

Parcel:
12-6S-16-03816-145 (19605)

Owner & Property Info

Result: 1 of 1

Owner	NEIDERT TIMOTHY NEIDERT ROSELAN 710 SW SCOUT GLN FORT WHITE, FL 32038		
Site	710 SW SCOUT Gln, FORT WHITE		
Description*	COMM SW COR, RUN E 798.60 FT FOR POB, CONT E 334.99 FT, N 1301.52 FT, W 334.99 FT, S 1302.16 FT TO POB. (AKA LOT 45 CROSS ROADS S/D UNREC). AG 1025-2764, WD 1090-369, WD 1439-215,		
Area	10.01 AC	S/T/R	11-6S-16E
Use Code**	VACANT (0000)	Tax District 3	

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Dale Houston PHONE 386-623-6522

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

Neidert

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>Timothy Neidert</u>	Signature <u></u>
	License #: <u>Owner</u>	Phone #: <u>407-433-9201</u>
	Qualifier Form Attached <input type="checkbox"/>	
MECHANICAL/	Print Name <u>Ronald Bonds Sr.</u>	Signature <u></u>
A/C _____	License #: <u>CAC 1817658</u>	Phone #: <u>800-259-3470</u>
	Qualifier Form Attached <input checked="" 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



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave. Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bonds Sr (license holder name), licensed qualifier
for Style Crest Enterprises, Inc (company name), do certify that
the below referenced person(s) listed on this form is/are contracted/hired by me, the license
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
person(s) is/are under my direct supervision and control and is/are authorized to purchase and
sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Bird	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
under my license and fully responsible for compliance with all Florida Statutes, Codes, and
Local Ordinances. I understand that the State and County Licensing Boards have the power and
authority to discipline a license holder for violations committed by him/her, his/her agents,
officers, or employees and that I have full responsibility for compliance with all statutes, codes
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
officer(s), you must notify this department in writing of the changes and submit a new letter of
authorization form, which will supersede all previous lists. Failure to do so may allow
unauthorized persons to use your name and/or license number to obtain permits.

Licensed Qualifiers Signature (Notarized) CRC 1817658 2-16-14
License Number Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bonds Sr
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 16th day of FEB, 20 14.

Stacey Ann Hopkins
NOTARY'S SIGNATURE

(Seal/Stamp)



These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

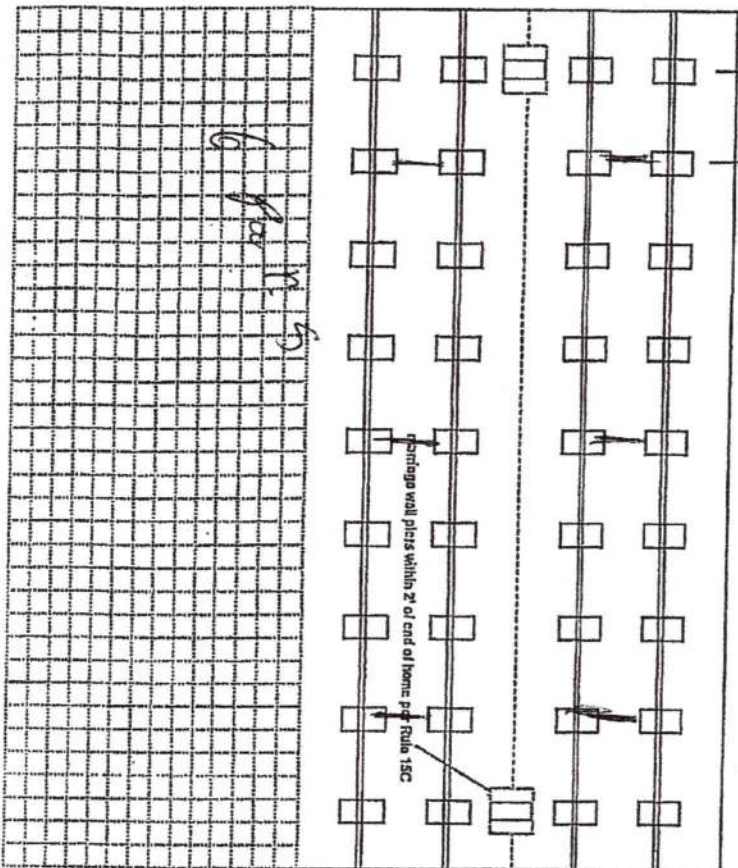
Installer Rule Houston License # TH 1025142
911 Address where home is being installed: 710 Scott Green

