u>Thane Rand</u>	
Date Tested <u>10-21-013</u>	

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 <u> </u>	
Plumbing	
Connect all sewer drains to an existing sewer tap or septic tank Pg <u> </u>	
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems Pg <u> </u>	

Site Preparation	
Debris and organic material removed <u>✓</u>	
Water drainage Natural <u>✓</u>	Swale <u> </u> Pad <u>✓</u> Other <u> </u>
Fastening multi wide units	
Floor Walls Roof	Type Fastener <u>SW</u> Length <u>SW</u> Spacing <u>SW</u>
	Type Fastener <u>SW</u> Length <u>SW</u> Spacing <u>SW</u>
	Type Fastener <u>SW</u> Length <u>SW</u> Spacing <u>SW</u>
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.	
Type gasket <u>SW</u>	Installer's initials <u>SW</u>
Pg <u> </u>	Installed <u>SW</u>
	Between Floors Yes <u>SW</u>
	Between Walls Yes <u>SW</u>
	Bottom of ridgebeam Yes <u>SW</u>
Weatherproofing	
The bottomboard will be repaired and/or taped Yes <u> </u> Pg <u> </u>	
Siding on units is installed to manufacturer's specifications Yes <u> </u>	
Fireplace chimney installed so as not to allow intrusion of rain water Yes <u> </u>	
Miscellaneous	
Skirting to be installed Yes <u> </u> No <u> </u>	
Dryer vent installed outside of skirting Yes <u> </u> N/A <u> </u>	
Range downflow vent installed outside of skirting Yes <u> </u> N/A <u> </u>	
Drain lines supported at 4 foot intervals Yes <u> </u>	
Electrical crossovers protected Yes <u> </u>	
Other <u> </u>	

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

Installer Signature Thane Rand

Date 10-21-013

Site Plan



Columbia County Property Appraiser

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

PARCEL: -

Name:
Site:
Mail:
Sales
Info

NONE

2013 Certified Values

Land
Bldg
Assd
Exmpt
Taxbl

NOTES

This information GIS updated 9/23/2013 was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties expressed or implied are provided for the accuracy of the data herein. It's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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Columbia County Property Appraiser

CAMA updated 9/23/2013

2013 Tax Year

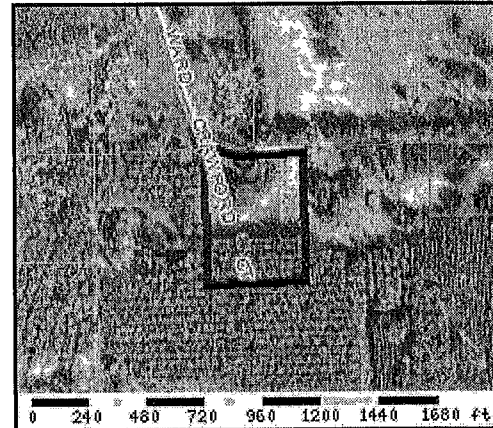
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

Parcel: 15-6S-17-09682-001
[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)

Owner & Property Info

<< Prev Search Result 12 of 13 Next >>

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

OFFICIAL RECORDS
911-17493

FILED AND
RECORDED
IN
COUNTY FL

1991 DEC 31 AM 9:57

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

W. J. Haley
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY W. J. Haley S.C.

[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-

GRANTOR'S SOCIAL SECURITY NO. _____ & _____

SEE SCHEDULE "A" ATTACHED

N.B. GRANTORS HEREBY RESERVE 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:

Natalia C. Kuby
Cynthia M. Busscher

E. W. Crawford (Seal)

E. W. Crawford (Seal)

Vivian Crawford (Seal)

OK 0756 PG 1251 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:

Natalia C. Kuby
Notary Public

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES 12/31/1992
BONDED THROUGH GENERAL INS. CO.

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 160
INTANGIBLE TAX 25
P. DEWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY M. L. H. D.C.



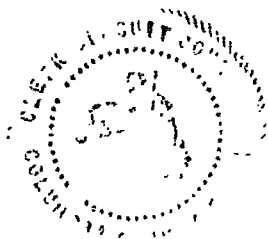
92-01949

FILED IN PUBLIC
RECORDS COUNTY, FL.

1992 FEB 13 PM 2 00

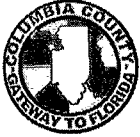
BK 0756 PG 1252

OFFICIAL RECORDS



BY M. L. H. D.C.

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
Installer License Holder Name

only, 548 SE Ward Crawford Ct. Lake City FL 32024, 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)
<u>Lynne C Vaughn</u>	<u>Lynne C Vaughn</u>	☐ 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.

[Signature] License Holders Signature (Notarized) 11/10/25/48/1 License Number 10-21-013 Date

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.) FL ID on this 21 day of October, 2013.

