

DATE 11/23/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029029

APPLICANT WILLIAM BO ROYALS PHONE 754-6737

ADDRESS 4068 US HWY 90 WEST LAKE CITY FL 32055

OWNER CHARLES & VALERIE JORDAN PHONE 386-292-5004

ADDRESS 472 NW NASH RD LAKE CITY FL 32055

CONTRACTOR MANUEL BRANNON PHONE 386-590-3289

LOCATION OF PROPERTY 90 W, R LAKE JEFFERY RD, R NASH RD, ON LEFT APPROX 1/4 MILE
BEFORE OVERPASS, #472

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES

FOUNDATION WALLS ROOF PITCH FLOOR

LAND USE & ZONING RSF-2 MAX. HEIGHT 35

Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 22-3S-16-02246-001 SUBDIVISION

LOT BLOCK PHASE UNIT TOTAL ACRES 1.25

IH10253961

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 10-0516-E BK TC N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

FIRE REPORT INCLUDED-NO CHARGE FOR PERMIT

ORIGIONAL MH PERMITTED USE 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 \$

FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 0.00

INSPECTORS OFFICE CLERKS OFFICE

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED 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.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 23.11.10 Building Official 7.C. 11-22-10

AP# 1011-29 Date Received 11-19-10 By CH Permit # 29029

Flood Zone X Development Permit N/A Zoning RSF-2 Land Use Plan Map Category RES. Low DEN.

Comments fire Report in file - no change -

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 10-0516-E ☐ EH Release ☐ Well letter ☒ Existing well

☐ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☒ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL 0 ☒ v form

Property ID # 22-35-16-02296-001 Subdivision _____

- New Mobile Home ☒ Used Mobile Home _____ MH Size 28x40 Year 2010
- Applicant William "Bo" Royals Phone # 754-6737
- Address 4048 n.s. Hwy 90 west Lake City, FL 32055
- Name of Property Owner Charles & Valerie Jordan Phone# _____
- 911 Address 472 N.W. Nash Rd. Lake City, FL 32055
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Charles & Valerie Jordan Phone # 386 292-5004
Address 472 N.W. Nash Rd Lake City, FL 32055
- Relationship to Property Owner _____
- Current Number of Dwellings on Property (1) Burned down (replacement)
- Lot Size _____ Total Acreage 1.25
- 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 Yes (Replacing a burned unit)
- Driving Directions to the Property Lake Jeffery to Nash Rd property on left 1/4 to 1/8 mile before interstate overpass 472 NW Nash Rd.
- Name of Licensed Dealer/Installer Manuel Brannan Phone # 326-590-3289
- Installers Address 5107 CR252 wellborn Fla 32094
- License Number 102539611 Installation Decal # 779

