

DATE 07/07/2010

Columbia County Building Permit**PERMIT**

This Permit Must Be Prominently Posted on Premises During Construction

000028712

APPLICANT ROBERT SHEPPARD PHONE 623-2203
ADDRESS 6355 SE CR 245 LAKE CITY FL 32055
OWNER JAY DAVIS PHONE 961-1487
ADDRESS 186 NW GERSON LANE LAKE CITY FL 32055
CONTRACTOR ROBERT SHEPPARD PHONE 623-2203
LOCATION OF PROPERTY 441N, TL ON GERSON LANE, 2ND LOT ON LEFT

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/MH2 MAX. HEIGHT
Minimum Set Back Requirements: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 20-3S-17-05217-009 SUBDIVISION
LOT BLOCK PHASE UNIT 0 TOTAL ACRES 2.15

IH0000833
Culvert Permit No. Culvert Waiver Contractor's License Number 7 Applicant/Owner/Contractor
EXISTING 10-291 BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FIRE DAMAGE, FIRE REPORT ON FILE, NO CHARGEONE FOOT ABOVE THE ROADCheck # or Cash NO CHARGE**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ **TOTAL FEE** 0.00INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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 RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS 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 07.07.10 Building Official HO 7-1-1
 AP# 1006-63 Date Received 6/28/10 By G Permit # 28712
 Flood Zone X Development Permit N/A Zoning RSF/mh-2 Land Use Plan Map Category RES. Low Ds
 Comments Fire damage, fire report included - no charge

FEMA Map# N/A Elevation N/A Finished Floor above Rd River N/A In Floodway N/A
☒ Site Plan with Setbacks Shown ☒ EH # _____ ☐ 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 _____ 12 VF ☒ Pre-Inspection

Property ID # 20-35-17-05217-009 Subdivision _____

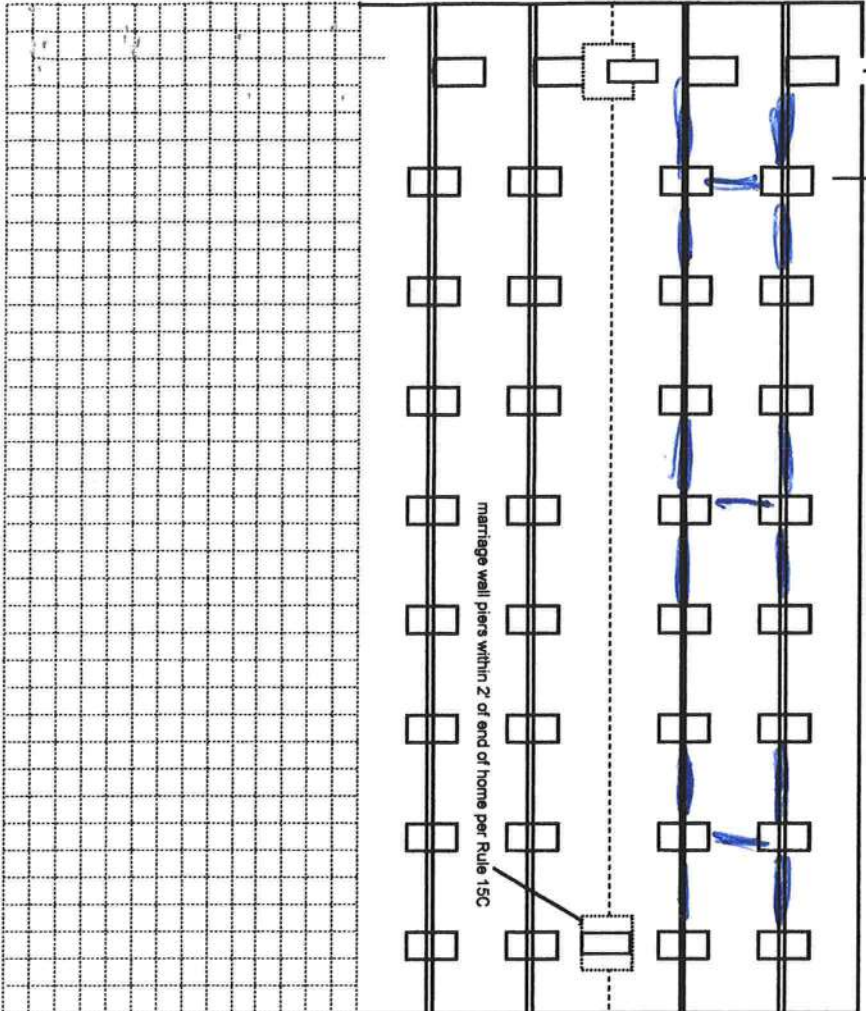
- New Mobile Home _____ Used Mobile Home ☒ MH Size 16x80 Year 1997
- Applicant Jay Davis Phone # 386-623-1482
- Address 1925 NW Lake Jeffrey, Lake City, FL 32055
- Name of Property Owner Jay Davis Phone# 961-1482
- 911 Address 186 NW Gerson Lane
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Jay Davis Phone # _____
 Address _____
- Relationship to Property Owner Same
- Current Number of Dwellings on Property 0
- Lot Size _____ Total Acreage 2.15 Ac
- 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 _____
- Driving Directions to the Property 441 N To Gerson Rd Take left
2nd on left
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City, FL 32025
- License Number JH 0000833 Installation Decal # 278546
left message
7/7/10