[Signature]
NOTARY'S SIGNATURE



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 <u>Lynne Vaughn</u> License # _____	Signature <u>Lynne Vaughn</u> Phone #: <u>386-466-4000</u>
MECHANICAL/ A/C	Print Name <u>Lynne Vaughn</u> License # _____	Signature <u>Lynne Vaughn</u> Phone #: <u>386-466-4000</u>
PLUMBING/ GAS	Print Name <u>Ronnie Norris</u> License # <u>FH10251451</u>	Signature <u>Ronnie Norris</u> Phone #: <u>752-3871</u>

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. 13-0563E
DATE PAID: 10/30/13
FEE PAID: 60.00
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Lynne Vaughn & Allen 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 #: 15-65-17-09682-001 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? [☒] N [] Y DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 548 SE Ward Crawford CT

DIRECTIONS TO PROPERTY: 2 miles south of 175/441
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	<u>SW-Mobile</u>	<u>2</u>	<u>920</u>	
2				
3				
4				

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

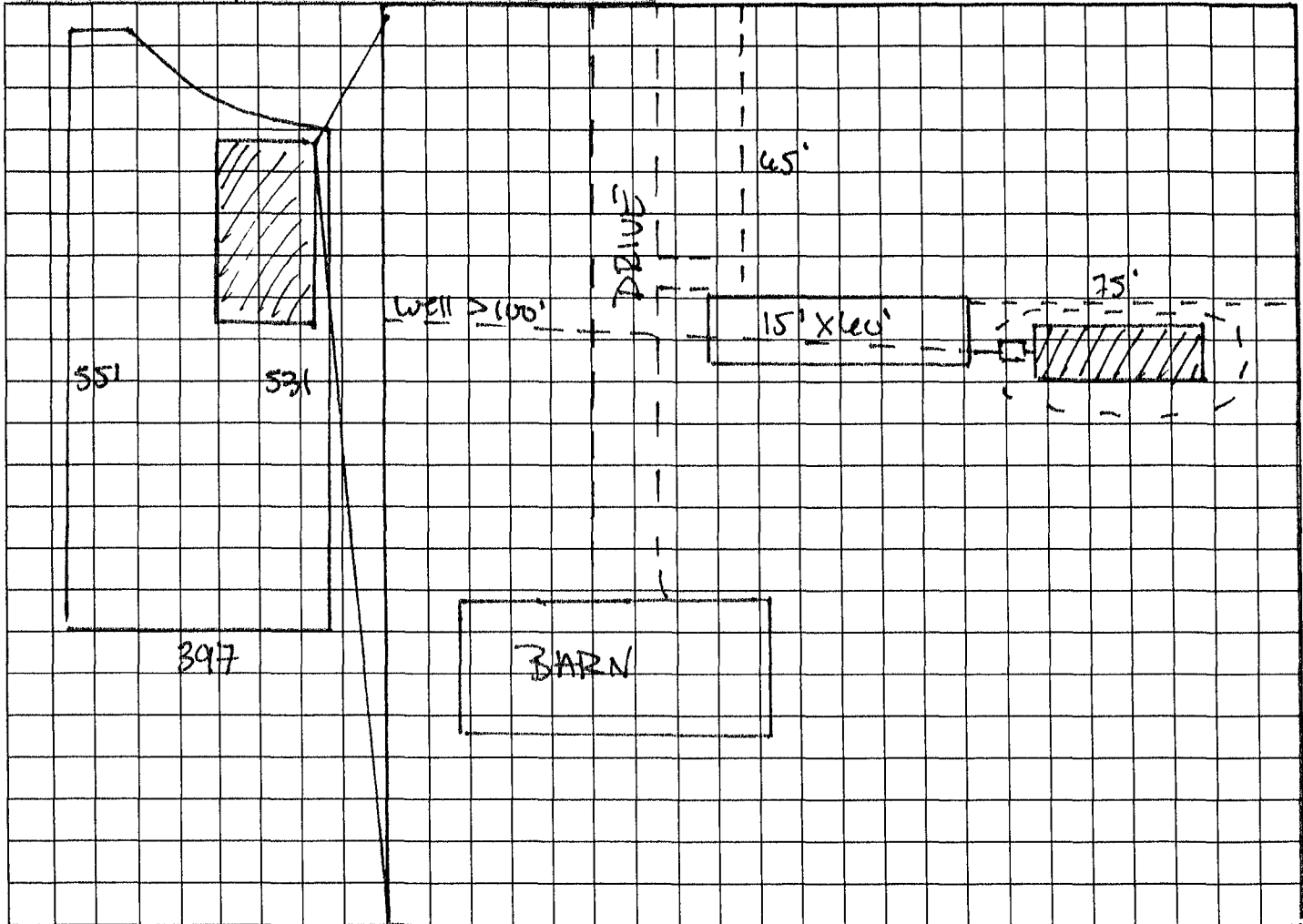
SIGNATURE: Lynne Vaughn DATE: 10/30-13

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: Lynae Voege

Plan Approved X

Not Approved _____

Date 10/30/12

By [Signature] Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Lynne & Alton Vaughn
Columbia County
370 SE Ranch