Manufacturer 2014 Length x width 32x58

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 TH



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 Detail # 76077
Triple/Quad ☐ Serial # 10H1A10021834AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	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 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4'	5'	6'	7'	8'	9'
2000 dsf	5'	6'	7'	8'	9'	10'
2500 dsf	6'	7'	8'	9'	10'	11'
3000 dsf	7'	8'	9'	10'	11'	12'
3500 dsf	8'	9'	10'	11'	12'	13'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31
Perimeter pier pad size 16x16
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

23 x 31

ANCHORS

4 ft ☒ 5 ft ☒

FRAME TIES

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms _____
Manufacturer _____

OTHER TIES

Number _____
Sidewall _____
Longitudinal _____
Marriage wall _____
Shearwall _____

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.

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 6 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.

PH Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Dale Houston

Date Tested

10/18/21

Electrical

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

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____
Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: lags Length: 6" Spacing: 18"
Walls: Type Fastener: 7" Length: 11" Spacing: 11"
Roof: Type Fastener: 1" Length: 1" Spacing: 11"
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 (weatherstripping 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

PH

Type gasket Flom

Installed:

Between Floors Yes 1
Between Walls Yes 1
Bottom of ridgebeam Yes 1

Weatherproofing

The bottomboard will be repaired and/or lapped. Yes ☒ Pg. 1
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 1 N/A _____
Range downflow vent installed outside of skirting. Yes 1 N/A _____
Drain lines supported at 4 foot intervals. Yes 1 N/A _____
Electrical crossovers protected. Yes 1 _____
Other: _____

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

Installer Signature Dale Houston

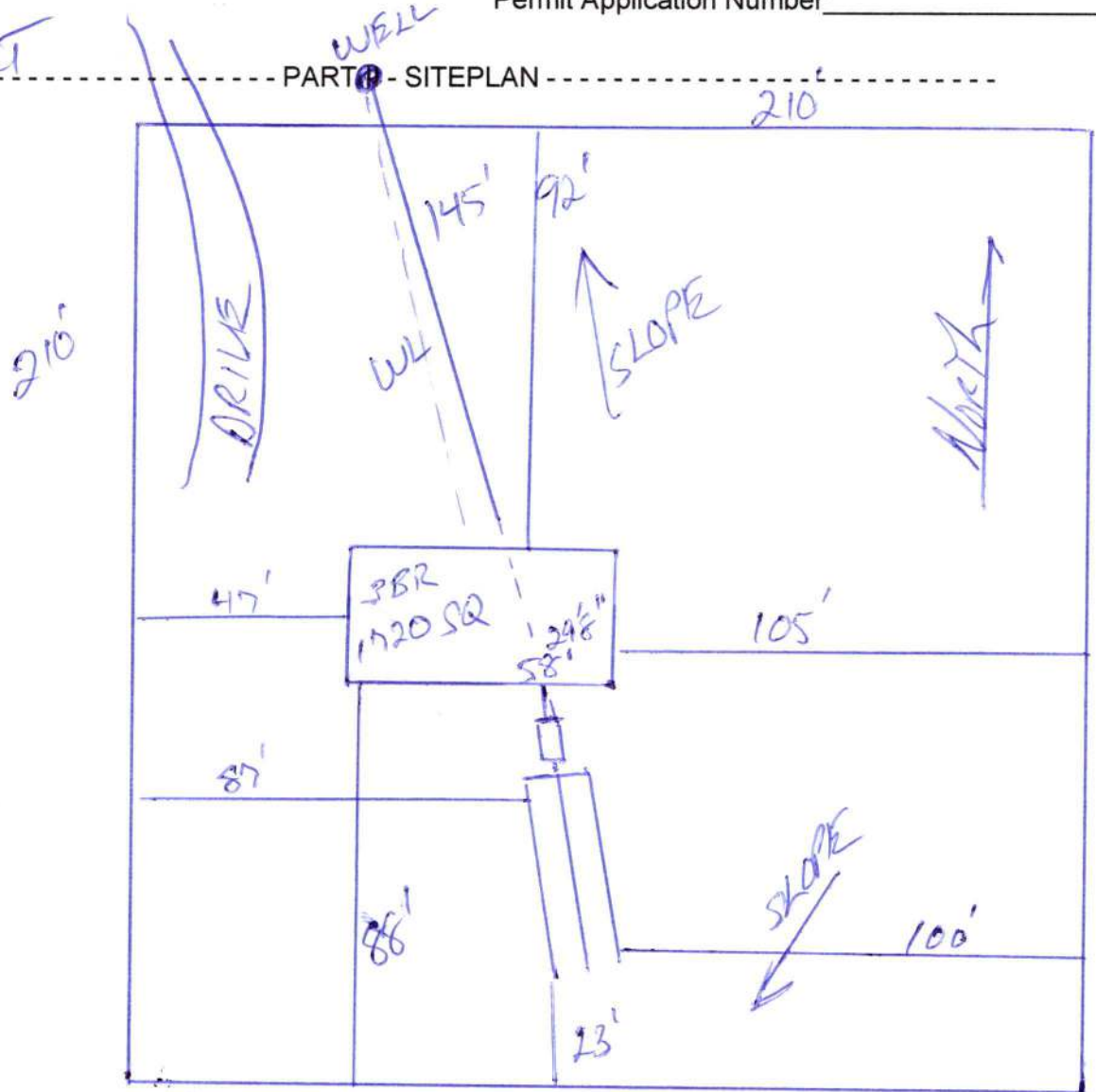
Date 10/18/21

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

NADART
----- PART B - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

1 of 10.01 Acres

Please See Attached

Site Plan submitted by: _____

CONTRACTOR

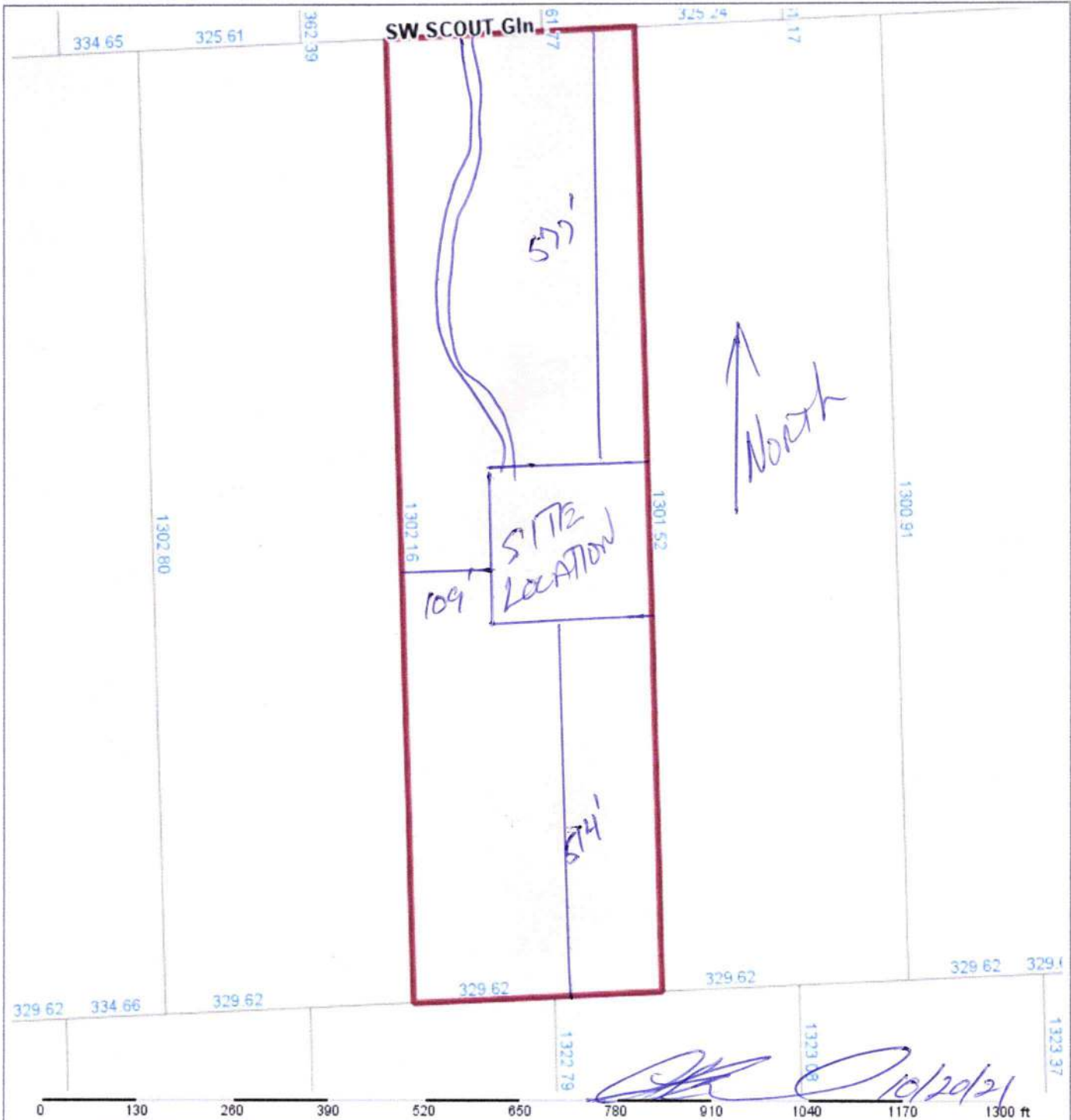
Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 12-6S-16-03816-145 (19605) | VACANT (0000) | 10.01 AC
COMM SW COR, RUN E 798.60 FT FOR POB, CONT E 334.99 FT, N 1301.52 FT, W 334.99 FT, S 1302.16 FT TO POB.
(AKA LOT 45 CROSS ROADS S/D UNREC), AG 1025-2

NEIDERT TIMOTHY
NEIDERT ROSELAN
710 SW SCOUT GLN
FORT WHITE, FL 32038
710 SW SCOUT Gln, FORT
WHITE

Mkt Lnd	\$47,045	Appraised	\$47,045
Ag Lnd	\$0	Assessed	\$47,045
Bldg	\$0	Exempt	\$0
XFOB	\$0		
Just	\$47,045	Total	county:\$47,045
		Taxable	city:\$0
			other:\$0
			school:\$47,045

Owner:
Site:
Sales Info:
5/29/2021 \$68,000 V (Q)
7/17/2006 \$100 V (U)
4/8/2004 \$42,000 V (U)

NOTES:

Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

Exterior vinyl shaker backside elevation drawing. The drawing shows a side view of a building with vertical vinyl siding. It features four windows: three small, square, multi-paned windows arranged horizontally in the upper section, and one larger, rectangular, multi-paned window below them. A small, square, multi-paned window is also visible on the lower left. The building has a gabled roof with a decorative railing or fence running along the side. The drawing is oriented vertically on the page.

**EXTERIOR VINYL SHAKER PACKAGE
(STD)**
58'-0"





STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
CONSTRUCTION PERMIT

PERMIT #: **12-SC-2410177**
APPLICATION #: **AP1757305**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1674256**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: TIMOTHY**21-0847 NEIDERT

PROPERTY ADDRESS: 710 SW SCOUT Fort White FL 32038

LOT: 45 BLOCK: _____ SUBDIVISION: CROSSROADS

PROPERTY ID #: 03816-145 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS [] DOSES PER 24 HRS #Pumps []

D [462] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in pine W of site

I ELEVATION OF PROPOSED SYSTEM SITE [12 00] [INCHES] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30 00] [INCHES] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0 00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom) for a total estimated flow of 300 gpd

T

H

E

R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Sean P. Havers TITLE: Environmental Specialist I COLUMBIA CHD

DATE ISSUED: 10/6/2021

EXPIRATION DATE: 04/15/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Page 1 of 3

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

21-0847

Neidert

PART II - SITE PLAN

Scale 1 inch = 40 feet

AN

Notes

Site Plan submitted by

Neidert, L. L. #4

MASTER CONTRACTOR

Plan Approved

Not Approved

Date

10-14-21

By

[Signature]

[Signature]

[Signature]

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

FW

PERMIT NO.
DATE PAID
FEE PAID
RECEIPT #

21-2847
10/15/21
310.00
1757305

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary

APPLICANT: Timothy and Roselan Neidert

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 45 BLOCK: NA SUB: Cross Roads PLATTED:

PROPERTY ID #: 12-6S-16-03816-145 ZONING: I-M OR EQUIVALENT (Y, N)

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ (K=2000GPD) (10000GPD)

IS SEWER AVAILABLE AS PER 381.0065 FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 710 SW Scout Gin, Fort White, FL

DIRECTIONS TO PROPERTY: TL onto US-41S, TR onto FL-47, TL onto SW Herlong St, TR onto Old Wire Rd, TL onto SW Scout Gin

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1 SF Residential 3 1720

2

3

☐ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE

DATE 10-14-2021