

**CITY OF BEAUFORT**  
**Historic District Review Board**  
**Full Board**  
**Staff Report**  
**Meeting of July 13, 2016**

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**Case Number:** HR 16-22  
**Property Address:** 1106 Congress Street  
**Applicant:** City of Beaufort for Cheryl Calloway  
**Type of Request:** Demolition (Final Review)  
**Zoning:** GR – General Residential – Northwest Quadrant

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**Historical:** 1106 Congress Street is not listed in the *Beaufort County Historic Sites Survey*. The tax records indicate that it is circa 1965. Note that the *Survey* does list a 1106 Congress Street, but that was misaddressed and is actually depicting the home at 1104 Congress Street, which is a contributing structure.

**Background:** **The applicant requests final approval for demolition of this structure.**

**Public Notice:** A Public Hearing Notice was published in the *Beaufort Gazette* on June 29. The property was posted on June 30. Letters were sent out to neighboring property owners on July 1.

**Zoning Issues:** **GR – General Residential – Northwest Quadrant**

**Design Issues:**

- This building sustained a fire on February 27, 2016. The rear and interior of the structure were badly damaged.
- The property was posted as “unsafe” and on June 2, the fire department issued a “repair or demolish” letter to encourage the owner to take action on this structure.
- Photographs have been submitted.
- The structure is not historic and does not contribute to the historic fabric of the district.

**Staff Recommendation: Final approval as submitted.**



Jul 6, 2016, 4:00 PM



Jul 6, 2016, 4:00 PM

<b>A</b>		FDID * <u>07301</u>	State * <u>SC</u>	Incident Date * MM <u>02</u> DD <u>27</u> YYYY <u>2016</u>	Station <u>001</u>	Incident Number * <u>16-0000363</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
<b>B Location*</b>		<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		<u>1106</u> Number/Milepost		<u>Congress Street</u> Prefix Street or Highway		<u>Beaufort</u> City		<u>SC</u> <u>29902</u> State Zip Code	
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b>				<b>E2 Shift &amp; Alarms</b>			
<u>111</u> <u>Building fire</u> Incident Type		Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required.				Local Option <u>3</u> <u>01</u> <u>1</u> Shift or Alarms District Platoon			
<b>D Aid Given or Received *</b>		<b>E3 Special Studies</b>							
1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid rcv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None		Their FDID <u>07303</u> Their State Their Incident Number				Local Option Special Study ID# Special Study Value			
<b>F Actions Taken *</b>		<b>G1 Resources *</b>				<b>G2 Estimated Dollar Losses &amp; Values</b>			
<u>11</u> <u>Extinguishment by fire service personnel</u> Primary Action Taken (1)  <u>86</u> <u>Investigate</u> Additional Action Taken (2)  <u>12</u> <u>Salvage &amp; overhaul</u> Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0009</u> Personnel <u>0019</u> EMS Other <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 \$ <u>100,000</u> Contents \$ <u>030,000</u> PRE-INCIDENT VALUE: Optional Property \$ <u>153,000</u> Contents \$ <u>000,000</u>			
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>				<b>I Mixed Use Property</b>	
<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 checked="" type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian <b>H2 Detector</b> 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		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
<b>J Property Use* Structures</b>		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 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				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 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 <u>419</u> <u>1 or 2 family dwelling</u>			

**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  
1106 \_\_\_\_\_  
Number Prefix Street or Highway ST Suffix  
\_\_\_\_\_  
Post Office Box Apt./Suite/Room City  
SC 29902 - \_\_\_\_\_  
State Zip Code

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

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section.  
Local Option Business name (if Applicable) Area Code Phone Number

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

\_\_\_\_\_  
Mr., Ms., Mrs. First Name MI Last Name Suffix  
\_\_\_\_\_  
Number Prefix Street or Highway Suffix  
\_\_\_\_\_  
Post Office Box Apt./Suite/Room City  
\_\_\_\_\_  
State Zip Code

