

Parcel:
18-3S-17-05061-015 (25008)

Owner & Property Info

Result: 1 of 45

Owner	ADVANTA IRA SERVICES LLC 13191 STARKEY RD, STE 2 LARGO, FL 33773		
Site	142 NW MCCALL Ter, LAKE CITY		
Description*	COMM SE COR OF SW1/4 OF SE1/4, RUN W 961.51 FT TO E R/W OF SR-25A, NW ALONG R/W 153.26 FT FOR POB, RUN NW 93.27 FT, NE 539 FT, E 336 FT, S 292 FT, SW 468.97 FT TO POB. 413-570, WD 1100-605, WD 1323-1337, WD 1441-1040,		
Area	4 AC	S/T/R	18-3S-17
Use Code**	MH PARK (2802)	Tax District 2	

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Sheppard PHONE 386-623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Advanta IRA Services, LLC FBO
Larry Campa IRA

In Columbia County one permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

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

ELECTRICAL	Print Name <u>James Jason Smith</u>	Signature <u>[Signature]</u>
	License #: <u>Authorized Signatory</u>	Phone #: <u>727-581-9853</u>
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/ A/C _____	Print Name <u>James Jason Smith</u>	Signature <u>[Signature]</u>
	License #: <u>Authorized Signatory</u>	Phone #: <u>727-581-9853</u>
	Qualifier Form Attached <input type="checkbox"/>	

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015

LLC Resolution of Advanta IRA Services, LLC f/k/a Entrust of Tampa Bay, LLC

RESOLUTION AUTHORIZING CERTAIN INDIVIDUALS TO EXECUTE DOCUMENTS AND BIND ADVANTA IRA SERVICES, LLC.

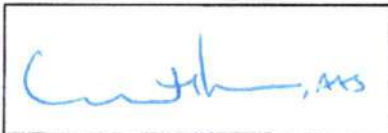
WHEREAS, ADVANTA IRA SERVICES, LLC currently has one (1) Manager, Jack M. Callahan.

WHEREAS, the Members and Managers of ADVANTA IRA SERVICES, LLC unanimously wish to authorize certain individuals to execute any and all documents on behalf of the LLC for the benefit of the LLC's IRA client accounts, including but not limited to documents related to the purchase, sale, and transfer of real estate, mortgages, notes, LLC's, and other private placements.

NOW, THEREFORE, BE IT RESOLVED, that any one of the following persons are authorized to execute documents and transfer, buy, and sell assets, including but not limited to real estate on behalf of and for the benefit of the clients of ADVANTA IRA SERVICES, LLC:



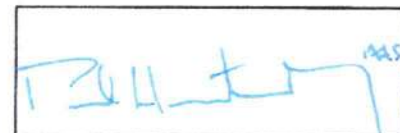
Jack M. Callahan, Manager



Robert A. Koerner
Authorized Signatory



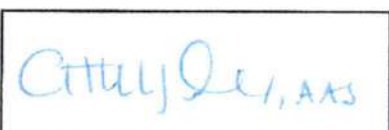
Scott R. Maurer
Authorized Signatory



Paul Hutchings
Authorized Signatory



James Jason Smith
Authorized Signatory



Courtney Maxa
Authorized Signatory

Adopted this 22 day of September, 2021

By:

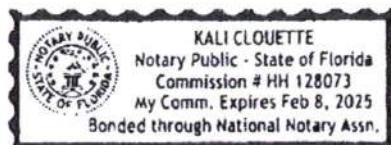


Jack M. Callahan, Manager

STATE OF FLORIDA / COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 22 day of Sept., 2021 by JACK M. CALLAHAN, Manager of ADVANTA IRA SERVICES, LLC, on behalf of the company, who is personally known to me or has produced _____ as identification.


