

DATE 03/14/2008

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

PERMIT
000026849

APPLICANT RAY SCHANTZ PHONE 288-2076
ADDRESS 589 SW KICKLIGHTER TERR LAKE CITY FL 32024
OWNER RAY SCHANTZ PHONE 754-1568
ADDRESS 2127 SW CR 349 LAKE CITY FL 32055
CONTRACTOR BEN CREAMER PHONE 623-9384
LOCATION OF PROPERTY 441S, TR ON TUSKENUGGEE AVE, TL 349, 1 MILE ON LEFT
MAILBOX ON RIGHT WITH ADDRESS
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 AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 29-5S-17-09449-101 SUBDIVISION BAR D EST
LOT 1 BLOCK PHASE UNIT 1 TOTAL ACRES 1.00

IH0000344
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 08-221-E CS JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD, REPLACING A BURNT UNIT THAT WAS OWNED
BY ANOTHER PERSON AT THE TIME IT BURNED

Check # or Cash 1232

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 Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing Pool
date/app. by date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer 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 \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00
INSPECTORS OFFICE L. Hobson CLERKS OFFICE CH

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.

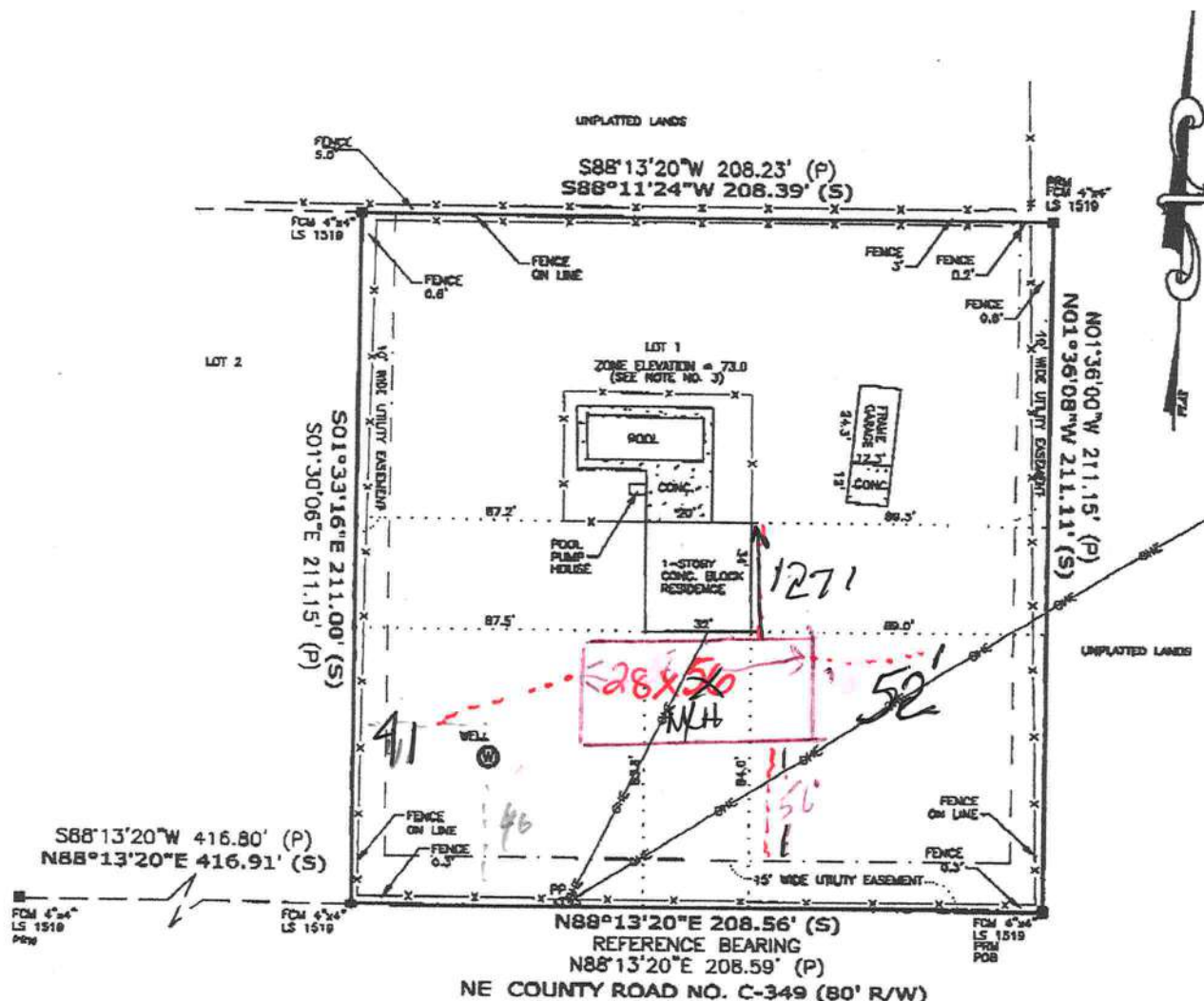
"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

