

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

Owner & Property Info

Result: 1 of 0

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

LLC Resolution of Advanta IRA Services, LLC fka Entrust of Tampa Bay, LLC

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

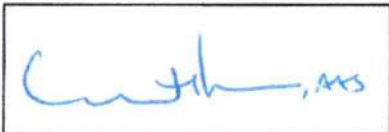
WHEREAS, ADVANTA IRA SERVICES, LLC currently has one (1) Manager, Jack M. Callahan.

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:



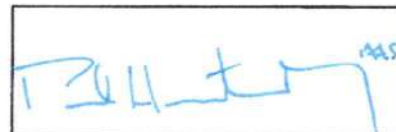
Jack M. Callahan, Manager



Robert A. Koerner
Authorized Signatory



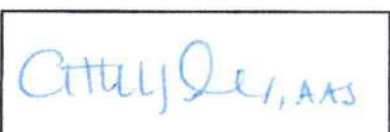
Scott R. Maurer
Authorized Signatory



Paul Hutchings
Authorized Signatory



James Jason Smith
Authorized Signatory



Courtney Maxa
Authorized Signatory

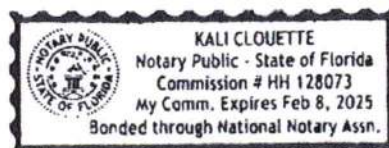
Adopted this 22 day of September, 2021

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

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Brent Strickland PHONE 386-365-7043

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

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

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

Installer Brent Strickland License # IH 1104218

Installer Mobile Phone # 386-365-7043

Address of home being installed

Manufacturer

218 Numa Hall Trail
Akela, FL 32055
Fleetwood Length x width 58x28

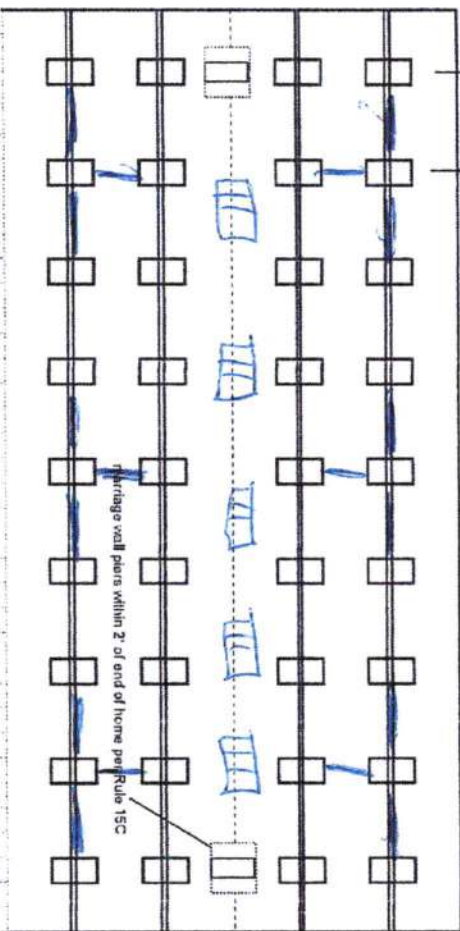
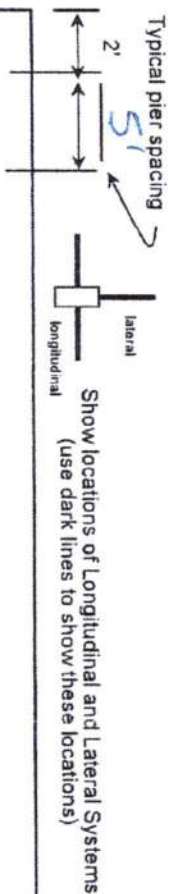
NOTE:

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

B.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 # 89552

Triple/Quad ☐ Serial # 64FEL54B9455CH3

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16' x 16' (256)	18 1/2' x 18 (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"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	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

L-beam pier pad size

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

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

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Longitudinal Stabilizing Device (LSD)

Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer

ShearHolt

Sidewall Marriage wall Shearwall

Number

28

Permit Application Number_____

Advanta IRA

PART II - SITEPLAN

2-10

Hand-drawn site plan of a property. The plan shows a rectangular lot with a building footprint in the upper right corner. The building is labeled "3 BR" and "14 SQ". Dimensions for the building and its setbacks are provided: 25' from the top boundary, 75' from the right boundary, 25' from the bottom boundary, and 12' from the left boundary. A dashed line indicates a "SLOPE" and "North" direction. A "Ditch" is shown along the right boundary, and a "DRIVE" is shown along the bottom boundary. A "Pond" is located on the left side of the lot. The plan is dated "2-10".

