

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

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

BLDG.CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, ST 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. # _____