PERMIT WORKSHEET

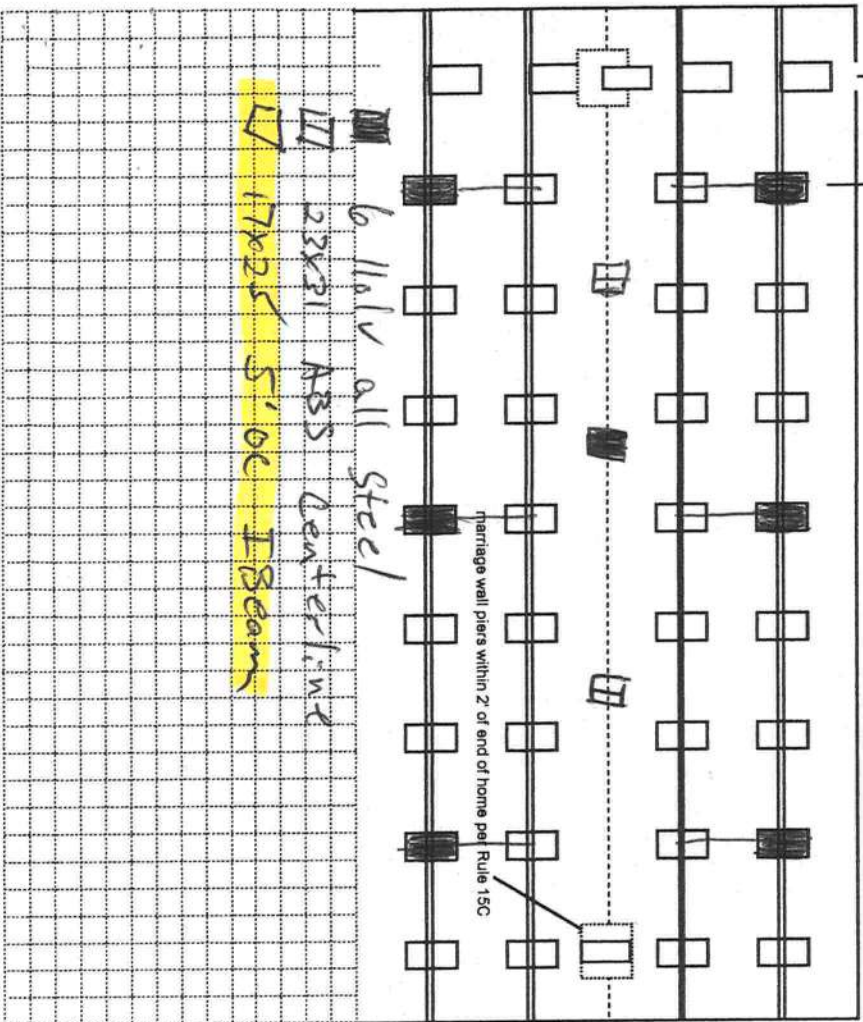
page 1 of 2

Installer Michael Brennan License # 102539c/1
 Manufacturer Fleetwood Length x Width 28x60
 Name of Owner of this Mobile Home Charles & Valerie Jordan
 Phone (386) 292-5004
 Address 472 NW Nash Rd. Lake City, FL 32055

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 MB



New Home ☒ Used Home ☐ Year 2010
 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 # 779
 Triple/Quad ☐ Serial # 62F0758995 - E221AB

PIER SPACING TABLE FOR USED HOMES

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

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

PIER PAD SIZES

I-beam pier pad size 17x25
 Perimeter pier pad size 16x16
 Other pier pad sizes (required by the mfg.) 23x31

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 18' Pier pad size 23x31

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer GT

OTHER TIES

Number 28
 Sidewall
 Longitudinal
 Marriage wall
 Shearwall

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1.5 X 1.5 X 1.5

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1.5 X 1.5 X 1.5

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 4 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.

MBS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Manuel Borranan

Date Tested

10-29-10

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. 15C

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 18"
Walls: Type Fastener: sticks Length: 4" Spacing: 24"
Roof: Type Fastener: straps Length: 8" Spacing: 24"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

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

Installer's initials

MBS

Type gasket foam

Installed: Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 15C
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

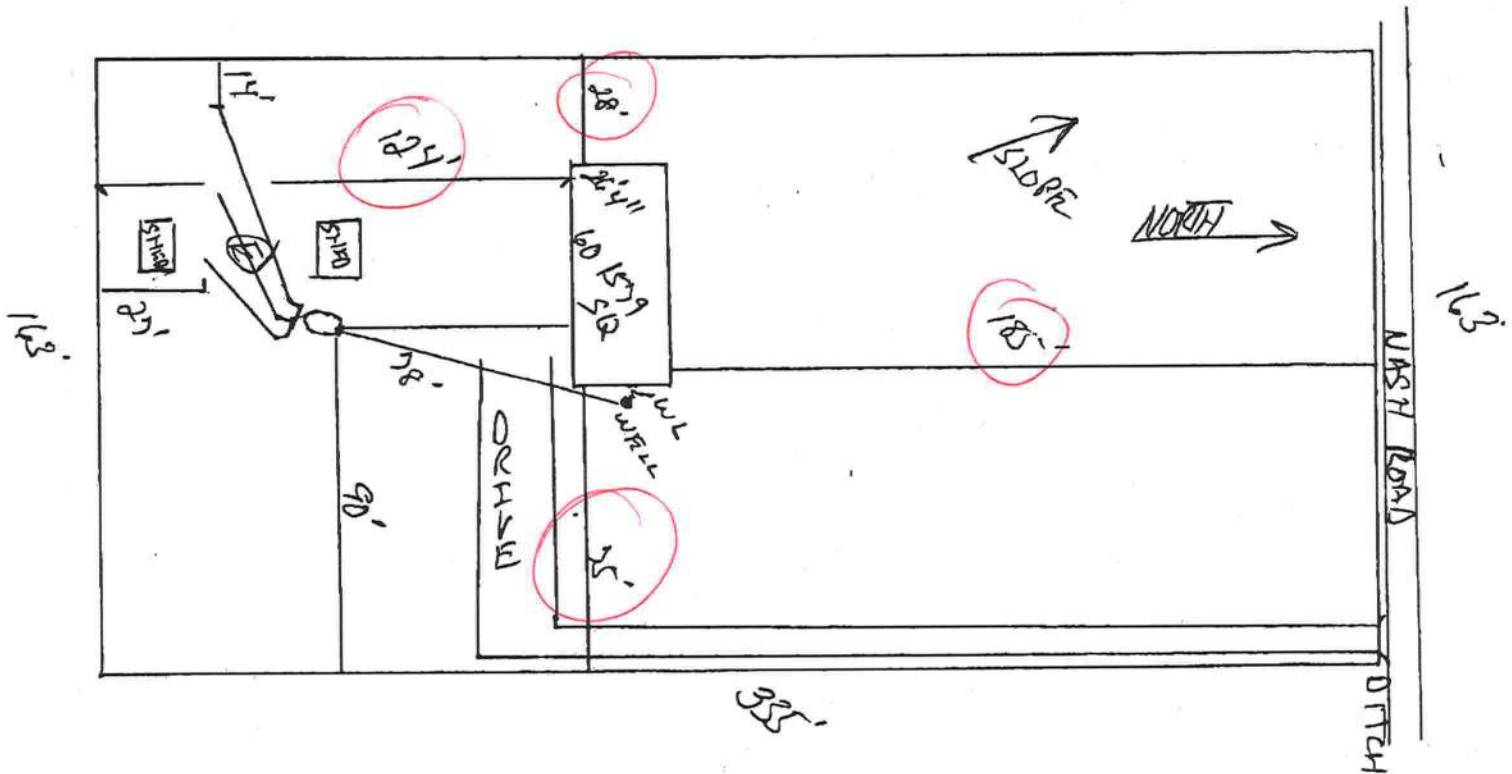
Manuel Borranan Date 10-29-10

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

Permit Application Number _____

----- **JORDAN** ----- **PART II - SITEPLAN** -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Rocky D F

MASTER CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

NDU-16-2010 15:55

P.02/02

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ 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 B9-6, 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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C	Print Name <u>Tim Shatto</u> License #: <u>LAL057875</u>	Signature <u>Timothy D. Shatto</u> Phone #: <u>386-496-8224</u>
PLUMBING/ GAS	Print Name <u>Manuel Brennan</u> License #: <u>1025396/1</u>	Signature <u>Manuel Brennan</u> Phone #: <u>386-590-8289</u>
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty Trade	License Number	Sub-Contractor Printed Name	Sub-Contractor Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

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

TOTAL P.02

This Instrument Was Prepared ^{\$5,000.00}
By RONALD H. PEACOCK, Attorney
At Law
P.O. Box 2137
Lake City, FL 32056-2137

WARRANTY DEED

THIS INDENTURE, made this 30th day of June, 1992, between
Howard Bulthuis, social security number [REDACTED] and Connie
Bulthuis social security number [REDACTED], husband and wife, of
Route 8, Box 460, Lake City, Florida, 32055, Grantor, and Charles
D. Jordan, social security number [REDACTED] and Valerie F.
Jordan, social security number [REDACTED], husband and wife, of
Route 8, Box 461, Lake City, Florida 32055, Grantee,

WITNESSETH:


That Grantor, for and in consideration of the sum of \$10.00
and other good and valuable consideration to Grantor in hand paid
by Grantee, the receipt whereof is hereby acknowledged, has
granted, bargained and sold to the Grantee, and Grantee's heirs
and assigns forever, the following described land, situated, lying
and being in Columbia County, Florida;

The West 63.00 feet of the North 335.00 feet
of the Northeast 1/4 of Section 22, Township
3 South, Range 16 East. Columbia County,
Florida. Containing 1.25 acres, more or less.
SUBJECT TO: That part within the maintained
Right-Of-Way of Nash Road (a County road),
across the North side thereof.

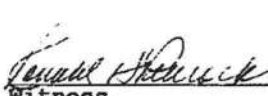
Grantor does hereby fully warrant the title to the land, and will
defend the same against the lawful claims of all persons
whomsoever.

IN WITNESS WHEREOF Grantor has executed this instrument the
day and year first above written.

Executed in the presence of:


Witness
Name: CHERYL R. UNGER


HOWARD BULTHUIS


Witness
Name: Ronald H. Peacock


CONNIE BULTHUIS

EX 0761 PG2309

OFFICIAL RECORDS

STATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME, the undersigned authority, personally appeared Howard Bulthuis and Connie Bulthuis identified by personally known/drivers license number B432-330-33-302; B432-102-34-67, who being by me first duly sworn, did acknowledge the execution of the foregoing as his/her true act and deed and for the purposes expressed herein.

(SEAL)

Witness my hand and official seal.

(SEAL)

Ronald H. Peacock
Notary Public
Name: Ronald H. Peacock

My commission expires:

Notary Public, State of Florida
My Commission Expires Jan. 24, 1994
Bonded Thru Troy Poin - Insurance Inc.

92-08166

FILED AND RECORDED IN PUBLIC
RECORDS OF COLUMBIA COUNTY, FL.

1992 JUL -1 PM 4:15

RECORDED
P. D. Cason
CLERK OF COURTS
COLUMBIA COUNTY, FLORIDA
BY Michael R. ... D.C.

EX 0761 PG 2310

OFFICIAL RECORDS



DOCUMENTARY STAMP \$ 30.00
INTANGIBLE TAX 0
P. DeWITT CASON, CLERK OF
COURTS, COLUMBIA COUNTY
BY Michael R. ... D.C.

Columbia County Property Appraiser

DB Last Updated: 10/14/2010

2009 Tax Roll Year

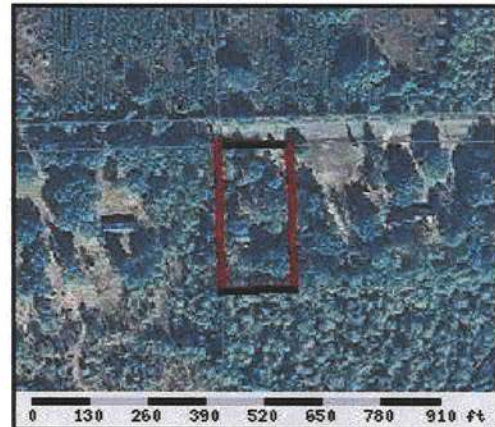
Parcel: 22-3S-16-02246-001

[<< Next Lower Parcel](#)
[Next Higher Parcel >>](#)
[Tax Collector](#)
[Tax Estimator](#)
[Property Card](#)
[Parcel List Generator](#)
[Interactive GIS Map](#)
[Print](#)

Search Result: 1 of 1

Owner & Property Info

Owner's Name	JORDAN CHARLES D & VALERIE F		
Mailing Address	472 NW NASH RD LAKE CITY, FL 32055		
Site Address	472 NW NASH RD		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	2 (County)	Neighborhood	22316
Land Area	1.250 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. W 163 FT OF N 335 FT OF NE1/4 ORB 764-797.		



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$19,955.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$34,586.00
XFOB Value	cnt: (4)	\$2,260.00
Total Appraised Value		\$56,801.00
Just Value		\$56,801.00
Class Value		\$0.00
Assessed Value		\$27,130.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value	Cnty: \$2,130 Other: \$2,130 Schl: \$2,130	

2010 Working Values

NOTE:
2010 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
6/30/1992	761/2309	WD	V	Q		\$5,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	1995	(31)	1782	1782	\$31,744.00
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	1995	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1995	\$360.00	0000160.000	10 x 16 x 0	AP (070.00)
0080	DECKING	2008	\$100.00	0000001.000	0 x 0 x 0	(000.00)
0040	BARN,POLE	2008	\$200.00	0000001.000	0 x 0 x 0	(000.00)

Land Breakdown

A		MM DD YYYY										<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic	
29091		FL		09 24 2010		42		10-0003542		000					
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *					

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 <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions		472 NW Nash RD Number/Milepost Prefix Street or Highway Street Type Suffix Lake City FL 32025 Apt./Suite/Room City State Zip Code Cross street or directions, as applicable													

C Incident Type *				E1 Date & Times				E2 Shift & Alarms			
121 Fire in mobile home used as Incident Type				Check boxes if dates are the same as Alarm Date. Alarm * 09 24 2010 23:34:00 Month Day Year Hr Min Sec ALARM always required ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 09 24 2010 23:40:00 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input type="checkbox"/> Last Unit <input type="checkbox"/> Cleared 09 25 2010 00:49:00				Midnight is 0000 Local Option B 01 1 Shift or Alarms District Platoon E3 Special Studies Local Option Special Study ID# Special Study Value			

D Aid Given or Received*				F1 Actions Taken *				G1 Resources *				G2 Estimated Dollar Losses & Values			
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None				11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) 51 Ventilate Additional Action Taken (3)				<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0006 Personnel 0013 Suppression EMS Other 0001 <input type="checkbox"/> Check box if resource counts include aid received resources.				LOSSES: Required for all fires if known. Optional for non fires. Property \$ 015,000 Contents \$ 010,000 PRE-INCIDENT VALUE: Optional Property \$ 050,000 Contents \$ 050,000			

Completed Modules				H1* Casualties				H3 Hazardous Materials Release				I Mixed Use Property			
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11				Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input checked="" type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown				N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			

J Property Use* Structures				341-399				400-499				500-599											
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales				539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse				Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field				936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway				981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 419 1 or 2 family dwelling			

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner

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

Local Option

Business name (if Applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option

We were dispatched to a structure fire. Upon arrival we reported to command. Fire was inside B/C corner and extended to attic space. Fire crews made entry on Side C and located fire in kitchen area and in the attic over the kitchen. We pulled the ceiling and fire was spreading towards Side D. Fire crews laddered the structure and made a trench cut on the roof ahead of the fire and stopped the procession. We performed overhaul and mop up. Through investigation the homeowner stated he was cooking and sat down and fell asleep. Once fire started on the back wall behind the stove the smoke detectors alerted him. He awoke and extinguished the fire in the kitchen. Once all fire was out he stated he still saw smoke. He went outside and saw the fire had exited the building through a wall and vent which was over the stove. The fire started to burn the vinyl siding and proceeded up into the attic space through the soffitt. Homeowner stated he tried to extinguish the outside fire with a water hose but was unsuccessful. Red Cross was called and arrived to give assistance to the homeowner. Command was terminated and all fire crews returned to station.

L Authorization

0009

Officer in charge ID

Boozar, David L.

Signature

FMD

Position or rank

Assignment

09

Month

27

Day

2010

Year

Check Box if same as Officer in charge.

0065

Member making report ID

Minton, Michael

Signature

LT

Position or rank

Assignment

09

Month

27

Day

2010

Year

A FDID <u>29091</u> *		State <u>FL</u> *		Incident Date <u>09</u> <u>24</u> *		Station <u>42</u>		Incident Number <u>10-0003542</u> *		Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -2 Fire	
------------------------------	--	-------------------	--	-------------------------------------	--	-------------------	--	-------------------------------------	--	-----------------------	--	--	--	------------------	--

B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential Estimated Number of residential living units in building of origin whether or not all units became involved B2 <u>001</u> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <u> </u> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		C On-Site Materials or Products <input type="checkbox"/> None 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 Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (1) <u> </u> <u> </u> On-site material (2) <u> </u> <u> </u> On-site material (3) </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>	
--	--	---	--

D Ignition D1 <u>24</u> <u>Cooking area, kitchen</u> Area of fire origin * D2 <u>11</u> <u>Spark, ember or flame</u> Heat source * D3 <u>15</u> <u>Interior wall covering</u> Item first ignited * <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u>65</u> <u>Fiberboard,</u> Type of material first ignited Required only if item first ignited code is 00 or <70		E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>53</u> <u>Equipment</u> <input type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2)		E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input checked="" type="checkbox"/> Asleep <input type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <u> </u> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
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F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <u> </u> <u> </u> Equipment Involved Brand <u> </u> Model <u> </u> Serial # <u> </u> Year <u> </u>		F2 Equipment Power <u> </u> <u> </u> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.		G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <u> </u> <u> </u> Fire suppression factor (1) <u> </u> <u> </u> Fire suppression factor (2) <u> </u> <u> </u> Fire suppression factor (3)	
---	--	---	--	---	--

H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		H2 Mobile Property Type & Make <u> </u> <u> </u> Mobile property type <u> </u> <u> </u> Mobile property make <u> </u> <u> </u> Mobile property model Year <u> </u> <u> </u> <u> </u> License Plate Number State VIN Number		Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached	
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NFIRS-2 Revision 01/19/99

I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input type="checkbox"/> Enclosed Building 2 <input checked="" type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure		I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		I3 Building * Height Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> <small>Total number of stories at or above grade</small> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-top: 10px;"></div> <small>Total number of stories below grade</small>		I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;">002</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;">000</div> <small>Total square feet</small> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px;"></div> </div> <small>Length in feet</small> BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px;"></div> <small>Width in feet</small>		NFIRS-3 Structure Fire	
J1 Fire Origin * <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;">001</div> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;"></div> Number of stories w/ minor damage (1 to 24% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;">001</div> Number of stories w/ significant damage (25 to 49% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;"></div> Number of stories w/ heavy damage (50 to 74% flame damage) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;"></div> Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></div> <small>Item contributing most to flame spread</small> K2 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;"></div> <small>Type of material contributing most of flame spread</small> <small>Required only if item contributing code is 00 or <70</small>					
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input checked="" type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L5 Detector Effectiveness Required if detector operated 1 <input checked="" type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined			
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined		L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined					
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M		M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined					
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined		M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 20px; margin-right: 5px;"></div> <small>Number of sprinkler heads operating</small>		NFIRS-3 Revision 01/19/99					

A		FDID		29091		State		FL		Incident Date		MM DD YYYY		9 24 2010		Station		42		Incident Number		10-0003542		Exposure		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource		Date and Times						Sent <input checked="" type="checkbox"/>	Number of * People	Use			Actions Taken																		
		Check if same as alarm date Month Day Year Hour Min								Check ONE box for each apparatus to indicate its main use at the incident.																					
1 ID CF3 Type 91		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other	73																		
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75	76																	
2 ID E42 Type 11		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75	76																	
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
3 ID E43 Type 11		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75	76																	
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
4 ID E48 Type 11		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75																		
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
5 ID QR43 Type 12		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75																		
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
6 ID T42 Type 24		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75	76																	
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
7 ID T43 Type 24		Dispatch	<input checked="" type="checkbox"/>	9	24	2010	23:34	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	73	74																	
		Arrival	<input checked="" type="checkbox"/>	9	24	2010	23:40			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other	75	76																	
		Clear	<input type="checkbox"/>	9	25	2010	00:49			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
8 ID Type		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
		Arrival	<input type="checkbox"/>							<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
		Clear	<input type="checkbox"/>							<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
9 ID Type		Dispatch	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
		Arrival	<input type="checkbox"/>							<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			
		Clear	<input type="checkbox"/>							<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other																			

Type of Apparatus or Resources

Ground Fire Suppression

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

Heavy Ground Equipment

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

Aircraft

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

Marine Equipment

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

Support Equipment

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

Medical & Rescue

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

More Apparatus?
 Use Additional
 Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None
UU Undetermined