2-10

Pond

MAN MADE

12'

25'

75'

25'

3 BR

14 SQ

28'

8'

SLOPE

North

DRIVE

13'

13'

Ditch

McCall TELL

1 of 4 Acres See Attached

Notes: 1 of 4 Acres Spr Attached

Site Plan submitted by: _____ CONTRACTOR
Plan Approved _____ Not Approved _____ Date _____
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PERMIT NUMBER

PERMIT WORKSHEET

page 2 of 2

POCKET PENETROMETER TEST

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

X 1000 X 1000 X 1000 psf

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. I 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 requires anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

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. 24

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 24

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 24

Site Preparation

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

Fastening multi wide units

Floor: Type Fastener: LAGS Length: 5" Spacing: 16"
Walls: Type Fastener: LAGS Length: 4" Spacing: 16"
Roof: Type Fastener: LAGS Length: 4" Spacing: 16"
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 B.S.

Installed:

Type gasket FOAM
Pg. 24
Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. 24
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

Miscellaneous

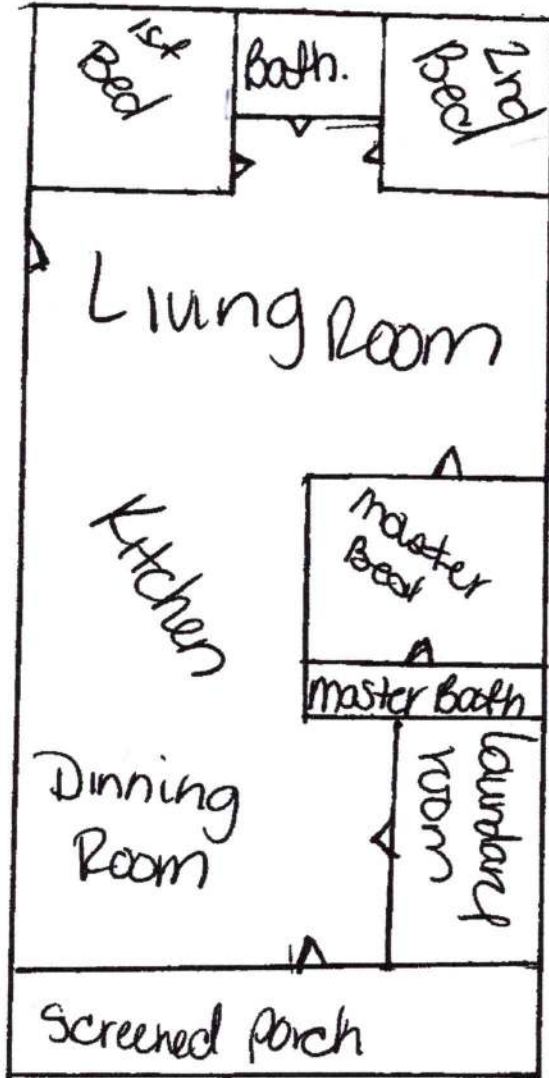
Skirting to be installed. Yes ☒ No ☐
Dryer vent installed outside of skirting. Yes ☐ N/A ☒
Range downflow vent installed outside of skirting. Yes ☒ N/A ☐
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

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 B.S. Date 4-26-22

Proposed

28



Admitted
1450 SQ

58
52'

6'

4/26/22

11 3 CMF 5446

AUDIT # 145953006



STATE OF FLORIDA APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

 L# 1466813
 T# 1160787789
 B# 528412
 S# 78412073

TITLE NUMBER		VEHICLE/VESSEL IDENTIFICATION #		YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GWW/LOC
66716402		GAFLR54B74556HS		1994	FWPM	HS	UNK	58'	
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 22 20	TRT	PRIVATE							