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

A	28091 FDID	FL State	05 Incident Date	15 	2013 	45 	CCFR13CAD001447 Incident Number	0 	Signature	NFIRS Basic									
	Location Type ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid																		
	Check this box to determine that the address for this incident is provided on the Uniform Fire Message in Section B, "Alternative Location Specifications." Use only for wildland fires. 548 Hazardous Material 18W County LAKE CITY City WARD CRAWFORD Block or Highway CT 32024 Zip Code FL State																		
	Check boxes if this is the same as alarm code. C Incident Type 111 Building fire Final NFIRS Code E1 Dates and Times Month: 05, Day: 15, Year: 2013 Alarm: 08:38:23 Arrival: 08:43:35 Controlled: Lost Unit: 05, 15, 2013 Cleared: 10:35:29 E2 Shifts and Alarms Local Option: C, 1, 45 Shift or Alarm: E3 Special Studies Local Option: Special Study ID# Special Study Value																		
	D Aid Given or Received ☐ Mutual aid received ☐ Automatic aid received ☐ Mutual aid given ☐ Automatic aid given ☐ Other aid given ☒ None																		
	F Actions Taken ☒ Extinguishment by fire service personnel Primary Action Taken (1)																		
	G1 Resources ☒ Check this box and tent this block if no Apparatus or Personnel Module is used. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Suppression</td> <td>Apparatus: 4</td> <td>Personnel: 6</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>4</td> <td>6</td> </tr> </table>										Suppression	Apparatus: 4	Personnel: 6	EMS	0	0	Other	4	6
Suppression	Apparatus: 4	Personnel: 6																	
EMS	0	0																	
Other	4	6																	
	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 ☒ Fire-2 ☒ Structure Fire-3 ☐ Civilian Fire Res-4 ☐ Fire Services Can-5 ☐ EMS-6 ☐ HazMat-7 ☐ Wildland Fire-8 ☒ Apparatus-9 ☒ Personnel-10 ☒ Area-11																		
	H1 Casualties ☒ None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>0</td> </tr> </table>										Fire Service	0	0	Civilian	0	0			
Fire Service	0	0																	
Civilian	0	0																	
	H2 Detector ☐ Required for certified fire. ☐ Detector alerted occupants ☐ Detector did not alert occupants ☒ Unknown																		
	H3 Hazardous Materials Release ☒ None - Special HazMat actions required or spill is 55 gal. - Natural gas: slow leak, no oven, or HazMat actions - Propane gas - Less than a 21 lb. tank - Gasoline - vehicle fuel tank or portable container - Kerosene - fuel/heating equipment/portable storage - Universal household oil - vehicle fuel tank/portable - Household/office solvent or chemical spill - Motor oil - from engine or portable container - Paint - spills less than 55 gallons																		
	I Mixed Use Property ☐ None - Mixed use, other - Assembly use - Educational use - Medical use - Residential use - Row of stores - Sanitary mall - Business and residential use - Office use - Industrial use - Military use - Farm use - Not mixed use																		

J Property Use		341 Clinic, clinic-type facility		338 Household goods, sales, repairs	
131 Church, mosque, synagogue, temple, chapel	342 Doctor, dentist or oral surgeon office	571 Service station, gas station			
141 Restaurant or cafeteria	581 Jail, prison (not juvenile)	578 Motor vehicle or boat sales, services, repair			
182 Bar or nightclub	419 1 or 2 family dwelling	590 Business office			
713 Elementary school, including kindergarten	420 Multifamily dwelling	616 Electric generating plant			
715 High school/junior high school/middle school	430 Boarding/rooming house, residential hotel	629 Laboratory or science laboratory			
241 Adult education center, college classroom	440 Hotel/motel, commercial	700 Manufacturing, processing			
311 24-hour care nursing homes, 4 or more persons	450 Residential board and care	810 Livestock, poultry storage			
331 Hospital - medical or psychiatric	464 Barns, dairy	822 Parking garage, general vehicle			
	510 Food and beverage sales, grocery store	831 Warehouse			
	536 Vacant lot	881 Construction site			
	538 Graded and contour plots of land	884 Industrial plant yard - area			
	544 Lake, river, stream				
	551 Railroad right-of-way				
	550 Street, other				
	561 Highway or divided highway				
	562 Residential street, road or residential driveway				

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use **419** Code
1 or 2 family dwelling
Property Use Description

K1 Person/Entity Involved

Local Option

Check the box if same address as incident location (Section B). Then enter the three digit address line.

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

Mr., Ms., Mrs. First Name _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suite _____

Post Office Box _____ Apt./Suite/Room _____ City _____ State _____ Zip Code _____

K2 Owner

Same as person involved? ☐ Yes ☐ No

Check the box if same address as incident location (Section B). Then enter the three digit address line.

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

Mr., Ms., Mrs. First Name _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suite _____

Post Office Box _____ Apt./Suite/Room _____ City _____ 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 8:30 AM and left the house to go to work at 8:45 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

BOOZ01 **DAVID BOOZER** Fire Chief 48-Racetrack 05 15 2013
 Other is change (1) Signature Position or rank Assignment Month Day Year
 BICK01 **BRIAN BICKEL** Lieutenant 48-South C 05 15 2013
 Member Making report (1) Signature Position or rank Assignment Month Day Year