NFIRS-9 Revision 11/17/98

A		FDID 29091 *		State FL *		Incident Date MM DD YYYY 9 24 2010		Station 42		Incident Number 10-0003542 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource * Use codes listed below		Date and Times <small>Check if same as alarm date</small>						Sent		Number of * People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
		Month Day Year Hours/mins						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other					
1		ID CF3		Dispatch <input checked="" type="checkbox"/>		9 24 2010 23:34		Sent <input checked="" type="checkbox"/>		1				73			
		Type 91		Arrival <input checked="" type="checkbox"/>		9 24 2010 23:40		<input checked="" type="checkbox"/>									
				Clear <input type="checkbox"/>		9 25 2010 00:49											
Personnel ID		Name				Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken	
0009		Boozar, David				FMD		X		58		11		81		86	
2		ID E42		Dispatch <input checked="" type="checkbox"/>		9 24 2010 23:34		Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73		74	
		Type 11		Arrival <input checked="" type="checkbox"/>		9 24 2010 23:40		<input checked="" type="checkbox"/>						75		76	
				Clear <input type="checkbox"/>		9 25 2010 00:49											
Personnel ID		Name				Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken	
0021		Crews, Ronnie				FF		X		58		11		12			
TURN01		Turner, Michael				FF		X		11		12		51			
3		ID E43		Dispatch <input checked="" type="checkbox"/>		9 24 2010 23:34		Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73		74	
		Type 11		Arrival <input checked="" type="checkbox"/>		9 24 2010 23:40		<input checked="" type="checkbox"/>						75		76	
				Clear <input type="checkbox"/>		9 25 2010 00:49											
Personnel ID		Name				Rank or Grade		Attend		Action Taken		Action Taken		Action Taken		Action Taken	
0039		Garbett, Matthugh				FF		X		58		11		12		51	
0065		Minton, Michael				LT		X		11		12		51			

A		FDID <u>29091</u> *		State <u>FL</u> *		Incident Date <u>9</u> <u>24</u> <u>2010</u> *		Station <u>42</u>		Incident Number <u>10-0003542</u> *		Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
		MM <u>9</u> DD <u>24</u> YYYY <u>2010</u>															
B		Apparatus or Resource Use codes listed below		Date and Times Check if same as alarm date Month Day Year Hours/mins				Sent <input checked="" type="checkbox"/>		Number of * People <u>2</u>		Use Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken List up to 4 actions for each apparatus and each personnel. <u>73</u> <u>74</u> <u>75</u> <u> </u>			
				ID <u>E48</u> Type <u>11</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:34</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:40</u> Clear <input type="checkbox"/> <u>9</u> <u>25</u> <u>2010</u> <u>00:49</u>		Sent <input checked="" type="checkbox"/>		<u>2</u>							
Personnel ID		Name		Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
0087 MCCO01		Thomas, James McCook, Joshua		SC FF		X X		11 58		12 11							
2		ID <u>QR43</u> Type <u>12</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:34</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:40</u> Clear <input type="checkbox"/> <u>9</u> <u>25</u> <u>2010</u> <u>00:49</u>		Sent <input checked="" type="checkbox"/>		<u>2</u>				<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<u>73</u> <u>74</u> <u>75</u> <u> </u>			
Personnel ID		Name		Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
ARCH01 WALD01		Archer, Mikel Waldron, John		FF FF		X X		11 58		73							
3		ID <u>T42</u> Type <u>24</u>		Dispatch <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:34</u> Arrival <input checked="" type="checkbox"/> <u>9</u> <u>24</u> <u>2010</u> <u>23:40</u> Clear <input type="checkbox"/> <u>9</u> <u>25</u> <u>2010</u> <u>00:49</u>		Sent <input checked="" type="checkbox"/>		<u>2</u>				<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<u>73</u> <u>74</u> <u>75</u> <u>76</u>			
Personnel ID		Name		Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken			
0011 0054		Buchner, Brian Killebrew, Dennis		FF BC		X X		11 58		11							

A		FDID 29091		State FL		MM 9 DD 24 YYYY 2010		Station 42		Incident Number 10-0003542		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B		Apparatus or Resource Use codes listed below		Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins				Sent <input checked="" type="checkbox"/>		Number of People 2		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>			
1		ID T43	Dispatch <input checked="" type="checkbox"/>		9	24	2010	23:34	Sent <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> Suppression		73		74
		Type 24	Arrival <input checked="" type="checkbox"/>		9	24	2010	23:40					<input type="checkbox"/> EMS		75		76
			Clear <input type="checkbox"/>		9	25	2010	00:49					<input type="checkbox"/> Other				
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0068		Nettles, Andy				FF		X		11							
0084		Stanley, Jerry				BC		X		58		11					
2		ID	Dispatch <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression				
		Type	Arrival <input type="checkbox"/>										<input type="checkbox"/> EMS				
			Clear <input type="checkbox"/>										<input type="checkbox"/> Other				
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
3		ID	Dispatch <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression				
		Type	Arrival <input type="checkbox"/>										<input type="checkbox"/> EMS				
			Clear <input type="checkbox"/>										<input type="checkbox"/> Other				
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									
								<input type="checkbox"/>									

A	FDID	29091	State	FL	Incident Date	MM	9	DD	24	YYYY	2010	Station	42	Incident Number	10-0003542	Exposure	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	Insurance and \$Loss
		*		*		*							*		*				

B Estimated Dollar Loss & Value

	Pre-Incident Value	Estimated Loss	Insured Amount	Settlement Amount
Buildings	\$50,000.00	\$15,000.00	\$0.00	\$0.00
Vehicles	\$0.00	\$0.00	\$0.00	\$0.00
Contents	\$50,000.00	\$10,000.00	\$0.00	\$0.00

C₁ Insurance Company

Allstate Insurance Company			
Business name if applicable		Contact Name	
Street or highway			
Post office box		City	
State	Zip Code	Phone Number	
Agent Name			
Policy Number		<input checked="" type="checkbox"/> Buildings <input type="checkbox"/> Vehicles <input type="checkbox"/> Contents	

Policy Coverage

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

Permit Application Number 10-0516E

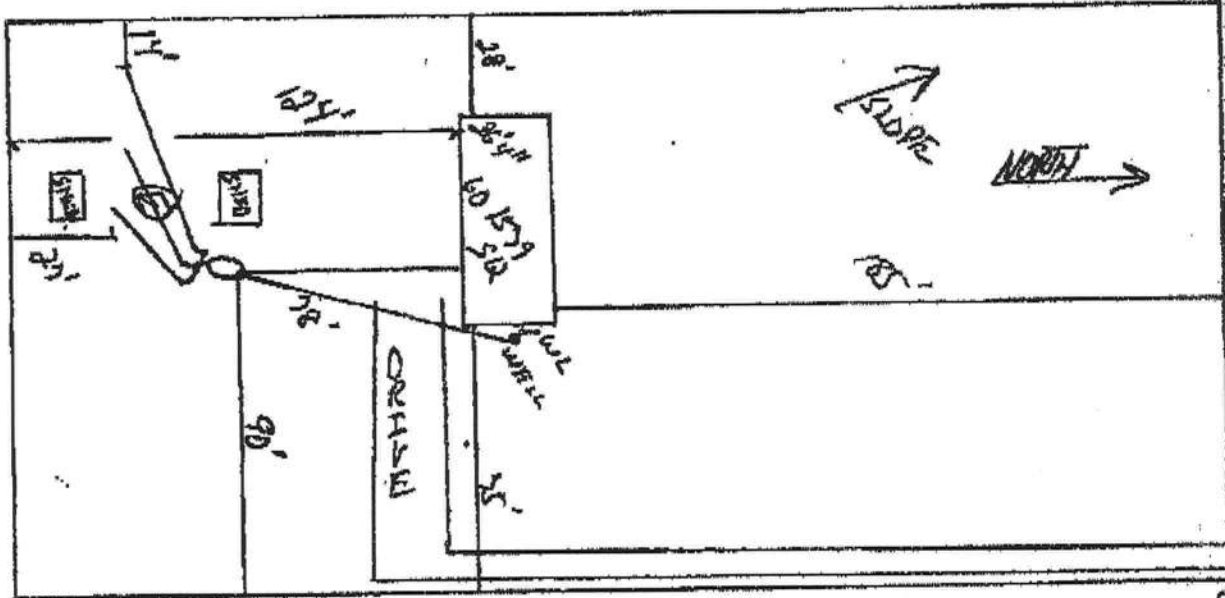
JORDAN

PART II - SITEPLAN

Scale: 1 inch = 40 feet.

775' to septic well

VACANT



NEIGH ROAD

UTCH

775' to septic well

Notes:

Site Plan submitted by: Rocky D F
Plan Approved: Salhi Ford, EH Director
By: Salhi Ford, EH Director

Not Approved

Columbia CHD

MASTER CONTRACTOR

Date 11-23-10

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

GENERAL
ON
CALVINY

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 22-3S-16-02246-001

Building permit No. 000029029

Permit Holder MANUEL BRANNON

Owner of Building CHARLES & VALERIE JORDAN

Location: 472 NW NASH RD, LAKE CITY, FL 32055

Date: 12/21/2010

Jay Crav

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)