



**City of Columbus
Division of Fire
3675 Parsons Avenue**

Land Annexation Risk Summary

This page is to be filled out by the applicant

Annexation No. AN05-010

Location	Charles & Stella Schulz		
Area (size)	11.1+ - acres in Jackson Township		
Indicate the Population Density (People per Square Mile)	Current Usage <input type="checkbox"/> >1000 <input type="checkbox"/> 500-1000 <input type="checkbox"/> <500	Proposed Usage <input type="checkbox"/> >1000 <input type="checkbox"/> 500-1000 <input type="checkbox"/> <500	
Does/Will the area/buildings comply with Section 2501.07 of the Columbus City Codes regarding Hydrants and Fire Flows? <small>For specific requirements call: 614.645.7641x5609</small>	Current Usage <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Usage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does/Will the area/buildings comply with Section 2501.07 of the Columbus City Codes regarding Fire Vehicle Access? <small>For specific requirements call: 614.645.7641x5609</small>	Current Usage <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Usage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate the total sq. ft. and the average sq. ft. for each of the following occupancy types in the area.	Current Usage	Proposed Usage	
Industrial (Use Groups F & H)	/	/	
Commercial, Institutional, & Educational (Use Groups R1, A, B, E, I, M, S)	/	/	
Multi-Family (Use Groups R2, 3, & 4)	/	/	
Single Family, Two and Three Family	/	/	
Unimproved/Rural/Farmland	/	/	
Indicate if any of the following Special Risks are, or will be, located in the area.	Current Usage	Proposed Usage	
Occupancies housing Hazardous Materials (Use Groups H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Airports/Heliports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bodies of Water (Ponds, Creeks, Lakes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Freeways (including on-ramps or off-ramps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wildlands / Cliffs / Caves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Information provided by:	Phone No.:		
I certify that the information above is correct to the best of my knowledge and that I am authorized to act as an agent for the organization requesting the annexation.	Email:		

Land Annexation Risk/Service Evaluation

This page is to be filled out by Fire Division Personnel

Annexation No. AN05-010

Emergency Medical Response and Residential and Commercial Fire Response	Unit Assigned	Special Operations	Staffing	Travel Distance (Mi.)	Response Time (min.)	Mutual Aid	Automatic Response
1 st ALS Medic	10	1	2	5.5	11.0	<input type="checkbox"/>	<input type="checkbox"/>
2 nd ALS Medic	31	1	2	5.5	11.0	<input type="checkbox"/>	<input type="checkbox"/>
1 st Engine	10		4	5.5	11.0	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Engine	31		4	5.5	11.0	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Engine	17		4	5.75	11.5	<input type="checkbox"/>	<input type="checkbox"/>
1 st Ladder	10		4	5.5	11.0	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Ladder	22		4	6.0	12.0	<input type="checkbox"/>	<input type="checkbox"/>
1 st Heavy Rescue	17	3	4	5.75	11.5	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Heavy Rescue	2	3	4	8.0	16.0	<input type="checkbox"/>	<input type="checkbox"/>
1 st Battalion Chief	5		1	5.75	11.5	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Battalion Chief	1		1	8.0	16.0	<input type="checkbox"/>	<input type="checkbox"/>
EMS Supervisor	15		1	5.75	11.5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Special Operations Key: 1=ALS, 2=Water Rescue Boat, 3=Extrication Equipment, 4=Aircraft Rescue and Fire-Fighting.</i>							
<i>Travel Distance: Is the actual route as measured from the responding unit's station to the mid-point of the area.</i>							
<i>Response Time: T=Dx2 (Time equals Distance Doubled)</i>							

Questions are based on NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public By Career Fire Departments

1. Does the first engine meet the standard for initial response time? (4 minutes) Yes No
2. Does the first alarm residential assignment meet the standard for response time? (8 minutes) Yes No
3. Does the first alarm commercial assignment meet the standard for response time? (8 minutes) Yes No
4. Does the EMS assignment meet the standard for first responder time? (4 minutes) Yes No
5. Does the EMS assignment meet the standard for ALS response time? (8 minutes) Yes No

6. Does the current usage in the area require the addition of special operations to the first engine? Yes No
7. Does the proposed usage of the area require the addition of special operations to the first engine? Yes No
8. Does the Fire Division have sufficient staff resources to provide services to the annexed area based on the current usage of the area? Yes No
9. Does the Fire Division have sufficient staff resources to provide services to the annexed area based on the proposed usage of the area? Yes No
10. List the number of additional personnel by rank, needed to provide services to the annexed area based on the current usage.
11. List the number of additional personnel by rank, needed to provide services to the annexed area based on the proposed usage.
12. List the amount and type of additional resources needed to provide services to the annexed area based on the current usage (e.g.: engine, ladder, rescue, medic, boat, etc.)
13. List the amount and type of additional resources needed to provide services to the annexed area based on the proposed usage (e.g.: fire station, engine, ladder, rescue, medic, boat, etc.)

Response Table and Questions 1-5 completed by:	Phone No.: 645-6422 ext 2380
Lt. Art Wiley W028 05/18/05	Email: awiley@columbus.gov
Rank, Name, ID No., Date	Fax: 645-4766

Needs Assessment Questions 6-13 completed by:	Phone No.:
Rank, Name, ID No., Date	Email:
	Fax:

