



**CITY OF COOS BAY**  
Community Development Department

500 Central Avenue  
Coos Bay, OR 97420

541.269.8918  
www.coosbay.org

## **STAFF REPORT**

### **Variance**

**TO:** Planning Commission

**FROM:** Aaron Harris, Planner  
Community Development Department

**HEARING BODY:** Planning Commission

**DATE & TIME:** Tuesday, February 11, 2014 at 6:00 p.m.  
**LOCATION:** Coos Bay Council Chambers, 500 Central Ave, Coos Bay

**APPLICANT:** Larry Tavernier, 2188 Ash Street, North Bend, Oregon 97459  
**PROPERTY OWNER:** T & N Property, LLC. 38506 Upper Camp Creek Rd., Springfield, OR 97478

**SUBJECT PROPERTY:** 418 4<sup>th</sup> Avenue, Coos Bay, Oregon 97420  
T.25, R.13, S.36BB, Tax Lot 7200

**SUBJECT:** **LAND USE APPLICATION #187-ZON13-050**  
Variance to CBMC Chapter 17.150 Yards – 6.5 foot Variance to the 10-foot setback from the dwelling to the property line with street frontage

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#### **I. APPLICANT'S REQUEST**

The applicant is requesting a 6.5 foot variance to the 10 foot setback requirement for a dwelling from street frontage. Approval would allow a 3.5 foot setback from the property line with street frontage.

#### **II. APPLICABLE REGULATIONS**

City of Coos Bay Coos Bay Municipal Code  
Chapter 17.45 Multiple Residential District (R-3)  
Chapter 17.150 Yards  
Chapter 17.350 Variance

### III. STAFF RECOMMENDATION

Based on the findings, conclusions and applicant's submittal, attached hereto and incorporated herein by reference as "Attachment A", approve Variance application #187-ZON13-050 authorizing the proposed 6.5-foot variance to the 10-foot setback requirement in the Multiple-Residential (R-3) zone subject to the noted conditions in Section VI.

### IV. BACKGROUND/EXISTING CONDITIONS

- A. According to county records, the house at 418 4<sup>th</sup> Avenue was originally built as a single-family dwelling in 1947.
- B. According to the Coos Bay Fire Department's Incident Report, the house suffered significant fire damage on August 9<sup>th</sup>, 2012. The house's interior and front porch were damaged during the event (see Attachment B).
- C. According the City's Building Official, Mike Smith, the fire damaged portion of the house was rebuilt (within the existing footprint) without any of the required building permits. When it came to the City's attention on February 5, 2013, a "Stop Work" order was immediately issued on further construction. At the time the stop work order was issued, renovations to the interior of the home were already completed. The applicant was in the process of rebuilding the front porch and building a new deck on the north side of the property.
- D. On February 6, 2013, the applicant applied for an "After the fact building permit" for approval of the front porch and deck. The permit for the uncovered deck was approved. The permit for the front porch was denied because, according to the City's ArcGIS images, the applicant's front porch appears to extend into the public right-of-way. As of the date of this report, the applicant has not obtained the required building permits for repairing the fire damaged single-family dwelling, including permits for the front porch.
- E. The applicant had a survey conducted by Hostetter Land Surveying at Staff's request. The survey indicates the front porch is 3.5 feet from the west property line along 4<sup>th</sup> Avenue. The survey was not signed by the surveyor (see Attachment C).

### V. DECISION CRITERIA, STATEMENT OF FACT/FINDINGS & CONCLUSIONS

The following is a list of the decision criteria applicable to the request. According to Chapter 17.350 of the City of Coos Bay Municipal Code (CBMC) a Variance request must be supported by **at least two** of the three decision criteria. Each of the criteria is followed by findings or justification statements that may be adopted by the Planning Commission to support their conclusions. Although each of the findings or justification statements specifically apply to at least one of the decision criteria, any of the

statements may be used to support the Commission's final decision.

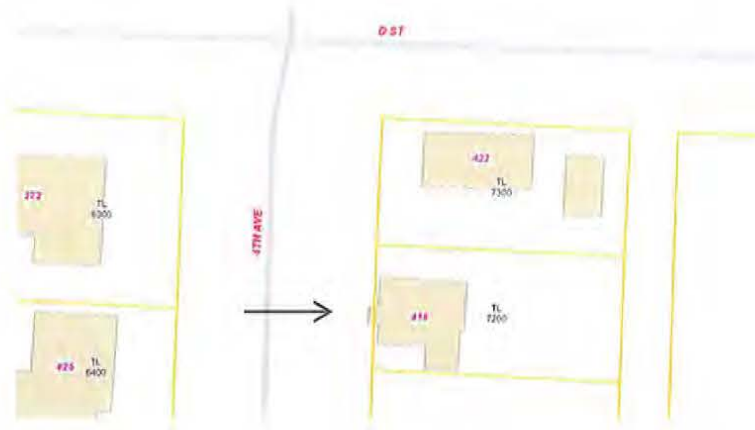
**Decision Criteria #1:** There are physical, exceptional, extraordinary circumstances or conditions applicable to the property involved which do not apply generally to other property in the same district.

1. According to County records, all structures on this block of 4<sup>th</sup> Avenue were constructed between 1905 and 1968, prior to the current development code standards. Although fire damage might constitute physical, exceptional, extraordinary circumstances or conditions, a number of existing structures in the same district would experience a similar issue with regards to front yard setback requirements if they were ever rebuilt to their original footprint.

