

**APPLICATION FOR MOBILE HOME PERMIT  
HIGHLANDS COUNTY, FLORIDA**

OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

BLDG.CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

**ZONING DEPARTMENT:**

Existing Strap C - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Year Lot Created \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Meets Frontage Requirement: Yes No PB PG  
 Nature of Work \_\_\_\_\_  
 Type of Construction \_\_\_\_\_  
 BLDG. SQ. FOOTAGE: Living Area \_\_\_\_\_  
 Non-Living Area \_\_\_\_\_  
 Total Combined Area \_\_\_\_\_  
 Base Floor Area \_\_\_\_\_

APPLICATION FOR PERMIT TO Install Replace  
 Proposed Strap C - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Current Use \_\_\_\_\_  
 Unit/Sec BLK Lots  
 Map No. Zoning District  
 Valuation \_\_\_\_\_  
 LOT SQ. FOOTAGE: Total Lot Area \_\_\_\_\_  
 Base Building Area \_\_\_\_\_  
 Building Coverage ( % ) \_\_\_\_\_

SETBACKS Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Corner: \_\_\_\_\_ Height: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**PLANNING DEPARTMENT:**

Land Use Category: \_\_\_\_\_ Consistent with Zoning: Yes No Vested Subdivision: \_\_\_\_\_  
 Historical/Archaeological Resources: Yes No HPC Certificate: \_\_\_\_\_  
 Natural Resources: Wetlands Cutthroatgrass Seep Xeric Uplands None  
Environmental Clearance Granted or Land Clearing Permit Issued: EC - \_\_\_\_ - \_\_\_\_ Date Issued: \_\_\_\_\_  
Cleared before May 2, 1994 ½ Acre Lot  < 2 Acres Lot Expanding Existing Use Conditioned on State/Federal Wetlands Permit  
 Wildfire Susceptibility: High Medium Low Overlay District: UGA SCO GLPPVO Airport Zoning Overlay

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**ADDRESSING DEPARTMENT:**

Bldg. No. \_\_\_\_\_ Street \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**ENGINEERING DEPARTMENT:**

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**HEALTH DEPARTMENT:**

Septic Tank Central Sewer Well Central Water \_\_\_\_\_BEDS \_\_\_\_\_BATHS  
 Size of Septic Tank \_\_\_\_\_ Septic Tank Permit Number \_\_\_\_\_  
 Water Provider \_\_\_\_\_ Sewer Provider \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**BUILDING DEPARTMENT:**

Flood Zone: \_\_\_\_\_ Panel No. \_\_\_\_\_  
*Lowest Floor on new and substantially improved buildings must be 2' above the base flood elevation.*  
 C404: \_\_\_\_\_  
 Code in Force: \_\_\_\_\_  
 Plumbing Contractor: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_

| FEE SUMMARY                   |              |
|-------------------------------|--------------|
| Impact Fee:                   |              |
| Impact Use:                   | Impact Area: |
| Zoning Review Fee:            |              |
| Addressing Fee:               |              |
| Form Board Fee:               |              |
| Plan Review Fee:              |              |
| Permit Fee:                   |              |
| Certificate of Occupancy:     |              |
| State Surcharge:              |              |
| Environmental Mitigation Fee: |              |
| Garbage Assessment:           |              |
| <b>TOTAL:</b>                 |              |

**THIS APPLICATION MUST INCLUDE A BLOCKING SCHEDULE AND TIE DOWN SCHEDULE.**  
**NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

I hereby acknowledge the above information is correct and said work and use will be in conformance with all Highlands County Codes and regulations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

State #: \_\_\_\_\_ County #: \_\_\_\_\_

**Manufactured Home Installation Information**

|                                      |                                       |                  |
|--------------------------------------|---------------------------------------|------------------|
| Licensed Installer Name: _____       | Licensed Dealer/Installer Name: _____ |                  |
| License Number: _____                | Mobile Home Manufacturers Name: _____ |                  |
| Date Mobile Home Manufactured: _____ | Model: _____                          | Year: _____      |
| Serial #: _____                      | Roof Zone: _____                      | Wind Zone: _____ |
| Number of Sections: _____            | Width: _____                          | Length: _____    |

**Installation Must Comply with 15C-1**

**Mfg. Manual Page No.**

**Site Preparation:**

|   |                      |             |
|---|----------------------|-------------|
| Debris and Organic Material Removal _____                       | Compacted Fill _____ | Pg. # _____ |
| Water Drainage: Neutral _____ Swale _____ Pad _____ Other _____ |                      | Pg. # _____ |

**Foundation:**

|   |                           |             |
|---|---------------------------|-------------|
| Load Bearing Soil Capacity _____  | or Assumed 1000 PSF _____ | Pg. # _____ |
| Footing Type: Poured in Place _____ Portable _____  | Size and Thickness _____  | Pg. # _____ |
| I-Beam or Main Rail Piers: Single Tiered _____  | Double Interlocked _____  | Pg. # _____ |
| Size of Piers _____   | Placement O/C _____       | Pg. # _____ |
| Perimeter Pier Blocking: Size _____ Number _____  | Location _____            | Pg. # _____ |
| Ridge Beam Support Footer: Size _____ Number _____  | Location _____            | Pg. # _____ |
| Center Line Blocking: Size _____ Number _____   | Location _____            | Pg. # _____ |
| Special Pier Blocking Required: (Fireplace, Baywindow, Etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No |                           | Pg. # _____ |
| Mating of Multiple Units: Mating Gasket _____ Typed Used _____  |                           | Pg. # _____ |

**Fasteners:**

|            |                      |               |           |             |
|------------|----------------------|---------------|-----------|-------------|
| Roofs:     | Type and Size _____  | Spacing _____ | O/C _____ | Pg. # _____ |
| End walls: | Type and Size _____  | Spacing _____ | O/C _____ | Pg. # _____ |
| Floors:    | Types and Size _____ | Spacing _____ | O/C _____ | Pg. # _____ |

**Anchors:**

|   |                         |                                       |
|---|-------------------------|---------------------------------------|
| Type 3150 Working Load _____  | 4000 Working Load _____ | Pg. # _____                           |
| Height of Unit: (Top of Foundation or Footer to Bottom of Frame) _____    |                         | Pg. # _____                           |
| Number of Frames: Ties _____  | Spacing _____           | O/C Angle of Strap _____ Degree _____ |
| Number of Over Roof Ties: (if required) _____                             |                         | Pg. # _____                           |
| Number of Sidewall Anchors: _____   | Zone II _____           | Zone III _____                        |
| Number of centerline Anchors: _____                                       |                         | Number of Stabilizer Devices: _____   |
| Vents Required for Underpinning (1 SF/150 SF of Floor Area) Number: _____ |                         | Pg. # _____                           |