MAP OF BOUNDARY SURVEY

SHOWING LOT 1 OF BAR "D" ESTATES, UNIT 1, A SUBDIVISION AS RECORDED IN PLAT BOOK 5, PAGE 104, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.



SURVEYOR'S NOTES

1. BEARING BASED ON PLAT.
2. THIS SURVEY BASED ON LEGAL DESCRIPTION FURNISHED. THE PUBLIC RECORDS, WERE NOT SEARCHED BY THIS SURVEYOR FOR EASEMENTS, TITLE COVENANTS, RESTRICTIONS, CLOSURES, TAXES OR ORDINANCES, ETC. THERE COULD BE OTHER MATTER OF RECORD THAT EFFECT THIS PARCEL.
3. 100-YEAR FLOOD ZONE DETERMINED BY ENGINEER. 100-YEAR FLOOD ELEV. 73.0

I HEREBY CERTIFY THIS SURVEY WAS DONE UNDER MY DIRECT SUPERVISION AND IT MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING PURSUANT TO CHAPTER 61G17-5, FLORIDA ADMINISTRATION CODE, CHAPTER 472, FLORIDA STATUTES.

WILLIAM N. KITCHEN PSM 5480

William N. Kitchen

11-15-2005

CERTIFIED TO:

JOSEPH ZEYEN
WINDY J. LEE
BRISTOL HOME MORTGAGE LENDING, LLC d/b/a LENDING ONE,
Its successors and/or assigns
HOME TOWN TITLE OF NORTH FLORIDA
FIRST AMERICAN TITLE INSURANCE COMPANY

Not to Scale Info only

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

REV:

LEGEND

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official

Building Official

AP#

0803-02

Date Received

3/3

By

Permit #

26849

Flood Zone

X

Development Permit

—

Zoning

A-3

Land Use Plan Map Category

A-3

Comments

FEMA Map#

Elevation

Finished Floor

River

In Floodway

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☒ EH Release ☒ Well letter ☒ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☐ Letter of Authorization from installer

- Property ID # 29-55-17-09449-101 BAR "D" ESTATES LOT 1 UNIT I Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home HOMES 984D Year 98
- Applicant SONIA BROCARD Phone # 386-754-1568
- Address 589 SW HIGHLIGHTER TER L.C FL 32024
- Name of Property Owner SONIA BROCARD Phone# 386-288-2076
- 911 Address 2127 SW CR 349
- Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home SONIA BROCARD Phone # 386-754-1568
Address 589 SW HIGHLIGHTER TER LAKE CITY FL 32024
- Relationship to Property Owner SAME
- Current Number of Dwellings on Property 0
- Lot Size 211' x 208' FT Total Acreage 1.012 ACRE
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home YES A BURNED DOWN SITE BUILT
- Driving Directions to the Property SOUTH on 41 to CR 349 R TO PROPERTY on RIGHT (LESS THAN 2 MILES) WHITE W/ RED SIGN
- Name of Licensed Dealer/Installer Ben Creamer Phone # 386-623-9384
- Installers Address 187 SW Aspen Gln Lake City, FL 32024
- License Number IHD000344 Installation Decal # 293126

- JW called ^{speak} Ray 3.4.08

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X _____ X _____ X _____

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 _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 300 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 slate approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 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.

BC Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Ben Creamer

Date Tested

2/28/08

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. yes

Plumbing

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

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

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAG Length: 6" Spacing: 16"
Walls: Type Fastener: SCREW Length: 3" Spacing: 16"
Roof: Type Fastener: STRAP Length: 8" Spacing: 16"
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 BC

Type gasket Ecryn
Pg. _____

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

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. _____
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No _____
Dryer vent installed outside of skirting. Yes _____ No N/A
Range downflow vent installed outside of skirting. Yes _____ No 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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Ben Creamer Date 2/28/08

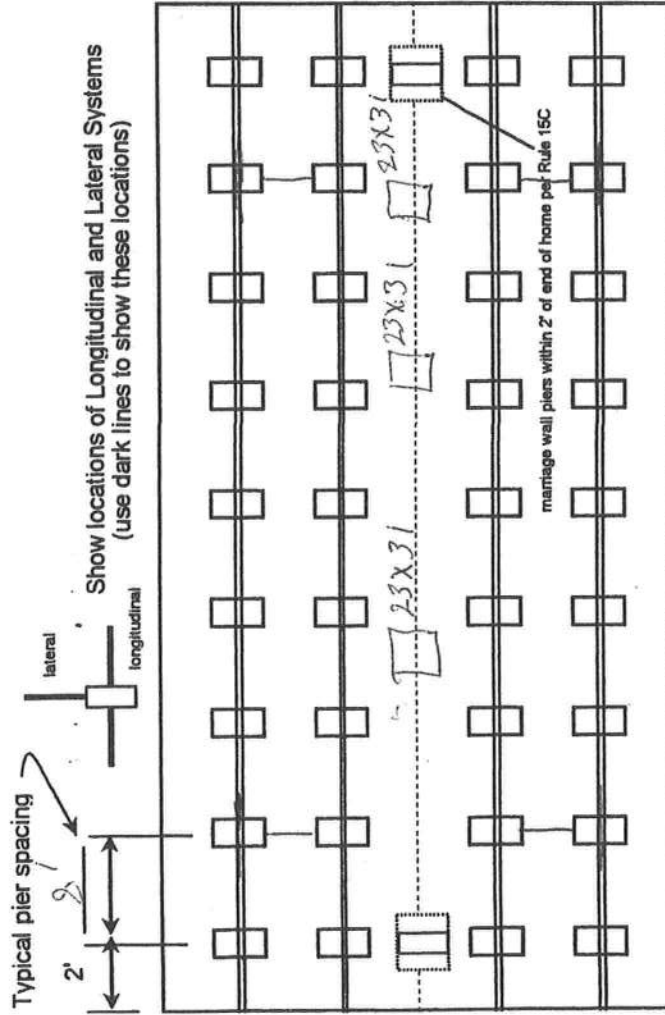
PERMIT NUMBER

Installer Ben Creamer License # JH0000344
 Address of home being installed 2821 SW 100 349
LAKE CITY, FL 32024
 Manufacturer Home Length x width 28X56

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 BC



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 # 293126
 Triple/Quad ☐ Serial # 3376 A+B

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'	4'	6'	7'	8'	8'	8'
2000 psf	6'	6'	8'	8'	8'	8'	8'
2500 psf	7'	7'	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.

POPULAR PAD SIZES

Pad Size	Pad Size
16 x 16	16 x 16
16 x 18	16 x 18
18.5 x 18.5	18.5 x 18.5
16 x 22.5	16 x 22.5
17 x 22	17 x 22
13 1/4 x 26 1/4	13 1/4 x 26 1/4
20 x 20	20 x 20
17 3/16 x 25 3/16	17 3/16 x 25 3/16
17 1/2 x 25 1/2	17 1/2 x 25 1/2
24 x 24	24 x 24
26 x 26	26 x 26

I-beam pier pad size 23X31
 Perimeter pier pad size 23X31
 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 14 Pier pad size 23X31

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Nut 2
 Sidewall 2
 Longitudinal 2
 Marriage wall 2
 Shearwall 2
 Frame 2

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer Oliver Tech
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Oliver Tech

I Ben Creamer License # IH0000344 Give
Permission & To Pull Permit in My BeHalf
To Sonia Brocard

Thanks
Ben Creamer

If you Have any Question
Call 386-623-9384

Amy Lang
2-28-08

AMY LANG
Notary Public, State of Florida
My comm. exp. Feb. 9, 2010
Comm. No. DD 516680

@ CAM112M01	CamaUSA Appraisal System	Columbia County
3/03/2008 15:45	Legal Description Maintenance	16000 Land 001
Year T Property	Sel	AG 000
2008 R 29-5S-17-09449-101	...	Bldg 000 *
2127 CR 349 SW LAKE CITY		9792 Xfea 002
SCHANTZ RAY &		25792 TOTAL B*

1	LOT 1 BAR D ESTATES UNIT 1.	ORB 666-569, 688-363, 723-231,	2
3	PROB 98-185-CP ORB 871-1102	THRU 1113, 880-2587,	4
5	CT 1053-2529. WD 1083-2298.	WD 1119-165	6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 5/25/2007 THRESA

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

A		MM DD YYYY		Delete <input type="checkbox"/>		NFIRS -1	
29091		FL		02 04 2007		45 07-0000365 000	
FDID *		State *		Incident Date *		Station Incident Number * Exposure *	
						Change <input type="checkbox"/> No Activity <input type="checkbox"/>	
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <input type="checkbox"/> - <input type="checkbox"/>							
<input checked="" type="checkbox"/> Street address 2127 SW County Road 349 <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <input type="checkbox"/> Rear of Lake City FL 32025 <input type="checkbox"/> Adjacent to Apt./Suite/Room City State Zip Code <input type="checkbox"/> Directions Cross street or directions, as applicable							
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms	
111 Building fire		Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * 02 04 2007 21:28:00 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 02 04 2007 21:34:00 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 02 05 2007 00:17:00				Local Option C 02 Shift or Alarms District Platoon	
D Aid Given or Received*						E3 Special Studies	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 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		Their FDID Their State Their Incident Number				Local Option Special Study ID# Special Study Value	
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
11 Extinguishment by fire Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression 0004 0018 EMS Other 0006 <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. None Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000			
Completed Modules		H1* Casualties <input type="checkbox"/> None		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 type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		<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		<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		Outside			
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/boarding 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 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			
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				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

386 - 754 - 8429

☒ 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 responded to the above location for a report of a fully involved structure. Upon our arrival we found heavy fire in the attic of the structure venting through the roof. After fire was extinguished and investigation, fire appeared to have started in the main panel box of the structure. We applied 20 - 25 gallons of Class A (knock down) Foam to the existing portions of the house. All units completed assignment and returned to station.

St. John's Insurance phone 800-748-2030
policy #SJ30100611

L Authorization

0017

Officer in charge ID

Cassady, Gregory

Signature

LT

Position or rank

Assignment

02

Month

05

Day

2007

Year

Check Box if same as Officer in charge.

☒

0017

Member making report ID

Cassady, Gregory

Signature

LT

Position or rank

Assignment

02

Month

05

Day

2007

Year

29091	FL	MM 2	DD 4	YYYY 2007	45	07-0000365	000	Complete Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

Narrative:

We responded to the above location for a report of a fully involved structure. Upon our arrival we found heavy fire in the attic of the structure venting through the roof. After fire was extinguished and investigation, fire appeared to have started in the main panel box of the structure. We applied 20 - 25 gallons of Class A (knock down) Foam to the existing portions of the house. All units completed assignment and returned to station.

St. John's Insurance phone 800-748-2030
policy #SJ30100611

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input 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;"></div> <small>Total number of stories below grade</small>		I4 Main Floor Size* <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">NFIRS-3 Structure Fire</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;">900</div></div> <div>Total square feet</div> </div> <div style="text-align: center; margin: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div>BY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> , <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Length in feet</div> <div>Width in feet</div> </div>	
J1 Fire Origin * <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Story of fire origin</div> <div><input type="checkbox"/> Below Grade</div> </div>		J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ minor damage (1 to 24% flame damage)</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ significant damage (25 to 49% flame damage)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of stories w/ heavy damage (50 to 74% flame damage)</div> <div><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Number of stories w/ extreme damage (75 to 100% flame damage)</div> </div>		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;"></div> Item contributing most to flame spread K2 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Type of material contributing most of flame spread Required only if item contributing code is 00 or <70			
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 type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined		L3 Detector Power Supply 1 <input 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			
L2 Detector Type 1 <input 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 type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L5 Detector Effectiveness Required if detector operated 1 <input 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			
M1 Presence of Automatic Extinguishment System * N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M		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		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 M4 Number of Sprinkler Heads Operating Required if system operated <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Number of sprinkler heads operating			
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		NFIRS-3 Revision 01/19/99					