Applicant/Owner's Name & Address KATIE MORGAN EVANS 14751 SW 81ST TER LAKE BUTLER, FL 32054-7664	BIRTHDATE SEX MO. DAY YEAR Y N ALIEN CNTY RES # F 09 30 91 X 63 1st OWNER FL/DL# OR F.E.I.D.# E152513918500 2nd OWNER FL/DL# OR UNIT #
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VOLUNTARY CONTRIBUTIONS			

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
8.25	77.50	0.00	85.75

Action Requested: TRANSFER TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	07/01/2020		XX		<input type="checkbox"/>

LIEN INFORMATION

NAME OF FIRST LIENHOLDER:	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ADDRESS				

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
WESTGATE HOME SALES INC	
ADDRESS 4431 NW 13TH ST GAINESVILLE, FL 32609	
DEALER LICENSE NO. DH10168941	CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL REASON(S) CHECKED <input type="checkbox"/> OTHER	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00 <div style="text-align: right;"><input type="checkbox"/> SELLING PRICE VERIFIED</div>
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APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

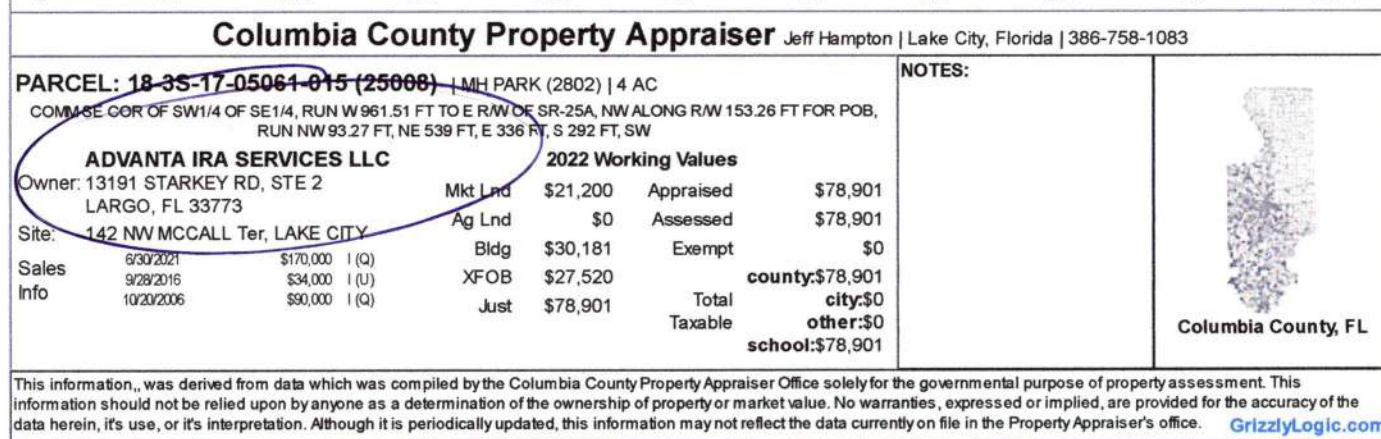
I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner _____	Signature of Applicant/Co-Owner _____
---------------------------------------	--

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.



11 3 CMF 5446

AUDIT # 145953005



STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE

L# 1466811
T# 1160787250
B# 528412
S# 78411959

TITLE NUMBER		VEHICLE/VESSEL IDENTIFICATION #		YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GWW/LOC
66716401		GAFLR54A74556HS		1994	FWPM	HS	UNK	58'	
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 22 20	TRT	PRIVATE							

Applicant/Owner's Name & Address KATIE MORGAN EVANS 14751 SW 81ST TER LAKE BUTLER, FL 32054-7664	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">BIRTHDATE</th> <th colspan="2">RESIDENT</th> <th>CNTY</th> </tr> <tr> <th>SEX</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Y</th> <th>N</th> <th>ALIEN</th> </tr> <tr> <td>F</td> <td>09</td> <td>30</td> <td>91</td> <td>X</td> <td></td> <td></td> </tr> </table> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">1st OWNER FL/DL# OR F.E.I.D.#</td> <td style="width:50%;">2nd OWNER FL/DL# OR UNIT #</td> </tr> <tr> <td>E152513918500</td> <td></td> </tr> </table>	BIRTHDATE				RESIDENT		CNTY	SEX	MO.	DAY	YEAR	Y	N	ALIEN	F	09	30	91	X			1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #	E152513918500	
BIRTHDATE				RESIDENT		CNTY																				
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1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #																									
E152513918500																										