**L Remarks**  
Local Option

City of Beaufort Fire and Rescue responded to 1106 Congress Street for structure fire. Squad 1 arrived on scene to find the rear of the structure fully involved. Captain DeLoach assumed command of the scene. Engine 6 arrived on scene. Firefighter Jordan and Lance pulled the 2 and half inch line, to the rear of the structure (Charlie side of structure). Team 88 (Firefighters Jordan and Lance) call for water from Engine 6 to initiate a defensive fire attack. Burton Fire Engine 81 arrived on scene and dropped three hundred feet of 5 inch, for water supply. Ladder 1 arrived on scene and check-in at man-power. Man-power was established at Squad 1. Engine 6 also had the Blitz-fire line for fire attack on the Delta side of the structure. Burton Fire personnel pulled a cross lay from Engine 6 to initiate interior attack from the Alpha side per command. At this time team 88 terminated their fire attack after substantial knock down of the fire. Team 88 then reported to Rehab to get checked out by Beaufort County EMS.

**L Authorization**

DELO02 DeLoach, Larry CP CHO 02 27 2016  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. LANC01 Lance, David FF3 02 27 2016  
Member making report ID Signature Position or rank Assignment Month Day Year

**A** FDID \* 07301 State \* SC Incident Date \* MM 02 DD 27 YYYY 2016 Station 001 Incident Number \* 16-0000363 Exposure \* 000  Delete  Change  No Activity **NFIRS -2 Fire**

**B Property Details**

**B1** 0001  Not Residential  
*Estimated Number of residential living units in building of origin whether or not all units became involved*

**B2** 001  Buildings not involved  
 Number of buildings involved

**B3**           None  
 Acres burned (outside fires)  Less than one acre

**C On-Site Materials  None or Products** Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved

Enter up to three codes. Check one or more boxes for each code entered.

300 Raw materials, Other  
 On-site material (1)

200 Personal & home products, other  
 On-site material (2)

                   
 On-site material (3)

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
 3  Packaged goods for sale  
 4  Repair or service

1  Bulk storage or warehousing  
 2  Processing or manufacturing  
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**D Ignition**

**D1** 90 Outside area, Other  
 Area of fire origin \*

**D2** UU Undetermined  
 Heat source \*

**D3** UU Undetermined  
 Item first ignited \* 1  Check Box if fire spread was confined to object of origin

**D4**                    
 Type of material first ignited Required only if item first ignited code is 00 or <70

**E1 Cause of Ignition**

Check box if this is an exposure report. Skip to section G

1  Intentional  
 2  Unintentional  
 3  Failure of equipment or heat source  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**E2 Factors Contributing To Ignition**

12 Heat source too close to combustibles.  None  
 Factor Contributing To Ignition (1)

                   None  
 Factor Contributing To Ignition (2)

**E3 Human Factors Contributing To Ignition**

Check all applicable boxes

1  Asleep  None  
 2  Possibly impaired by alcohol or drugs  
 3  Unattended person  
 4  Possibly mental disabled  
 5  Physically Disabled  
 6  Multiple persons involved

7  Age was a factor  
 Estimated age of person involved         

1  Male 2  Female

**F1 Equipment Involved In Ignition**

None If Equipment was not involved, Skip to Section G

                   
 Equipment Involved

Brand         

Model         

Serial #         

Year         

**F2 Equipment Power**

                   
 Equipment Power Source

**F3 Equipment Portability**

1  Portable  
 2  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.  None

                   
 Fire suppression factor (1)

                   
 Fire suppression factor (2)

                   
 Fire suppression factor (3)

**H1 Mobile Property Involved**

None

1  Not involved in ignition, but burned  
 2  Involved in ignition, but did not burn  
 3  Involved in ignition and burned

**H2 Mobile Property Type & Make**

                   
 Mobile property type

                   
 Mobile property make

**Local Use**

Pre-Fire Plan Available  
 Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached  
 Police report attached  
 Coroner report attached  
 Other reports attached

                   
 Mobile property model Year

                            
 License Plate Number State VIN Number

NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> 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	<b>I2 Building Status *</b> 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	<b>I3 Building * Height</b> Count the ROOF as part of the highest story <u>001</u> <small>Total number of stories at or above grade</small>   <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> NFIRS-3 Structure Fire  <u>    </u> , <u>003</u> , <u>200</u> <small>Total square feet</small>  <b>OR</b> <u>    </u> , <u>080</u> BY <u>    </u> , <u>040</u> <small>Length in feet                      Width in feet</small>
<b>J1 Fire Origin *</b> <u>001</u> <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story <u>    </u> Number of stories w/ minor damage (1 to 24% flame damage) <u>    </u> Number of stories w/ significant damage (25 to 49% flame damage) <u>    </u> Number of stories w/ heavy damage (50 to 74% flame damage) <u>    </u> Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> <u>    </u> <u>    </u> <small>Item contributing most to flame spread</small>  <b>K2</b> <u>    </u> <u>    </u> <small>Type of material contributing most of flame spread      Required only if item contributing code is 00 or &lt;70</small>	
<b>J2 Fire Spread *</b> 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	<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 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 checked="" type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> 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
<b>L2 Detector Type</b> 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input checked="" type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input checked="" type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M3 Automatic Extinguishment System Operation</b> 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	<b>M5 Automatic Extinguishment System Failure Reason</b> 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
<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated <u>    </u> <small>Number of sprinkler heads operating</small>			

<b>A</b>		MM DD YYYY 07301 SC 2 27 2016	001	16-0000363	000	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources	
<b>B Apparatus or * Resource</b>		<b>Date and Times</b> Check if same as alarm date Month Day Year Hour Min			<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of * People</b>	<b>Use</b> Check ONE box for each apparatus to indicate its main use at the incident.	<b>Actions Taken</b>
1	ID E3 Type 11	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:35	Clear <input checked="" type="checkbox"/> 2 27 2016 04:13	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
2	ID E6 Type 92	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:29	Clear <input checked="" type="checkbox"/> 2 27 2016 05:24	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
3	ID F-1 Type 00	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:42	Clear <input checked="" type="checkbox"/> 2 27 2016 05:33	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
4	ID F-3 Type 60	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:25	Clear <input checked="" type="checkbox"/> 2 27 2016 05:33	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5	ID F-4 Type 13	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:25	Clear <input checked="" type="checkbox"/> 2 27 2016 05:17	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6	ID LAD1 Type UU	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:33	Clear <input checked="" type="checkbox"/> 2 27 2016 05:33	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7	ID ODR Type 99	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:25	Clear <input checked="" type="checkbox"/> 2 27 2016 04:45	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8	ID POV Type 70	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:25	Clear <input checked="" type="checkbox"/> 2 27 2016 05:33	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9	ID SQ1 Type	Dispatch <input checked="" type="checkbox"/> 2 27 2016 02:23	Arrival <input checked="" type="checkbox"/> 2 27 2016 02:25	Clear <input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

**Type of Apparatus or Resources**

**Ground Fire Suppression**

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

**Heavy Ground Equipment**

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

**Aircraft**

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

**Marine Equipment**

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

**Support Equipment**

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

**Medical & Rescue**

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

More Apparatus?  
Use Additional  
Sheets

**Other**

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

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

07301 FDID *	SC State *	MM DD 2 27 Incident Date *	YYYY 2016	001 Station	16-0000363 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
CART01 Carter, Justin (Trey)	E3	OD On Duty		FF3		24.00	0.00	0.00
GRAH01 Graham, Arvel	E3	OD On Duty		FF2		24.00	0.00	0.00
GARB02 Garber, John	E6	OD On Duty		FF2		24.00	0.00	0.00
JORD01 Jordan, Adam	E6	OD On Duty		FF3		24.00	0.00	0.00
BERT01 Bertholf, Reece	F-1	OD On Duty		FC		3.16	0.00	0.00
ROBI01 Robinson, John	F-3	OD On Duty		CP		3.16	0.00	0.00
OGDE01 Ogden, Tim	F-4	OD On Duty		FM		3.16	0.00	0.00
DOUD01 Doud, Joshua	LAD1	OD On Duty		LT		24.00	0.00	0.00
WASK01 Waskow, Josh	LAD1	OD On Duty		FF3		24.00	0.00	0.00
BADG01 Badgett, John	ODR	FX Fire At Scene		FF3		3.16	0.00	0.00
FEEL01 Feely, Bradley	ODR	FX Fire At Scene		VN		3.16	0.00	0.00
LEE01 Lee, Joseph	ODR	FX Fire At Scene		FF3		3.16	0.00	0.00
MCHO01 McHone, Benjamin	ODR	FX Fire At Scene		PR		3.16	0.00	0.00
VEZI01 Vezin, Ross	ODR	FX Fire At Scene		LT		3.16	0.00	0.00
VINS01 Vinson, Andrew	ODR	FX Fire At Scene		FF3		3.16	0.00	0.00
WASH01 Washington, Derrick	ODR	FX Fire At Scene		VN		3.16	0.00	0.00
NEGR01 Negron, Sammy	POV	FX Fire At Scene				3.16	0.00	0.00
DELO02 Deloach, Larry	SQ1	OD On Duty		CP		24.00	0.00	0.00
LANC01 Lance, David	SQ1	OD On Duty		FF3		24.00	0.00	0.00