A <div style="display: flex; justify-content: space-between;"> <div>FDID <u>29091</u> *</div> <div>State <u>FL</u> *</div> <div>Incident Date <u>02</u> <u>04</u> <u>2007</u> *</div> <div>Station <u>45</u></div> <div>Incident Number <u>07-0000365</u> *</div> <div>Exposure <u>000</u> *</div> <div style="text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div> </div>		NFIRS -2 Fire	
B Property Details B1 <u>0001</u> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <u>001</u> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <u> </u> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre		C On-Site Materials <input type="checkbox"/> None or Products <i>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</i> 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) </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 </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <u> </u> <u> </u> On-site material (2) </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 </div> </div> <div style="display: flex;"> <div style="flex: 1;"> <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 </div> </div>	
D Ignition D1 <u>52</u> <u>Conduit, pipe, utility,</u> <i>Area of fire origin *</i> D2 <u>UU</u> <u>Undetermined</u> <i>Heat source *</i> D3 <u>UU</u> <u>Undetermined</u> <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <u> </u> <u> </u> <i>Type of material first ignited</i> 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 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 checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <u>UU</u> <u>Undetermined</u> <input checked="" type="checkbox"/> None Factor Contributing To Ignition (1) <u> </u> <u> </u> Factor Contributing To Ignition (2)	
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)		E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" 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	
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	

NFIRS-2 Revision 01/19/99

A FDID <u>29091</u> *		State <u>FL</u> *		Incident Date <u>MM</u> <u>2</u> <u>DD</u> <u>4</u> <u>YYYY</u> <u>2007</u> *		Station <u>45</u>		Incident Number <u>07-0000365</u> *		Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken				
		<small>Month Day Year Hour Min</small>													
1	ID <u>B434</u> Type <u>16</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>92</u>	<u> </u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
2	ID <u>B435</u> Type <u>16</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>92</u>	<u> </u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
3	ID <u>B45</u> Type <u>16</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u>74</u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
4	ID <u>CF1</u> Type <u>92</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u> </u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
5	ID <u>CF3</u> Type <u>91</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u> </u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
6	ID <u>E45</u> Type <u>11</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<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>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
7	ID <u>QR40</u> Type <u>12</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>73</u>	<u>74</u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
8	ID <u>QR45</u> Type <u>12</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<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>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								
9	ID <u>T43</u> Type <u>24</u>	Dispatch	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>73</u>	<u>74</u>			
		Arrival	<input checked="" type="checkbox"/>	<u>2</u>	<u>4</u>	<u>2007</u>	<u>21:34</u>								
		Clear	<input type="checkbox"/>	<u>2</u>	<u>5</u>	<u>2007</u>	<u>00:17</u>								

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29091

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2007

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07-0000365

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☐ Delete
☐ Change

 NFIRS - 9
 Apparatus or
 Resources

B Apparatus or * Resource		Date and Times Check if same as alarm date Month Day Year Hour Min					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken	
1	ID T45 Type 24	Dispatch <input checked="" type="checkbox"/>	2	4	2007	21:28	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	73	74
		Arrival <input checked="" type="checkbox"/>	2	4	2007	21:34				75	
		Clear <input type="checkbox"/>	2	5	2007	00:17					
2	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
3	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
4	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
5	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
6	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
7	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
8	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
9	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
		Arrival <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
		Clear <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>

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

29091

02/04/2007

07-0000365

A		FDID <u>29091</u> *		State <u>FL</u> *	Incident Date <u>2</u> <u>4</u> <u>2007</u> *	Station <u>45</u>	Incident Number <u>07-0000365</u> *	Exposure <u>000</u> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 10 Personnel
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B Apparatus or Resource	Date and Times	Sent	Number of People	Use	Actions Taken
Use codes listed below	Check if same as alarm date Month Day Year Hours/mins	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.

