

COMMUNITY WILDFIRE PROTECTION PLAN

County: _____
Fire District: _____

Date: _____

PLAN INTRO/END: (County Ranger)

Prepared By: _____

Organization: North Carolina Division of Forest Resources (NCDFR)

Street: _____

City: _____ *State: NC Zip:* _____

E-mail: _____

Phone: _____ *Fax:* _____

DOI Name (Fire District): _____

Mutual Aid: _____

Comments: _____

PLAN PARTNERS/OTHER PARTIES:

(Other Federal and Other Interested Parties to be Consulted and Involved in the Preparation of this Report)

1) Agency: _____

Name: _____

Street Address: _____

City: _____ **State: NC Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Signature (Y/N): _____

2) Agency: _____

Name: _____

Street Address: _____

City: _____ **State: NC Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Signature (Y/N): _____

3) Agency: _____

Name: _____

Street Address: _____

City: _____ **State: NC Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Signature (Y/N): _____

4) Agency: _____

Name: _____

Street Address: _____

City: _____ **State: NC Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Signature (Y/N): _____

2) Sub-Station Name: _____ Sub-Station ID Number: _____
Latitude: _____ Longitude: _____
Street Address: _____
City: _____ State: NC Zip Code: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____
Ground Directions: _____

FIRE DISTRICT INFORMATION:

Name: _____
FDID Number (County # - Department #): _____
Department of Insurance (DOI) Number: _____
Estimated Acres: _____
Number of Lots: _____
Number of Structures: _____
Estimated Population Growth (Below Avg., Avg., High, Extreme): _____
Percentage Residential: _____
Majority of Population is Full Time (Y/N): _____
If NOT Full Time please indicate what Percentage of Population is part-time: _____

HAZARD ASSESSMENT RATING (from NFPA 1144): _____

Vehicle Access:

Roads Paved (Percentage): ___ 100% ___ 100-75% ___ 75-50% ___ 50-25% ___ 25-0%
Average Road Grade: ___ >45% ___ 45-20% ___ 20-10% ___ 10-0%
Maximum Road Grade: ___ >45% ___ 45-20% ___ 20-10% ___ 10-0%
Maximum Response Time: ___ >30 minutes ___ 30-15 minutes ___ 15-10 minutes ___ >10 minutes

Water Resources:

Percentage of Fire District in reach of Hydrants OR connected to County Water:
___ 100% ___ 100-75% ___ 75-50% ___ 50-25% ___ 25-0%

Wildfire History & Fuel Type:

Relative Frequency: _____
Common Causes: _____
Areas of Future Concern: _____
Comments: _____
Dominant Vegetation (Fuel Type): _____
Dominant Building Construction Type: _____
Wildfire History or Fuel Type Notes: _____

FUEL MITIGATION SITES (ANY PRESCRIBED BURNING AREAS):

1) Project Name: _____ Number of Acres: _____
Latitude: _____ Longitude: _____
Landowner Name: _____ Dominant Fuel Type: _____
Planning Office: _____ Risks: _____

Mitigation Action
Action: _____
Planned Date: _____ Completed Date: _____
Funding Source: _____
Activity to be Completed By: _____
Notes: _____

2) Project Name: _____ Number of Acres: _____
Latitude: _____ Longitude: _____
Landowner Name: _____ Dominant Fuel Type: _____
Planning Office: _____ Risks: _____

Mitigation Action
Action: _____
Planned Date: _____ Completed Date: _____
Funding Source: _____
Activity to be Completed By: _____
Notes: _____

3) Project Name: _____ Number of Acres: _____
Latitude: _____ Longitude: _____
Landowner Name: _____ Dominant Fuel Type: _____
Planning Office: _____ Risks: _____

Mitigation Action
Action: _____
Planned Date: _____ Completed Date: _____
Funding Source: _____
Activity to be Completed By: _____
Notes: _____

FIRE PREVENTION PROGRAMS:

1) Project Name: _____ Population Reached: _____
Project Description: _____
Age Group Targeted: ___>50___ 50-35 ___ 34-20___ 19-15 ___ 14-10 ___ 9-6 ___<6
Community targeted (if applicable): _____

Mitigation Action
Action: _____
Planned Date: _____ Completed Date: _____
Funding Source: _____ Activity to be Completed By: _____

Notes: _____

2) Project Name: _____ Population Reached: _____

Project Description: _____

Age Group Targeted: ___>50 ___ 50-35 ___ 34-20 ___ 19-15 ___ 14-10 ___ 9-6 ___<6

Community targeted (if applicable): _____

Mitigation Action

Action: _____

Planned Date: _____ Completed Date: _____

Funding Source: _____ Activity to be Completed By: _____

Notes: _____

3) Project Name: _____ Population Reached: _____

Project Description: _____

Age Group Targeted: ___>50 ___ 50-35 ___ 34-20 ___ 19-15 ___ 14-10 ___ 9-6 ___<6

Community targeted (if applicable): _____

Mitigation Action

Action: _____

Planned Date: _____ Completed Date: _____

Funding Source: _____ Activity to be Completed By: _____

Notes: _____

PREPAREDNESS PROJECT(S):

1) Preparedness Item: _____

Planning Office: _____

Preparedness Need: _____

Preparedness Action

Category (New Equipment, Infrastructure Improvement, etc.): _____

Action: _____ Planned Date: _____ Completed Date _____

Funding Source: _____ Activity to be Completed By: _____

Notes: _____

2) Preparedness Item: _____

Planning Office: _____

Preparedness Need: _____

Preparedness Action

Category (New Equipment, Infrastructure Improvement, etc.): _____

Action: _____ Planned Date: _____ Completed Date _____

Funding Source: _____ Activity to be Completed By: _____

Notes: _____

3) Preparedness Item: _____
Planning Office: _____
Preparedness Need: _____

Preparedness Action

Category (New Equipment, Infrastructure Improvement, etc.): _____
Action: _____ Planned Date: _____ Completed Date _____
Funding Source: _____ Activity to be Completed By: _____
Notes: _____

4) Preparedness Item: _____
Planning Office: _____
Preparedness Need: _____

Preparedness Action

Category (New Equipment, Infrastructure Improvement, etc.): _____
Action: _____ Planned Date: _____ Completed Date _____
Funding Source: _____ Activity to be Completed By: _____
Notes: _____

NEAREST MEDICAL FACILITIES:

1) Nearest Medical Facility (NMF): _____
NMF Latitude: _____ NMF Longitude: _____
NMF Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Phone Contact: _____ Trauma Center Level (I, II, III, IV): _____
Burn Unit (Y/N): _____ Air Service (Y/N): _____
Medical Facility Type (Primary Hospital/ Urgent Care): _____

2) Nearest Medical Facility (NMF): _____
NMF Latitude: _____ NMF Longitude: _____
NMF Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Phone Contact: _____ Trauma Center Level (I, II, III, IV): _____
Burn Unit (Y/N): _____ Air Service (Y/N): _____
Medical Facility Type (Primary Hospital/ Urgent Care): _____

3) Nearest Medical Facility (NMF): _____
NMF Latitude: _____ NMF Longitude: _____
NMF Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Phone Contact: _____ Trauma Center Level (I, II, III, IV): _____
Burn Unit (Y/N): _____ Air Service (Y/N): _____
Medical Facility Type (Primary Hospital/ Urgent Care): _____

AIRPORTS:

1) Name: _____ 3 Letter Designation: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Has Fuel: Jet A (Y/N): _____ Has Fuel: Aviation Gasoline 100LL (Y/N): _____

2) Name: _____ 3 Letter Designation: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Has Fuel: Jet A (Y/N): _____ Has Fuel: Aviation Gasoline 100LL (Y/N): _____

3) Name: _____ 3 Letter Designation: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Has Fuel: Jet A (Y/N): _____ Has Fuel: Aviation Gasoline 100LL (Y/N): _____

INCIDENT COMMAND POSTS (ICPs):

1) Incident Command Post (ICP): _____
ICP Latitude: _____ ICP Longitude: _____
ICP Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____
Utilities (Water/Sewer) (Y/N): _____ Telephone (Y/N): _____ Internet (Y/N): _____

2) Incident Command Post (ICP): _____
ICP Latitude: _____ ICP Longitude: _____
ICP Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____
Utilities (Water/Sewer) (Y/N): _____ Telephone (Y/N): _____ Internet (Y/N): _____

3) Incident Command Post (ICP): _____
ICP Latitude: _____ ICP Longitude: _____
ICP Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____

Utilities (Water/Sewer) (Y/N): ____ Telephone (Y/N): ____ Internet (Y/N): ____

STAGING AREAS:

1) Staging Area (SA): _____
SA Latitude: _____ SA Longitude: _____
SA Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____
Utilities (Water/Sewer) (Y/N): ____ Telephone (Y/N): ____ Internet (Y/N): ____

2) Staging Area (SA): _____
SA Latitude: _____ SA Longitude: _____
SA Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____
Utilities (Water/Sewer) (Y/N): ____ Telephone (Y/N): ____ Internet (Y/N): ____

3) Staging Area (SA): _____
SA Latitude: _____ SA Longitude: _____
SA Street Address: _____
City: _____ State: NC Zip Code: _____
Ground Directions: _____
Comments: _____

Paved Parking Acres: _____ Unpaved Parking Acres: _____
Entrances: _____ # of Buildings: _____ Indoor Sq. Footage: _____
Utilities (Water/Sewer) (Y/N): ____ Telephone (Y/N): ____ Internet (Y/N): ____

HELISPOTS:

1) Helispot: _____ Capacity: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Comments: _____

2) Helispot: _____ Capacity: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Comments: _____

3) Helispot: _____ Capacity: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Comments: _____

4) Helispot: _____ Capacity: _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Comments: _____

WATER SOURCES:

1) Water Source: _____
Uses (Private/Public): _____
Ground (Y/N): _____ Helicopter (Y/N): _____ Fixed Wing Use (Y/N): _____
Type (Pond, Lake, River, Dry Hydrant, Pressurized Hydrant, etc.): _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Contact Telephone: _____ Comments: _____

2) Water Source: _____
Uses (Private/Public): _____
Ground (Y/N): _____ Helicopter (Y/N): _____ Fixed Wing Use (Y/N): _____
Type (Pond, Lake, River, Dry Hydrant, Pressurized Hydrant, etc.): _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Contact Telephone: _____ Comments: _____

3) Water Source: _____
Uses (Private/Public): _____
Ground (Y/N): _____ Helicopter (Y/N): _____ Fixed Wing Use (Y/N): _____
Type (Pond, Lake, River, Dry Hydrant, Pressurized Hydrant, etc.): _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Contact Telephone: _____ Comments: _____

4) Water Source: _____
Uses (Private/Public): _____
Ground (Y/N): _____ Helicopter (Y/N): _____ Fixed Wing Use (Y/N): _____
Type (Pond, Lake, River, Dry Hydrant, Pressurized Hydrant, etc.): _____
Latitude: _____ Longitude: _____
Ground Directions: _____
Contact Telephone: _____ Comments: _____

AREAS OF CONCERN (AOC):

1) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____

2) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____

3) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____

4) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____

Activity to be completed by: _____
Notes: _____

5) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____

6) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____

7) Community Name: _____
Latitude: _____ Longitude: _____
Dominant Community Risk: _____
Dominant Fuel Type: _____ # of Homes: _____ # of Lots: _____
Notes: _____
Ground Directions: _____

Recommended Action Items (Firewise, Infrastructure Improvement, Fuel Reductions, etc.):

Planned Date: _____ Completed Date: _____
Activity to be completed by: _____
Notes: _____