**CONCLUSION:** There are no physical, exceptional, extraordinary circumstances or conditions applicable to the property involved which do not apply generally to other property in the same district.

**Decision Criteria #2:** Strict application of the provisions of this title will constitute an unnecessary hardship or practical difficulty; provided, that the hardship or difficulty was not created by the applicant or an owner of the property.

1. According to county records, the existing single-family dwelling at 418 4<sup>th</sup> Avenue was originally built as a single-family dwelling in 1947. According to records available at City Hall, there have been no additions to the original structure.
2. According to the Coos Bay Fire Department's Incident Report, the house suffered significant fire damage on August 9<sup>th</sup>, 2012. The house's interior and front porch were badly damaged during the event.
3. 4th Avenue is platted to be an 80-foot wide street and is currently strip paved to 24-foot wide. CBMC 17.180.030 stipulates a 80-foot minimum right-of-way for 3-lane arterial streets. Staff is unclear if the City's past intent was to develop the street as an arterial, but the street currently functions as a local residential street. The Coos Bay Transportation System Plan does not mention 4<sup>th</sup> Avenue for future street improvements. Staff concludes the street is far wider than necessary to serve its current development and the applicant's requested variance will not negatively affect transportation in the area.
4. A site visit by Staff confirms that the house was rebuilt to the structure's original footprint.



**CONCLUSION:** Strict application of the provisions of this title will constitute an unnecessary hardship since the replacement of the covered porch within the existing footprint was the result of fire damage and was not removed or altered by the owner/applicant by choice. The review criterion has been adequately addressed and approval of the proposal can be supported.

**Decision Criteria #3:** The variance will not negatively affect abutting property or improvement in the district, nor create a safety hazard.

1. According to county records, the house at 418 4<sup>th</sup> Avenue was originally built as a single-family structure in 1947.
2. The structure is located in a Multiple- Residential (R-3) zoning district. The surrounding area to the north and west of subject property is also zoned R-3. The east half of the block is the Eastside Park, which is zoned Park/Cemetery (QP-1). The block is developed with a majority of single-family dwellings, some duplex dwellings, and one 4-plex.
3. The intent of the Multiple Residential District (R-3) is to encourage the development of higher density multiple residential structures, to serve as a transitional district from commercial and professional districts to lower density single-family and duplex residential districts, and to provide a variety of housing types to satisfy individual preferences and financial capabilities. Legally established single-family and duplex residential use types, pre-existing the adoption of the ordinance codified in this title can be replaced if the use is destroyed or discontinued, re-establishment must occur within 24 months in order to continue the residential use (CBMC 17.45.020).
4. The existing single-family dwelling is in compliance with property development standards for the R-3 zone regarding building coverage, building height and complies with all yards except the front yard setback

with street frontage as indicated below.

**17.150.010 Conventional requirements.**

*(1) Required Yards. All parcels of land shall provide yards as specified in Table 17.150.010, unless otherwise permitted or required by the provisions of each zoning district. The width shall be measured between the property line and the nearest building line, lines, or intersections thereof.*

**Table 17.150.010 – General Yard Requirements**

<b>Property Line</b>	<b>Requirements</b>
<i>Interior side</i>	<i>5 feet</i>
<i>Rear/ alley frontage</i>	<i>5 feet</i>
<i>Street frontage</i>	<i>10 feet</i>

5. Mailed notice was sent to the affected property owners. No public comments have been received as of January 29<sup>th</sup>, 2014. No letters in opposition have been received.

**CONCLUSION:** The proposed variances to the front yard setback will not negatively affect abutting property or improvement in the district, nor create a safety hazard. The review criterion has been adequately addressed and approval of the proposal can be supported.

**VI. CONDITIONS OF APPROVAL**

1. The applicant shall obtain all applicable buildings permits from the City of Coos Bay and State of Oregon prior to issuance of the final variance permit.
2. The applicant shall submit a signed copy of the Hostetter land survey prior to the issuance of any building permits, and it shall be recorded at the County prior to final inspection.

Prepared by:



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Aaron Harris, Planner 1

DATE: January 30, 2014

Reviewed and Approved by:

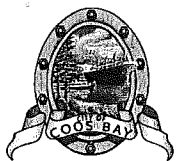


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Eric Day, Community Development Director

DATE: January 30, 2014





Community Development • 500 Central Avenue • Coos Bay, Oregon 97420  
Telephone 541.269.1181 • Fax 541.269.8916 • coosbay.org

187-20N13-050

## LAND USE DEVELOPMENT REVIEW APPLICATION

For Office Use Only

STAFF CONTACT

PROJECT No(s).

### Type of Review (Please check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Annexation                  | <input type="checkbox"/> Legislative/Text Amendment              | <input type="checkbox"/> Subdivision         |
| <input type="checkbox"/> Appeal and Review           | <input type="checkbox"/> Lot Line Adjustment                     | <input type="checkbox"/> Temporary Uses      |
| <input type="checkbox"/> Architectural Design Review | <input type="checkbox"/> Non-Conforming Lots, Uses, & Structures | <input type="checkbox"/> Vacation            |
| <input type="checkbox"/> Conditional Use             | <input type="checkbox"/> Partition                               | <input checked="" type="checkbox"/> Variance |
| <input type="checkbox"/> Cultural Resources          | <input type="checkbox"/> Planned Unit Development                | <input type="checkbox"/> Zone Change         |
| <input type="checkbox"/> Home Occupation             | <input type="checkbox"/> Site Plan and Architectural Review      | <input type="checkbox"/> Other _____         |

Pre-Application applications require a different application form available on the City website or at City Hall.