1	ID <u>B434</u>	Dispatch <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:28</u>	Sent <input checked="" type="checkbox"/>	Number of People <u>1</u>	Use <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <u>92</u> <u></u>
	Type <u>16</u>	Arrival <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:34</u>				
		Clear <input type="checkbox"/> <u>2</u> <u>5</u> <u>2007</u> <u>00:17</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0084	Stanley, Jerry	BC	X	58	92		

2	ID <u>B435</u>	Dispatch <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:28</u>	Sent <input checked="" type="checkbox"/>	Number of People <u>4</u>	Use <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <u>92</u> <u></u>
	Type <u>16</u>	Arrival <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:34</u>				
		Clear <input type="checkbox"/> <u>2</u> <u>5</u> <u>2007</u> <u>00:17</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0022	Crews, Jr., John	FF	X	58	92		
0035	Everett, Chad	FF	X	92			
0037	Garbett, Robert	FF	X	92			
0039	Garbett, Matthugh	FF	X	92			

3	ID <u>B45</u>	Dispatch <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:28</u>	Sent <input checked="" type="checkbox"/>	Number of People <u>1</u>	Use <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <u>73</u> <u>74</u>
	Type <u>16</u>	Arrival <input checked="" type="checkbox"/> <u>2</u> <u>4</u> <u>2007</u> <u>21:34</u>				
		Clear <input type="checkbox"/> <u>2</u> <u>5</u> <u>2007</u> <u>00:17</u>				

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
0086	Sullivan, Danny	FF	X	58	11		

A		FDID 29091		State FL		Incident Date MM 2 DD 4 YYYY 2007		Station 45		Incident Number 07-0000365		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>		Number of People 1		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															
1 ID CF1 Type 92		Dispatch <input checked="" type="checkbox"/>		2 4 2007		21:28		Sent <input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 <input type="text"/> <input type="text"/> <input type="text"/>			
		Arrival <input checked="" type="checkbox"/>		2 4 2007		21:34											
Clear <input type="checkbox"/>		2 5 2007		00:17													
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0001		Atkinson, Tres				FC		X		58		73					
2 ID CF3 Type 91		Dispatch <input checked="" type="checkbox"/>		2 4 2007		21:28		Sent <input checked="" type="checkbox"/>		1		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		73 <input type="text"/> <input type="text"/> <input type="text"/>			
		Arrival <input checked="" type="checkbox"/>		2 4 2007		21:34											
Clear <input type="checkbox"/>		2 5 2007		00:17													
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0009		Boozer, David				FMD		X		58		11					
3 ID E45 Type 11		Dispatch <input checked="" type="checkbox"/>		2 4 2007		21:28		Sent <input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 <input type="text"/> 74 <input type="text"/> 75 <input type="text"/> 76 <input type="text"/>			
		Arrival <input checked="" type="checkbox"/>		2 4 2007		21:34											
Clear <input type="checkbox"/>		2 5 2007		00:17													
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0017 MAYS01		Cassady, Gregory Mays, Chauncey				LT FF		X X		58 11		11 12		12			

A		FDID * <u>29091</u>		State * <u>FL</u>		Incident Date * MM <u>2</u> DD <u>4</u> YYYY <u>2007</u>		Station <u>45</u>		Incident Number * <u>07-0000365</u>		Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times Check if same as alarm date						Sent <input checked="" type="checkbox"/>		Number of * People		Use Check ONE box for each apparatus to indicate its main use at the incident.		Actions Taken List up to 4 actions for each apparatus and each personnel.			
Use codes listed below		Month Day Year Hours/mins															
1 ID <u>QR40</u> Type <u>12</u>		Dispatch <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:28</u>		Sent <input checked="" type="checkbox"/>		<u>2</u>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other		<u>73</u> <u>74</u> <u>75</u> <u> </u>			
		Arrival <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:34</u>											
		Clear <input type="checkbox"/>		<u>2</u> <u>5</u> <u>2007</u>		<u>00:17</u>											
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0051		Herndon, Paul				FF		X		58		11					
0079		Register, Levi				FF		X		11		12					
2 ID <u>QR45</u>		Dispatch <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:28</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>			
		Arrival <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:34</u>											
		Clear <input type="checkbox"/>		<u>2</u> <u>5</u> <u>2007</u>		<u>00:17</u>											
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0002		Avakian, Jason				FF		X		58		11					
0093		Wehinger, Joshua				LT		X		11		12					
3 ID <u>T43</u>		Dispatch <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:28</u>		Sent <input checked="" type="checkbox"/>		<u>1</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>			
		Arrival <input checked="" type="checkbox"/>		<u>2</u> <u>4</u> <u>2007</u>		<u>21:34</u>											
		Clear <input type="checkbox"/>		<u>2</u> <u>5</u> <u>2007</u>		<u>00:17</u>											
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0007		Bertram, Jason				FF		X		58		11					