NOTARY PUBLIC



Detail by Entity Name

Florida Limited Liability Company

ADVANTA IRA SERVICES, LLC

Filing Information

Document Number L03000012619 FEI/EIN Number 45-0513520 Date Filed 04/08/2003 State FL
Status ACTIVE Last Event LC NAME CHANGE Event Date Filed 12/16/2011 Event Effective
Date NONE

Principal Address

13191 STARKEY RD
SUITE 2
LARGO, FL 33773

Changed: 03/15/2017

Mailing Address

13191 STARKEY RD
SUITE 2
LARGO, FL 33773

Changed: 03/15/2017

Registered Agent Name & Address CALLAHAN, JACK M
13191 STARKEY RD
SUITE 2
LARGO, FL 33773

Address Changed: 03/15/2017

Authorized Person(s) Detail **Name & Address**

Title MGR

CALLAHAN, JACK M
13191 STARKEY RD STE 2
LARGO, FL 33773

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Robert Sheppard License # IH 1025386

Installer Mobile Phone # 386-623-2203

Address of home being installed 184 NW Mth Trail Lake City, FL 32055

Manufacturer Fleetwood/Road

Length x width 60' x 14'

NOTE: If home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials R.S.

New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☒

Single wide ☒ Wind Zone II ☐ Wind Zone III ☐

Double wide ☐ Installation Decal # 65822

Triple/Quad ☐ Serial # 6AFLT39A06083-V421

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16' (256)	18 1/2' x 18 1/2' (342)	20' x 20' (400)	22' x 22' (484)	24' x 24' (576)	26' x 26' (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4'	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7'	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 10x16

Other pier pad sizes (required by the mfg.) 17x25

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

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

Opening Pier pad size

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer DIWERTHOV

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer DIWERTHOV

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft ☐

FRAME TIES

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

OTHER TIES

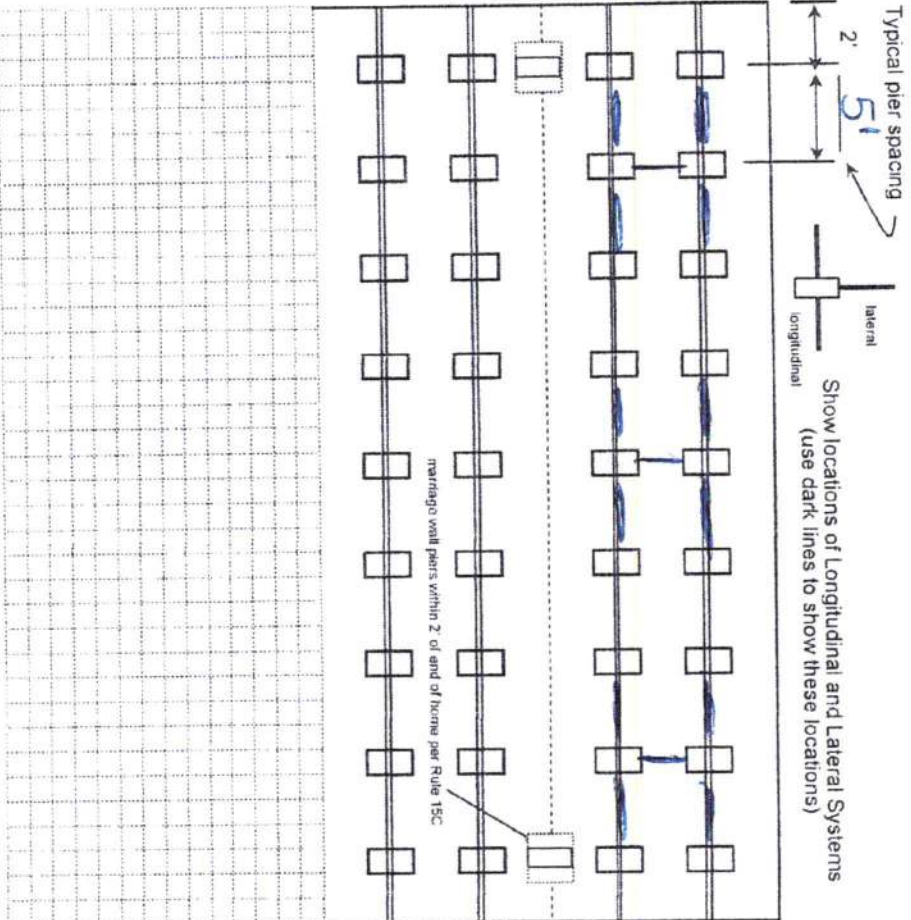
Number 20

Sidewall

Longitudinal

Marriage wall

Shearwall



PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1000 X 1000 X 1000

TORQUE PROBE TEST

The results of the torque probe test is 240 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

requires anchors with 4000 lb holding capacity.
Installer's initials P.S.

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Robert Sheppard

Date Tested

10-13-2021

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 29

Plumbing

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

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

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

Fastening multi wide units

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

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials RS

Type gasket

Pg. _____

Installed:

Between Floors Yes ☒

Between Walls Yes ☒

Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 29
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

Skirting to be installed. Yes ☒ No ☒

Dryer vent installed outside of skirting. Yes ☒ N/A ☒

Range downflow vent installed outside of skirting. Yes ☒ N/A ☒

Drain lines supported at 4 foot intervals. Yes ☒

Electrical crossovers protected. Yes ☒

Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Robert Sheppard Date 10-13-2021

Permit Application Number_____

PART II - SITEPLAN

[illegible]

Notes: McCall Truck

1 of 4 Pages SpR Attached

Site Plan submitted by: [Signature]

CONTRACTOR

Plan Approved _____ Not Approved _____

Date _____

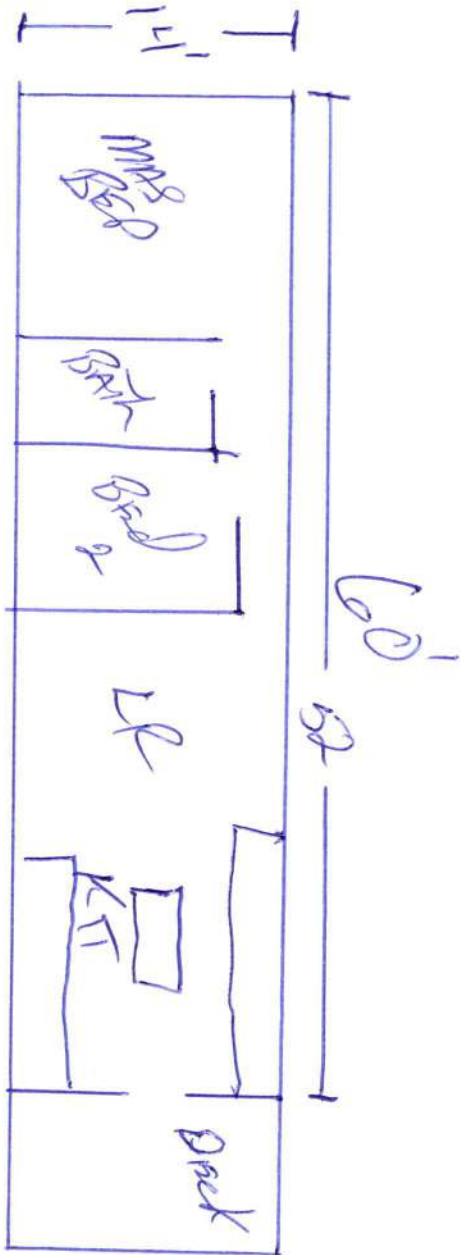
By _____ County Health Department

Page 2 of 4

ADVANTIRA
SERVICES LLC
Living Area
2285Q

(Heavy Group)
840 with
Porch

Proposed



2BR/1BA


10/12/21

FLEETWOOD HOMES OF GEORGIA, INC.
144 STUART WAY/P. O. BOX 5007
FITZGERALD, GA 31750

Plant Number #39

Date of Manufacture HUD Label No(s)

5-13-96

GE0939368

Manufacturer's Serial Number and Model Unit Designation

GAFIT39A06683-V421

2502K

RADOO

Design Approval by (D.A.P.I.A.)

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For heating	COLMAN	EB106
For air cooling		
For cooking	MAGIC CHEF	3500DPW
Refrigerator	MAGIC CHEF	RB150AV
Water Heater	WHITEM	71-205
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		
Stereo		
Smoke Detector		

HOME CONSTRUCTED FOR

☒ Zone I

☒ Zone II

☐ Zone III

This home has not been designed for the higher wind pressure and anchoring provisions required for coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ASHRAE 150.