Site Location/Address:

Eastside

418 4th Ave

Assessor's Map No.: 25-13-368B TL7200

Tax Lot(s): 7200

Total Land Area:

### Detailed Description of Proposal:

Requesting a variance to encroach into 10' setback  
Rebuilt fire damaged porch to existing foot print  
Structure not on right away but don't meet Required setbacks

Larry Tavernier

541 297-4466

Applicant/Owner Name:  
(please print)

Phone:

Address:

Email: tavsemail@yahoo.com

City State Zip: 2188 Ash St NB or 97459

Applicant's Representative:  
(please print)

Phone:

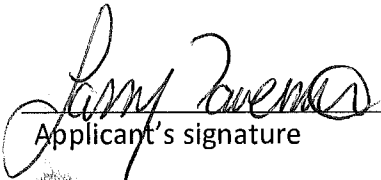
Address:

Email:


City State Zip:

1. The owner/applicant or their representative should be present at all public hearings.
2. A denial or approval may be reversed on appeal. No permit will be in effect until the appeal period has expired.
3. Three (3) complete hard-copy sets (single sided) of application materials must be submitted with this application.  
One (1) complete set of digital application materials must also be submitted electronically or on CD in PDF format.  
Additional copies may be required as directed by Coos Bay Municipal Code.

The undersigned property owner(s) hereby authorizes the filing of this application, and authorizes on site review by authorized staff. I hereby agree to comply with all code requirements applicable to my application. Acceptance of this application does not infer a complete submittal. All amendments to the Coos Bay Development Code and to other regulations adopted after the application is approved shall be enforced where applicable. Approved applications and subsequent development is not vested under the provisions in place at the time of the initial application.

  
Applicant's signature

12-8-13  
Date

  
Owner's signature (required)

12-8-13  
Date

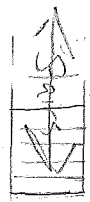
1) This property damaged due to a tenant caused fire. porch was Rebuilt to same dimensions. \$ does not meet current setbacks. The house also does not meet current standards

(2) Not having this porch will make the house vulnerable to the weather with no way to legally escape

3) A structure the same size has been in place for as long as I have owned this house. It is approximately 34 ft from the edge of the Rd, \$ approximately 5' below the grade of the Rd.



← 19 1/2' →  
Edge of Rd  
to upper  
wall



25" wall

↕ 3'

28" wall

28" wall

Property Line

3.5 ft see survey

← 214" between posts →  
Existing porch  
Rebuilt

35' 4 1/2"

Existing house

1" = 10'



# COOS County Assessor's Summary Report

## Real Property Assessment Report

### FOR ASSESSMENT YEAR 2013

October 8, 2013 9:51:54 am

Account # 4001200  
 Map # 25S1336-BB-07200  
 Code - Tax # 0900-4001200  
 Legal Descr See Record  
 Mailing Name T&N PROPERTY I, LLC  
 Agent  
 In Care Of  
 Mailing Address 38506 UPPER CAMP CRK RD  
 SPRINGFIELD, OR 97478-8206

Tax Status ASSESSABLE  
 Acct Status ACTIVE  
 Subtype NORMAL

Deed Reference # 2005-28306 (SOURCE ID(T): 2005-9507)  
 Sales Date/Price 06-27-2005 / \$50,000.00  
 Appraiser JIM HARTER

Prop Class 101 MA SA NH Unit  
 RMV Class 101 03 14 ESD 31740-1

Situs Address(s)	Situs City
ID# 10 418 4TH AV	COOS BAY

Value Summary					
Code Area	AV	RMV	MAV	RMV Exception	CPR %
0900 Land		33,070		Land	0
Impr.		30,810		Impr.	0
Code Area Total	51,570	63,880	51,570		0
Grand Total	51,570	63,880	51,570		0

Land Breakdown										
Code Area	ID#	RFD	Ex	Plan Zone	Value Source	TD%	LS	Size	Land Class	Trended RMV
0900	10	R		R-3	Market	100	A	0.00	HS	33,070
Grand Total									0.00	33,070

Improvement Breakdown										
Code Area	ID#	Yr Built	Stat Class	Description	TD%	Total Sq. Ft.	Ex%	MS Acct #		Trended RMV
0900	1	1947	121	One story-Class 2	100	1,144				30,810
Grand Total									1,144	30,810

Exemptions/Special Assessments/Potential Liability										
Code Area	Type									
0900		NOTATION(S): ■ NEW CONSTRUCTION ADDED 2013 4/4/2013, New deck on north side of house, steps, rails, jh								

Appr Maint: 2013 - OTHER NEW CONSTRUCTION (ADDITIONS OR ALTERATION)  
 Comments: EAST MARSHFIELD  
 LOTS 29,30 BLK 44  
 RNC #91-0200  
 93 BOE #291 1993-94

House Fire 8-9-2012

Unauthorized Construction



<b>A</b> FDID <input type="text" value="0069"/> State <input type="text" value="OR"/> Incident Date MM <input type="text" value="08"/> DD <input type="text" value="09"/> YYYY <input type="text" value="2012"/> Station <input type="text" value="1"/> Incident Number <input type="text" value="12-1445"/> Exposure <input type="text" value="0"/>		<b>NFIRS-1</b> Basic
<b>B Location Type</b> <input checked="" type="checkbox"/> Street address Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section D, "Alternative Location Specification." Use only for Wildland fires. Intersection <input type="text" value="418"/> <input type="text" value="4th"/> <input type="text" value="AVE"/> In front of Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> State <input type="text" value="OR"/> Zip Code <input type="text" value="97420"/> Rear of Apt./Suite/Room <input type="text"/> City <input type="text" value="Coos Bay"/> Adjacent to _____ Directions _____ US National Grid _____		
<b>C Incident Type</b> <input type="text" value="111"/> Building fire Final NFIRS Code <input type="text"/>	<b>E1 Dates and Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm Month <input type="text" value="08"/> Day <input type="text" value="09"/> Year <input type="text" value="2012"/> Hour <input type="text" value="17"/> Min <input type="text" value="01"/> Sec <input type="text" value="00"/> Arrival ARRIVAL required, unless canceled or did not arrive Month <input type="text" value="08"/> Day <input type="text" value="09"/> Year <input type="text" value="2012"/> Hour <input type="text" value="17"/> Min <input type="text" value="08"/> Sec <input type="text" value="00"/> Controlled CONTROLLED optional, except for wildland fires Month <input type="text" value="08"/> Day <input type="text" value="09"/> Year <input type="text" value="2012"/> Hour <input type="text" value="17"/> Min <input type="text" value="20"/> Sec <input type="text" value="00"/> Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires Month <input type="text" value="08"/> Day <input type="text" value="09"/> Year <input type="text" value="2012"/> Hour <input type="text" value="18"/> Min <input type="text" value="44"/> Sec <input type="text" value="00"/> In Service Month <input type="text" value="08"/> Day <input type="text" value="09"/> Year <input type="text" value="2012"/> Hour <input type="text" value="18"/> Min <input type="text" value="44"/> Sec <input type="text" value="00"/>	<b>E2 Shifts and Alarms</b> Local Option <input type="text" value="A"/> Shift or Platoon Alarms <input type="text"/> District <input type="text"/> <b>E3 Special Studies</b> Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>
<b>D Aid Given or Received</b> 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None	<b>F Actions Taken</b> <input type="text" value="11"/> Extinguishment by fire service personnel Primary Action Taken (1) <input type="text" value="20"/> Search & rescue, other Additional Action Taken (2) <input type="text" value="86"/> Investigate Additional Action Taken (3)	
<b>G1 Resources</b> <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Suppression Apparatus <input type="text" value="6"/> Personnel <input type="text" value="16"/> EMS <input type="text" value="0"/> Other <input type="text" value="0"/> Check box if resources counts include aid received resources.		<b>G2 Estimated Dollar Losses and Values</b> LOSSES: Required for all fires if known. None Optional for non-fires. Property \$ <input type="text" value="45,000"/> Contents \$ <input type="text" value="10,000"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value="71,000"/> Contents \$ <input type="text" value="40,000"/>
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> <b>H2 Detector</b> Required for confined fires. 1 Detector alerted occupants 2 <input checked="" type="checkbox"/> Detector did not alert occupants U Unknown	<b>H3 Hazardous Materials Release</b> 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas; slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None
<b>I Mixed Use Property</b> 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use		

J Property Use Structures		341 Clinic, clinic-type infirmary		539 Household goods, sales, repairs	
131	Church, mosque, synagogue, temple, chapel	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
161	Restaurant or cafeteria	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	419	1 or 2 family dwelling	599	Business office
213	Elementary school, including kindergarten	429	Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house, residential hotels	629	Laboratory or science laboratory
241	Adult education center, college classroom	449	Hotel/motel, commercial	700	Manufacturing, processing
311	24-hour care Nursing homes, 4 or more persons	459	Residential board and care	819	Livestock, poultry storage
331	Hospital - medical or psychiatric	464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
<b>Outside</b>		936	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	946	Lake, river, stream		
669	Forest, timberland, woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump, sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

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

Property Use **419** Code

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

**K1 Person/Entity Involved**

Local Option ☐ block.

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

Business Name (if Applicable) T & A Properties Area Code 541 Phone Number 913 - 1046

Mr., Ms., Mrs. First Name Richard MI Hensen Suffix

Number 418 Prefix 4th Street or Highway Coos Bay Street Type ST Suffix

Post Office Box OR 97420 Apt./Suite/Room 25 City Coos Bay State Zip Code

Date of Birth 06 05 1987 Age 25 Occupant Primary Language  Occupant Secondary Language  Incident Reported By

**K2 Owner**

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

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

Business Name (if Applicable) T & A Properties Area Code 541 Phone Number 913 - 1046

Mr., Ms., Mrs. First Name Trevor MI Nissen Suffix

Number  Prefix  Street or Highway Coos Bay Street Type  Suffix

Post Office Box OR 97420 Apt./Suite/Room  City Coos Bay State Zip Code

Date of Birth    Age  Occupant Primary Language  Occupant Secondary Language  Incident Reported By

**L Remarks**

Local Option ☐ block.

Tapped out to a structure fire at 418 4th Ave, arrived on scene to find moderate fire from the front window and porch eaves, 8131 gave size up/short, established command and water supply; fire crews deployed a 1 3/4 line to the front of the house and extinguished the fire in the living room/ceiling and the porch overhang. A crew was assigned to interior for the primary and secondary search for pets, two cats found and taken to medical care. Fire completely extinguished and Fire Chief Gibson started investigation. Occupants stated "they do not smoke in the house" and there were not visible signs around the area of origin that pointed to the cause. Fire has been listed as undetermined.

**M Authorization**

Officer in charge ID 20922 Signature Howard Owens Position or rank Battalion Assignment  Month  Day  Year

Member Making report ID 20922 Signature Howard Owens Position or rank Battalion Chief Assignment  Month 08 Day 09 Year 2012

**OR Basic Supplemental**

Primary Incident Type 111 Building fire

Second Incident Type

Third Incident Type

GPS Latitude  Zone COOS BAY F&R,0069

GPS Longitude  District of Incident

<b>A</b> FDID <u>0069</u>		State <u>OR</u>		Incident Date MM <u>08</u> DD <u>09</u> YYYY <u>2012</u>		Station <u>1</u>		Incident Number <u>12-1445</u>		Exposure <u>0</u>		<b>NFIRS-2</b> Fire	
---------------------------	--	-----------------	--	--	--	------------------	--	--------------------------------	--	-------------------	--	------------------------	--