Installer Robert Skyrand License # FH 0000 8333
 Manufacturer OSK Wood Length x Width 16 x 80
 Name of Owner of this Mobile Home _____
 Phone _____
 Address _____

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 RS



New Home ☐ Used Home ☒ Year 1997
 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 # 278546
 Triple/Quad ☐ Serial # 00256103

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 17 x 25
 Perimeter pier pad size 17 x 25
 Other pier pad sizes (required by the mfg.) 17 x 25

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

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

ANCHORS

4 ft 5 ft

FRAME TIES

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

TIEDOWN COMPONENTS

OTHER TIES

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer Diver 1101

Sidewall _____
 Longitudinal _____
 Marriage wall _____
 Shearwall _____
 Number 26
6
4

POCKET PENETROMETER TEST

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

X 1700 X 1500 X 1500

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 1700 X 1700 X 1700

TORQUE PROBE TEST

The results of the torque probe test is 39.5 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. 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 requires anchors with 4000 lb holding capacity.

PS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

6-26-10

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. 29

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, 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

Type gasket

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 29
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

Date 6-26-10



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sheppard, give this authority for the job address show below
Installer License Holder Name
only, 186 NW Gelson Lane, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
<u>Jay Davis</u>	<u>Jay Davis</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

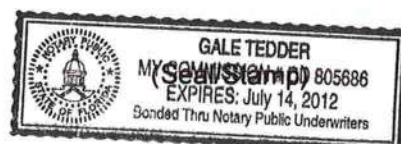
Robert Sheppard IH 0000833 6/28/10
License Holders Signature (Notarized) License Number Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard,
personally appeared before me and is known by me or has produced identification
(type of I.D.) Personally Known on this 28th day of June, 2010.

Gale Tedder
NOTARY'S SIGNATURE



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 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>Jay Davis</u> License #:	Signature <u>[Signature]</u> Phone #: <u>961-1482</u>
MECHANICAL/ A/C	Print Name <u>Harry Moseley</u> License #: <u>RA 0030316</u>	Signature <u>[Signature]</u> Phone #: <u>752-2308</u>
PLUMBING/ GAS	Print Name <u>Robert Sheppard</u> License #:	Signature <u>[Signature]</u> Phone #: <u>386-673-2203</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 License	License Number	Sub-Contractors Printed Name	Sub-Contractors 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 time the employer applies for a building permit.

Columbia County Property Appraiser

DB Last Updated: 5/6/2010

2009 Tax Roll Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Parcel: 20-3S-17-05217-009

<< Next Lower Parcel

Next Higher Parcel >>

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	DAVIS JAY S		
Mailing Address	1925 NW LAKE JEFFERY RD LAKE CITY, FL 32055		
Site Address	188 NW GERSON LN		
Use Desc. (code)	MOBILE HOM (000202)		
Tax District	2 (County)	Neighborhood	20317
Land Area	2.150 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NW COR, RUN S 557 FT, NE 588.65 FT FOR POB, RUN N 373.99 FT TO C/L THOMAS RD, E ALONG R/W 261.65 FT, S 334.36 FT, SW 266.02 FT TO POB, ORB 609- 383, 690-339, 740-366, 776-413, TD 1030-2021 JUDG 1111-1151(QUIETING)		



Property & Assessment Values

2009 Certified Values		
Mkt Land Value	cnt: (0)	\$14,408.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (2)	\$42,436.00
XFOB Value	cnt: (0)	\$0.00
Total Appraised Value		\$56,844.00
Just Value		\$56,844.00
Class Value		\$0.00
Assessed Value		\$56,844.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$56,844 Other: \$56,844 Schl: \$56,844	

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
11/15/2004	1030/2021	TD	I	U	01	\$5,500.00
1/7/1991	740/174	WD	I	Q		\$10,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
2	MOBILE HME (000800)	2004	(31)	924	1004	\$19,898.00
3	MOBILE HME (000800)	2004	(31)	924	1004	\$19,898.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

**CC DE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED 6/28/10 BY GT IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
 OWNERS NAME JAY DAVIS PHONE _____ CELL _____
 ADDRESS 186 NW GELSON AVE, LAKE CITY, FL
 MOBILE HOME PARK N/A SUBDIVISION _____
 DRIVING DIRECTIONS TO MOBILE HOME 441 N, TL GELSON, 2nd mth
on left.