This home has been equipped with storm shutters or other protective coverings for windows and exterior door openings. If or homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturer's printed instructions.

BASIC WIND ZONE MAP



DESIGN ROOF LOAD ZONE MAP



COMFORT HEATING

This manufactured home has been thermally insulated to conform with the federal manufactured home construction and safety standards.

within U/O value zone 1

Heating equipment manufacturer and model (see list at left).

The above heating equipment has the capacity to maintain an average 70° F

this home at outdoor temperatures of -4° F.

To maximize furnace operating economy, and to conserve energy, it is recommended

home be installed where the outdoor winter design temperature (97.1° F) is 18

degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity standard atmospheric pressure.

COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left).

Certified capacity 8,100 B.T.U./hour in accordance with the

air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized at

orientation of the front (hitch end) of the home facing On this

system is designed to maintain an indoor temperature of 75° F when

temperatures are ° F dry bulb and ° F wet bulb.

The temperature to which this home can be cooled will change depending on

amount of exposure of the windows of this home to the sun's radiant heat. There

home's heat gains will vary dependent upon its orientation to the sun and any pe

shading provided. Information concerning the calculation of cooling loads at

locations, window exposures and shadings are provided in Chapter 22 of the 1989

of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientation

provided in the special comfort cooling information provided with this home.

☒ Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of cent

conditioning.

The supply air distribution system installed in this home is sized for a manufactured

central air conditioning system of up to 34,000 B.T.U./hr. rated capacity which

certified in accordance with the appropriate air conditioning and refrigeration inst

standards, when the air circulations of such air conditioners are rated at 0.3 inch w

column static pressure or greater for the cooling air delivered to the manufactured h

supply air duct system.

Information necessary to calculate cooling loads at various locations and orientation

provided in the special comfort cooling information provided with this manufactured ho

☐ Air conditioning not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of its u

with a central air conditioning system.

To determine the required capacity of equipment to cool a home efficiently and economic

a cooling load heat gain calculation is required. The cooling load is dependent on the orient

tion, location, and the structure of the home. Central air conditioners operate most efficient

and provide the greatest comfort when their capacity closely approximates the calculated

cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of

the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE)

Handbook of Fundamentals 1989 edition, once the location and orientation are known.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	✓ .09
Ceiling and roof of light color	✓ .05
Ceiling and roof of dark color	✓ .05
Floors	✓ .07
Air ducts in floor	✓ .14
Air ducts in ceiling	✓ .00
Doors (included outside the home)	✓ .00
Windows (see the duct system in this home)	✓ .00
Doors in floor	48.0 ft
Doors in ceiling	0.0 ft
Walls outside the home	0.0 ft

U/O VALUE ZONE MAP





COLUMBIA COUNTY BUILDING DEPARTMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

Application # _____

\$50.00 Fee Paid _____

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes

OWNERS NAME Advanta IRA Services, LLC PHONE _____ CELL 941-232-9152

ADDRESS 184 McCall Terr, Lake City, FL, 32055

MOBILE HOME PARK Yes SUBDIVISION NA

DRIVING DIRECTIONS TO MOBILE HOME Marion St North, TL CR 25-A, TR McCall Terr, 1st Gate on left to site on right

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 386-623-2203

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 1996 SIZE 14 x 60 COLOR _____

SERIAL No. GAFLT39A06683-V421

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

_____ SMOKE DETECTOR () OPERATIONAL () MISSING

_____ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____

_____ DOORS () OPERABLE () DAMAGED

_____ WALLS () SOLID () STRUCTURALLY UNSOUND

_____ WINDOWS () OPERABLE () INOPERABLE

_____ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING

_____ CEILING () SOLID () HOLES () LEAKS APPARENT

_____ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT
FIXTURES MISSING

EXTERIOR:

_____ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING

_____ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT

_____ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

BUILDING INSPECTOR'S SIGNATURE _____ ID NUMBER _____ DATE _____