A		FDID 29091 *		State FL *		Incident Date MM 2 DD 4 YYYY 2007		Station 45		Incident Number 07-0000365 *		Exposure 000 *		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B Apparatus or Resource *		Date and Times <small>Check if same as alarm date</small> Month Day Year Hours/mins						Sent <input checked="" type="checkbox"/>		Number of * People		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> 73 74 75			
																Use codes listed below	
1 ID T45 Type 24		Dispatch <input checked="" type="checkbox"/> 2 4 2007 21:28 Arrival <input checked="" type="checkbox"/> 2 4 2007 21:34 Clear <input type="checkbox"/> 2 5 2007 00:17						Sent <input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		73 74 75			
Personnel ID		Name				Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken		Action Taken	
0004		Bailey, Stephen				FF		X		58		11					
2 ID		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other					
Type																	
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"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other					
Type																	
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"/>									

Columbia County Property Appraiser

DB Last Updated: 1/15/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 29-5S-17-09449-101

Owner & Property Info

Search Result: 1 of 1

Owner's Name	SCHANTZ RAY &		
Site Address	CR 349		
Mailing Address	SONIA BROCARD 2127 SW COUNTY ROAD 349 LAKE CITY, FL 32024		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	29517.01	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	1.012 ACRES		
Description	LOT 1 BAR D ESTATES UNIT 1. ORB 666-569, 688-363, 723-231, PROB 98-185-CP ORB 871-1102 THRU 1113, 880-2587, CT 1053-2529. WD 1083-2298. WD 1119-165		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$16,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (2)	\$9,792.00
Total Appraised Value		\$25,792.00

Just Value	\$25,792.00
Class Value	\$0.00
Assessed Value	\$25,792.00
Exempt Value	\$0.00
Total Taxable Value	\$25,792.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
4/30/2007	1119/165	WD	I	Q		\$35,000.00
5/10/2006	1083/2298	WD	I	Q		\$109,900.00
11/15/2005	1065/890	WD	I	Q		\$50,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0021	BARN,FR AE	0	\$2,419.00	288.000	12 x 24 x 0	AP (30.00)
0280	POOL R/CON	1990	\$7,373.00	512.000	16 x 32 x 0	(.00)

Land Breakdown


Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 LT - (1.012AC)	1.00/1.00/1.00/1.00	\$16,000.00	\$16,000.00

Columbia County Property Appraiser

DB Last Updated: 1/15/2008

FROM: MOBILE HOME BUILDING + ZONING FOM NO. 1500 750-2160

MAR. 03 2008 03:17PM 21

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT
RUSH PLEASEDATE RECEIVED 3/3 BY JULIA IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NOOWNERS NAME SONIA BEORARD PHONE 754 568 CELL 754 568

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME E. WASHINGTON STREET TO WEBSTER, LA
AND IT'S THE 1st PLACE ON R.MOBILE HOME INSTALLER GEN. CREAMEX PHONE _____ CELL 623-9384

MOBILE HOME INFORMATION

MAKE HOMESTEAD YEAR 1998 SIZE 28 x 56 COLOR WHITE/REDSERIAL NO. 3376 A+B

✓ HUTTEN

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR

(P or F) - P=PASS F=FAILED

✓ SMOKE DETECTOR () OPERATIONAL () MISSING

✓ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

✓ DOORS () OPERABLE () DAMAGED

✓ WALLS () SOLID () STRUCTURALLY UNSOUND

✓ WINDOWS () OPERABLE () INOPERABLE

✓ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

✓ CEILING () SOLID () HOLES () LEAKS APPARENT

✓ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR

✓ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

✓ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

✓ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE Art 2 NuneID NUMBER 462DATE 3-4-08

County Health Department