<b>B Property Details</b>  <b>B1</b> <u>2</u> Not Residential <small>Estimate number of residential living units in building of origin whether or not all units became involved</small>  <b>B2</b> <u>1</u> Buildings not involved <small>Number of buildings involved</small>  <b>B3</b> <u>  </u> <u>  </u> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small>	<b>C On-Site Materials or Products</b> <input checked="" type="checkbox"/> None <small>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</small>  <small>Enter up to three codes. Check one box for each code entered.</small>  On-site material (1) <u>  </u> <u>  </u>  On-site material (2) <u>  </u> <u>  </u>  On-site material (3) <u>  </u> <u>  </u>	<b>On-Site Materials Storage Use</b> 1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined  1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined  1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service N None U Undetermined
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<b>D Ignition</b>  <b>D1</b> <u>14</u> Common room, den, family room, living room, lounge <small>Area of fire origin</small>  <b>D2</b> <u>UU</u> Undetermined <small>Heat Source</small>  <b>D3</b> <u>UU</u> Undetermined <small>Item first ignited</small>  <small>Check box if fire spread was confined to object of origin.</small> <b>D4</b> <u>UU</u> Undetermined <small>Type of material first ignited Required only if item first ignited code is 00 or &lt;70</small>	<b>E1 Cause of Ignition</b> <small>Check this box if this is an exposure report</small> 0 Cause, other (System generated code only, not used for data entry) 1 Intentional 2 Unintentional 3 Failure of equipment or heat source 4 Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U Cause undetermined after investigation  <b>E2 Factors Contributing to Ignition</b> <u>UU</u> Undetermined <small>Factor contributing to ignition (1)</small> <u>  </u> <small>Factor contributing to ignition (2)</small> <u>  </u> <u>  </u> <small>Number of likely youth involved</small>	<b>E3 Human Factors Contributing to Ignition</b> <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> None 1 Asleep 2 Possibly impaired by alcohol or drugs 3 Unattended or unsupervised person 4 Possibly mentally disabled 5 Physically disabled 6 Multiple persons involved 7 Age was a factor 7y Possible Youth Involvement N <input checked="" type="checkbox"/> None <small>Estimated age of person involved</small> <u>  </u> 1 Male 2 Female
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<b>F1 Equipment Involved in Ignition</b> <input checked="" type="checkbox"/> None If equipment was not involved, skip to Section G Equipment Involved Brand <u>  </u> Serial <u>  </u> Model <u>  </u> Year <u>  </u>	<b>F2 Equipment Power Source</b> <u>  </u> <small>Equipment Power Source</small>  <b>F3 Equipment Portability</b> 1 Portable 2 Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	<b>G Fire Suppression Factors</b> <small>Enter up to three codes.</small> <u>134</u> Combustible interior finish Fire suppression factor (1) <u>  </u> Fire suppression factor (2) <u>  </u> Fire suppression factor (3) <u>  </u>
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<b>H1 Mobile Property Involved</b> 1 Not involved in ignition, but burned 2 Involved in ignition, but did not itself burn 3 Involved in ignition and burned  Mobile property model <u>  </u> License Plate Number <u>  </u> State <u>  </u> VIN <u>  </u>	<b>H2 Mobile Property Type and Make</b> Mobile property type <u>  </u> Mobile property make <u>  </u> Year <u>  </u>	<b>Local Use</b> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> Arson report attached Police report attached Coroner report attached Other reports attached
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<b>A</b> FDID <u>0069</u> State <u>OR</u> Incident Date MM <u>08</u> DD <u>09</u> YYYY <u>2012</u> Station <u>1</u> Incident Number <u>12-1445</u> Exposure <u>0</u>						<b>NFIRS-3 Structure Fire</b>	
<b>J1 Structure Type</b> If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. Structure type, other 0 <input type="checkbox"/> Enclosed building 1 <input checked="" type="checkbox"/> Fixed portable or mobile structure 2 <input type="checkbox"/> Open structure 3 <input type="checkbox"/> Air-supported structure 4 <input type="checkbox"/> Tent 5 <input type="checkbox"/> Open platform 6 <input type="checkbox"/> Underground structure work area 7 <input type="checkbox"/> Testing 8 <input type="checkbox"/> Connective structure		<b>J2 Building Status</b> 0 Building status, other 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> In normal use 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 U <input type="checkbox"/> Undetermined		<b>J3 Building Height</b> Count the roof as part of the highest story. Total number of stories at or above grade <u>1</u> Total number of stories below grade <u>1</u> Class C (Composition or Prepared Materials) Roof Covering Type		<b>J4 Main Floor Size</b> Total square feet <u>1</u> <u>160</u> Length in feet <u>1</u> BY <u>160</u> Width in feet OR	
<b>J1 Fire Origin</b> Story of fire origin <u>1</u> Below Grade <b>J2 Fire Spread</b> If fire spread was confined to object of origin, do not check a box (ref. Block D3, Fire Module). 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		<b>J3 Number of Stories Damaged by Flame</b> Count the roof as part of the highest story. Number of stories w/minor damage (1 to 24% flame damage) <u>1</u> Number of stories w/significant damage (25 to 49% flame damage) <u>1</u> Number of stories w/heavy damage (50 to 74% flame damage) <u>1</u> Number of stories w/extreme damage (75 to 100% flame damage) <u>1</u>		<b>K Type of Material Contributing Most to Flame Spread</b> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. K1 <u>21</u> Upholstered sofa, chair, vehicle seats Item contributing most to flame spread K2 <u>41</u> Plastic Type of material contributing most to flame spread Required only if item contributing code is 00 or <70			
<b>L1 Presence of Detectors</b> (In area of the fire) 1 <input checked="" type="checkbox"/> Present N <input type="checkbox"/> None present U <input type="checkbox"/> Undetermined <b>L2 Detector Type</b> 0 <input type="checkbox"/> Detector type, other 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat in a single unit 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present U <input type="checkbox"/> Undetermined		<b>L3 Detector Power Supply</b> 0 <input type="checkbox"/> Detector power supply, other 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 backup 5 <input type="checkbox"/> Plug-in with battery backup 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors and power supplies U <input type="checkbox"/> Undetermined <b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate detector 2 <input type="checkbox"/> Detector operated 3 <input checked="" type="checkbox"/> Detector failed to operate U <input type="checkbox"/> Undetermined		<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Detector alerted occupants, occupants responded 11 <input type="checkbox"/> Detector alerted occupants, occupants responded 2 <input type="checkbox"/> Detector alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Detector failed to alert occupants 41 <input type="checkbox"/> Detector failed to alert occupants U <input type="checkbox"/> Undetermined <b>L6 Detector Failure Reason</b> Required if detector failed to operate 0 <input type="checkbox"/> Detector failure reason, other 1 <input type="checkbox"/> Power failure, hardwired del. shut off, disconnect 2 <input type="checkbox"/> Improper installation or placement of detector 3 <input type="checkbox"/> Defective detector 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input checked="" type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead U <input type="checkbox"/> Undetermined			
<b>M1 Presence of Automatic Extinguishing System</b> 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present N <input checked="" type="checkbox"/> None Present U <input type="checkbox"/> Undetermined <b>M2 Type of Automatic Extinguishing System</b> Required if fire was within designed range of AES Special hazard system, other 1 <input type="checkbox"/> Wet-pipe sprinkler system 2 <input type="checkbox"/> Dry-pipe sprinkler system 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 system U <input type="checkbox"/> Undetermined		<b>M3 Operation of Automatic Extinguishing System</b> Required if fire was within designed range Operation of AES, other 1 <input type="checkbox"/> System operated and was effective 2 <input type="checkbox"/> System operated and was not effective 3 <input type="checkbox"/> Fire too small to activate system 4 <input type="checkbox"/> System did not operate U <input type="checkbox"/> Undetermined <b>M3 Number of Sprinkler Heads Operating</b> Required if system operated Number of sprinkler heads operating <u>1</u>		<b>M5 Reason for Automatic Extinguishing System Failure</b> Required if system failed or not effective Reason system not effective, other 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged to control the fire 3 <input type="checkbox"/> Agent discharged, but did not reach the fire 4 <input type="checkbox"/> Inappropriate system for the type of fire 5 <input type="checkbox"/> Fire not in area protected by the system 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance, including corrosion or heads painted 8 <input type="checkbox"/> Manual intervention defeated the system U <input type="checkbox"/> Undetermined			

<b>A</b>	FDID 0069	State OR	Incident Date MM DD YYYY 08 09 2012	Station 1	Incident Number 12-1445	Exposure 0	<b>NFIRS-9 Apparatus or Resources</b>
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B Apparatus or Resource		Dates and Times		Midnight Is 0000	Sent	Number of People	Apparatus Use	Actions Taken
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
		Month/Day/Year	Hour/Min					
1	ID 307 Type 11	Dispatch X	08/09/12 1701		X	5	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					
2	ID 304 Type 11	Dispatch X	08/09/12 1701		X	2	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					
3	ID 8171 Type 71	Dispatch X	08/09/12 1701		X	2	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					
4	ID 301 Type 11	Dispatch X	08/09/12 1701		X	3	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					
5	ID 8101 Type 92	Dispatch X	08/09/12 1701		X	1	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					
6	ID 8121 Type 60	Dispatch X	08/09/12 1701		X	3	X	<div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>11 20</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Suppression</div> <div>86</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMS</div> <div></div> </div>
		Arrival X	08/09/12 1708					
		Clear X	08/09/12 1844					

<b>A</b>	FDID 0069	OR	MM 08	DD 09	YYYY 2012	Station 1	Incident Number 12-1445	Exposure 0	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
1 ID 307 Type 11	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 5	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
30331	Archer, Mike	Firefighter	11	20	86	
6701	Fare, Matt	Firefighter	11	20	86	
20922	Owens, Howard	Battalion Chief	11	20	86	
9435	Wilson, Jason	Firefighter	11	20	86	
81050	Martin, Travis	Firefighter	11	20	86	

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
2 ID 304 Type 11	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 2	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
15132	Burris, Willy	Firefighter	11	20	86	
6427	Miles, Randy	Lieutenant	11	20	86	

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
3 ID 8171 Type 71	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 2	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
14590	Kaiser, Frank	Firefighter	11	20	86	
81083	Sanders, Matt	Firefighter	11	20	86	

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
4 ID 301 Type 11	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 3	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
6705	Crutchfield, Dan	Firefighter	11	20	86	
8133	Eck, Tina	Firefighter	11	20	86	
21062	Relicheck, Ben	Firefighter	11	20	86	

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
5 ID 8101 Type 92	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 1	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
14873	Gibson, Stan	Fire Chief	11	20	86	

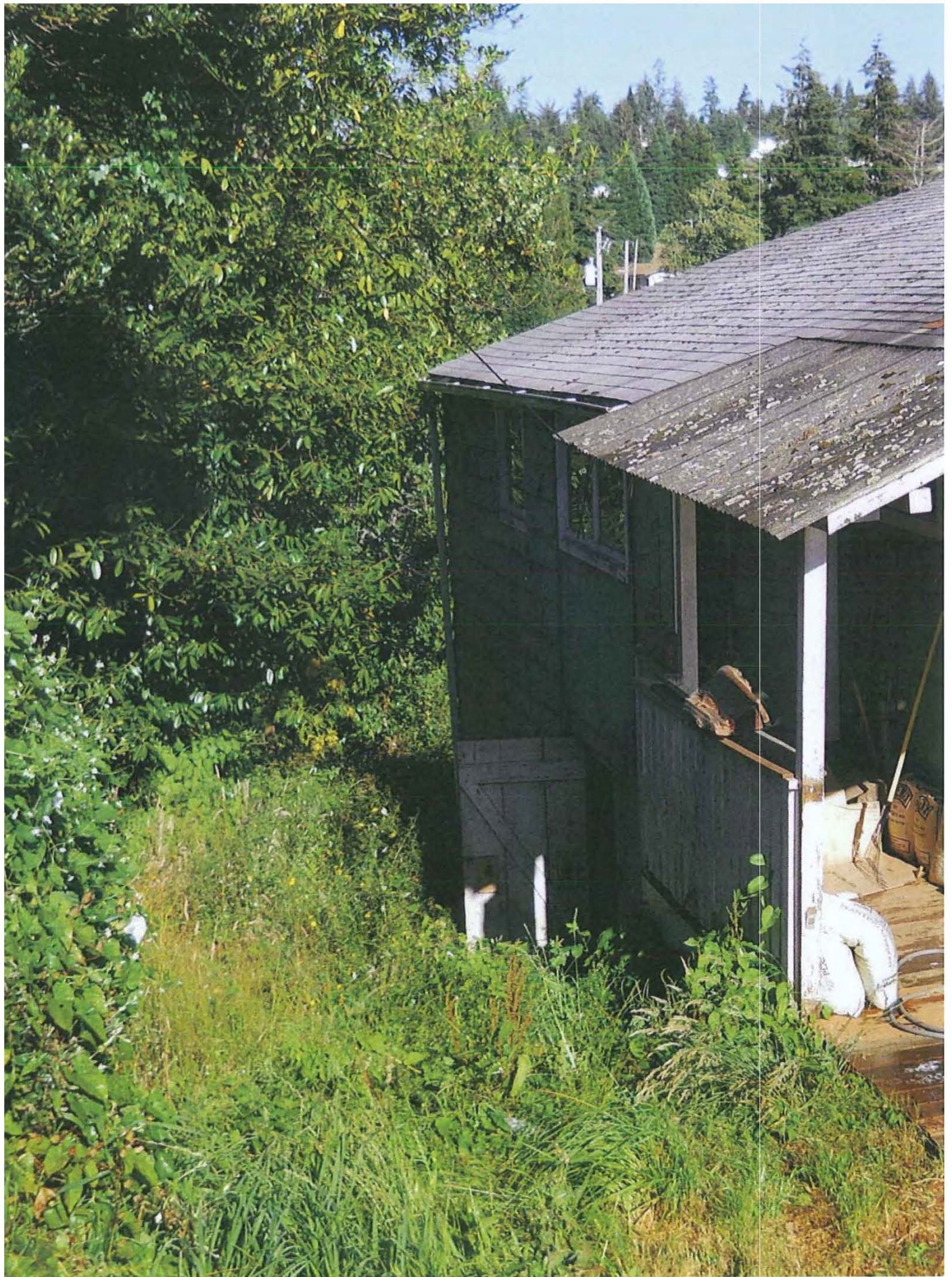
  

B Apparatus or Resource	Dates and Times	Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken
	Check if the same date as Alarm date on the Basic Module (Block E1)				Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.
	Month/Day/Year	Hour/Min				
6 ID 8121 Type 60	Dispatch X 08/09/12 1701 Arrival X 08/09/12 1708 Clear X 08/09/12 1844		Sent X	20 3	Other X Suppression EMS	11 20 86
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken
22991	Adkins, Jeff	Firefighter	11	20	86	
15307	Haagen, Kevin	Firefighter	11	20	86	
8992	McAvoy, Dan	Lieutenant	11	20	86	



































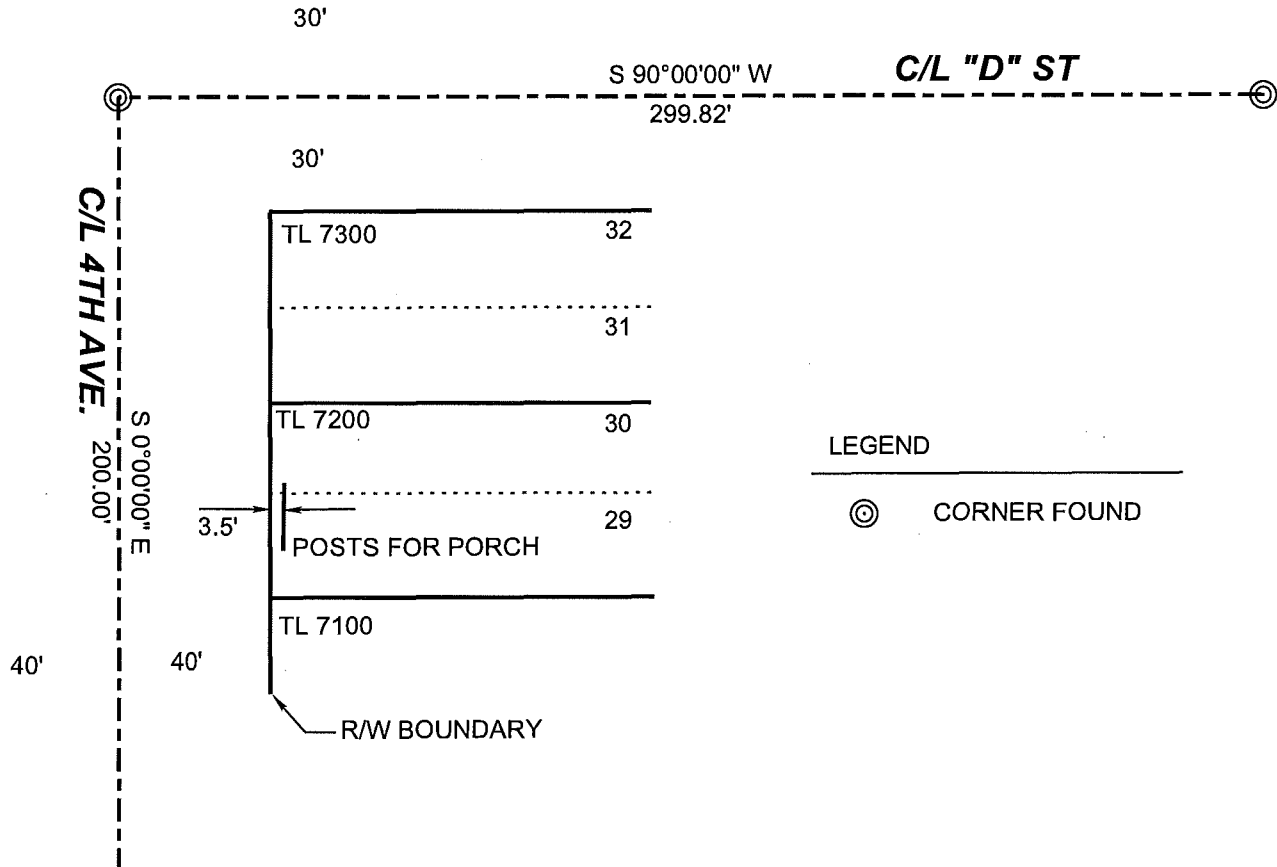




# PROPERTY SURVEY

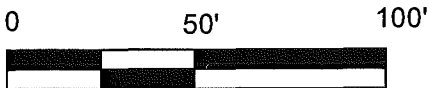
25S 13W 36BB, TL 7200  
CITY OF COOS BAY  
COOS COUNTY, OREGON  
DECEMBER 2013

SURVEY FOR:  
LARRY TAVERNIER  
418 4TH AVE.  
COOS BAY, OREGON 97420



## LEGEND

⊙ CORNER FOUND



REGISTERED  
PROFESSIONAL  
LAND SURVEYOR

OREGON  
TONY HOSTETTER  
January 19, 1982  
LICENSE #1975

SURVEY BY:  
HOSTETTER LAND SURVEYING  
63538 PINYAIL DR.  
COOS BAY, OREGON 97420

EXPIRES: 6/30/15