MOBILE HOME INSTALLER Robert Sheppard PHONE 623-2203

MOBILE HOME INFORMATION

MAKE OAKWOOD YEAR 1997 SIZE 16x76 COLOR Tan/Green
 SERIAL No. 56103
 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

\$50.00

☒ 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 AT JOINT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
 FIXTURES MISSING

Date of Payment: 6/28/10

Paid By: JAY DAVIS

Notes: _____

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 At S. Powell ID NUMBER 402 DATE 6-29-10

**CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT**

COUNTY THE MOBILE HOME IS BEING MOVED FROM DUVAL
OWNERS NAME JAY DAVIS PHONE 904-1482 CELL _____
INSTALLER Robert Sheppard PHONE _____ CELL 623-2203
INSTALLERS ADDRESS 6355 SE CR 245 Lake City FL

MOBILE HOME INFORMATION

MAKE Oakwood YEAR 1997 SIZE 16 x 80

COLOR _____ SERIAL No. _____

WIND ZONE II SMOKE DETECTOR ☒

INTERIOR:
FLOORS ☒ good

DOORS ☒ good

WALLS ☒ good

CABINETS ☒ good

ELECTRICAL (FIXTURES/OUTLETS) ☒

EXTERIOR:
WALLS / SIDING good

WINDOWS good

DOORS good

STATUS:
APPROVED ☒ NOT APPROVED _____

NOTES _____

INSTALLER OR INSPECTORS PRINTED NAME _____

Installer/Inspector Signature Robert Sheppard License No. 1H000533 Date 6-28-10

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2036 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 6-30-10

A		MM DD YYYY	FDID		State	Incident Date	Station	Incident Number	Exposure	Delete Change No Activity		NFIRS -1 Basic
			29012	FL	01	28	2010	1	10-0000123	000		

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											
		Cross street or directions, as applicable									

C Incident Type *		E1 Date & Times				Midnight is 0000		E2 Shift & Alarm	
121 Fire in mobile home used as		Check boxes if dates are the same as Alarm				Month Day Year Hr Min Sec		Local Option	
Incident Type		Alarm *				01 28 2010 03:20:00		B 02 2	
D Aid Given or Received*		ARRIVAL required, unless canceled or did not arrive						Shift or Alarms District	
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival *				01 28 2010 03:28:00		Platoon	
2 <input type="checkbox"/> Automatic aid recv.		CONTROLLED Optional, except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled							
4 <input checked="" type="checkbox"/> Automatic aid given		LAST UNIT CLEARED, required except for wildland fires							
5 <input type="checkbox"/> Other aid given		<input checked="" type="checkbox"/> Last Unit							
N <input type="checkbox"/> None		<input checked="" type="checkbox"/> Cleared				01 28 2010 05:16:00			

F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Value:	
11 Extinguishment by fire		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires.	
Primary Action Taken (1)		Apparatus Personnel		Property \$ 012,000	
Additional Action Taken (2)		Suppression 0002 0006		Contents \$ 003,500	
Additional Action Taken (3)		EMS		PRE-INCIDENT VALUE: Optional	
		Other		Property \$ 012,000	
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ 005,000	

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

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

NFIRS-1 Revision 03/11/99

FDID	29012	State	FL	Incident Date	MM	DD	YYYY	1	Station	10-0000123	Incident Number	000	Exposure	Complete Narrative
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Narrative:

Call for multiple structures. Upon arrival we found a single wide mobile home involved in the west end advancing to the middle areas. Fire was attacked using 2 - 13/pre connect lines from the exterior defensive mode to an offensive mode of interior attack to final extinguishment. Further investigation could not reveal an obvious point of origin but appeared to have started in the bedroom on the west end of the home with extension traveling to the living room area where the fire attack was made and travel was stopped. American red cross notified for the family's for housing arrangements. scene was secure all units were released and returned to their stations.

2- 1 3/4 pre connect lines, 3 Scba, 2 box flashlights, small smoke ejector, 2 90degree flashlights,thermal image, cell phone, report book

Battalion Chief Crews

CDC # 0384