Total Participants: 19

Total Personnel Hours: 226.76

An 'X' next to the unit denotes driver.

**Arson Narrative:**

At 022347 on 27 Feb 2016 Beaufort Fire Department's Fire Investigation Team was called to a structure fire at 1106 Congress Street. Once extinguishment operations were ceased, Captain (Capt) DeLoach deemed the scene safe for investigators. Investigators met with the resident of the structure and interviewed the resident whom stated he was out back of his house earlier in the night with some friends playing dominoes and using a candle in an aluminum can for a heating source. The resident also stated he had a make shift "man cave" in the rear of the structure with a light source in it.

Investigators then performed a counter clockwise walk around of the structure and met in the rear of the structure. After looking over the fire damage, investigators found the light and coffee can the resident had mentioned earlier. It is in the best opinion of the investigation team that the fire was accidental in nature, and the light source for the "man cave" or the candle in the aluminum coffee can could not be ruled out for possible cause of the fire.

- Investigation Team:  
Chief (retired) Sammy Negron  
Captain John Robinson  
Captain Tim Ogden  
Firefighter Joshua Waskow  
Firefighter Joe Lee



**CITY OF BEAUFORT  
FIRE MARSHAL & CODE ENFORCEMENT**

**June 2, 2016**

1911 Boundary Street  
BEAUFORT, SC 29902  
(843) 322-7965 FAX (843) 986-5606  
Citycodes@cityofbeaufort.org

**CODES AND ZONING ENFORCEMENT VIOLATION REPORT**

Name: **Brian M. Calloway**

Of: 1106 Congress Street Beaufort, SC 29902

**Address/Ref: 1106 Congress Street**

Property ID: R120 004 000 0170 0000

**Violation Summary:**

This letter is to inform you of the residence located at 1106 Congress Street, under your ownership, needs to be Demolished or Repaired. We are aware of the fire you had in the rear of the building several months ago, but due to the unsafe condition of the structure and with no change since, repairs or a complete demolish is in order. Per Section 304.1, exterior structure, of the "2012 International Property Maintenance Code," the exterior of a structure shall be maintained in good repair, structurally sound and sanitary so as not to pose a threat to the public health, safety or welfare.

**CORRECTIVE ACTION:**

We give **30 days** from date of letter to accomplish either getting a permit for repairing the structure or a permit for demolition of the structure, otherwise fines will follow after the time period. Please contact this office once you have gathered the approved permits.

As per Section 106.3 of the International Property Maintenance Code, you have the right to appeal this decision to the Building Board of Appeals by filing with the City a written application for an appeal within 20 days of the above date.

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Codes Enforcement Officer  
Trey Carter

FOR ADDITIONAL CODE INFORMATION VISIT US ONLINE

[WWW.CITYOFBEAUFORT.ORG](http://WWW.CITYOFBEAUFORT.ORG) [CITYCODES@CITYOFBEAUFORT.ORG](mailto:CITYCODES@CITYOFBEAUFORT.ORG) (EMAIL)



UNITED STATES COAST GUARD

**UNSAFE  
DO NOT ENTER**

This area is unsafe for entry and is restricted to authorized personnel only. Entry is prohibited unless authorized by the commanding officer or the commanding officer's representative. This area is restricted to authorized personnel only.

Commanding Officer: *USS Langley (MSCV-02)*

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