VOLUNTARY CONTRIBUTIONS			

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
8.25	77.50	0.00	85.75

Action Requested: TRANSFER TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	07/01/2020		XX		<input type="checkbox"/>

LIEN INFORMATION		DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:					
ADDRESS		SALVAGE TYPE			

SELLER INFORMATION	
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER WESTGATE HOME SALES INC ADDRESS 4431 NW 13TH ST GAINESVILLE, FL 32609 DEALER LICENSE NO. DH10168941	
CONSUMER OR SALES TAX EXEMPTION #	

SALES TAX AND USE REPORT	
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM EXEMPTION CERTIFICATE FLORIDA SALES OR <input type="checkbox"/> VEHICLE / VESSEL WILL BE USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL REASON(S) CHECKED <input type="checkbox"/> OTHER	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ _____ INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00 <div style="text-align: right;"><input type="checkbox"/> SELLING PRICE VERIFIED</div>

APPLICANT CERTIFICATION	
I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE. I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.	
I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	
Signature of Applicant/Owner _____	Signature of Applicant/Co-Owner _____

HSMV 82041 REVISED 02/06 SCAN CODE MVT

Manufacturer Address

Fleetwood Homes of GA., Inc.
Hwy 82 West
Pearson, GA 31642

Plant Number

#54

Date of Manufacture HUD No.

3-5-94

GEO 778574/778575

Manufacturer's Serial Number and Model and Identification

GAFLR54A74556-HS/GAFLR54B74556-HS 4583P

Design Approved (D.A.P.A.)

RADCO

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	Coleman	EB164
For air cooling		
For cooking	Magic Chef	3510P
Refrigerator	Magic Chef	RB171P1W
Water heater	Rheem	71-325
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace	Coleman	36ECM

DESIGN WIND

ZONE MAP

Zone I
Standard wind
15 mph sustained
plus gusts

Zone II
Hurricane force plus
35 mph sustained
plus gusts



SEMI-ROOF LOAD

Zone I 30 PSF

Zone II 50 PSF



STRUCTURAL DESIGN BASIS CERTIFICATE

COMFORT HEATING

This manufactured home has been thoroughly inspected to conform with the requirements of the federal manufactured home construction and safety standards for all equipment when automatic zone I.

Heating equipment manufacturer and model (see list at left).
The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of 0° F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (57° F) is not higher than 21° degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

☐ Air conditioner provided at factory (Alternate I)

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

Certified capacity — B.T.U. hours in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing — On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are — F dry bulb and — F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiation. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1981 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is 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 central air conditioning.

The supply air distribution system installed in this home is sized for a maximum home central air conditioning system of up to 50,500 B.T.U. hours. The rated capacity when installed in accordance with the appropriate air conditioning and refrigeration institute standards, when the air conditioners of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manifold, tested home supply air distribution system necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

☐ Air conditioning not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of the use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

Walls (without windows and doors)	12
Ceilings and ends of light color	08
Ceilings and ends of dark color	08
Floors	14
Air ducts in floor	13
Air ducts in ceiling	N/A
Air ducts installed outside the home	25
The following are the heat gains in this home:	
Air ducts in floor	76.0
Air ducts in ceiling	N/A
Air ducts installed outside the home	47.0

To determine the required capacity of equipment for a home with a central air conditioning system, the following information is necessary. The cooling load is determined by the heat gains, losses and the air flow of the home. Central air conditioning equipment must be sized to handle the greatest cooling load when the capacity of the equipment is determined by the heat gains and losses. Each home's air conditioner should be sized to accommodate the heat gains and losses. Capacity of cooling equipment may be determined by the heat gains and losses. Heat gains and losses may be determined by the heat gains and losses.

OUTDOOR WINTER DESIGN TEMP. ZONES





Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **11/8/2021 4:48:13 PM**

Address: **248 NW MCCALL TER**

City: **LAKE CITY**

State: **FL**

Zip Code **32055**

Parcel ID **18-3S-17-05061-015**

REMARKS: **This address is a verified address in the county's addressing system.**

Verification ID: 3b592a1c-d721-4d13-a830-82058f724138

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator