

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

OWNER _____ M. H. INSTALLER _____
 ADDRESS _____ ADDRESS _____
 CITY _____ CITY _____
 PHONE _____ PHONE _____

Description of Property _____ Date Lot Created: _____
 Existing Strap: C- _____ - _____ - _____ - _____ - _____ - _____
 Proposed Strap: C- _____ - _____ - _____ - _____ - _____ - _____
 Current Use _____ Proposed Use _____
 Subdivision _____ Unit/Sec _____ BLK _____ Lots _____
 F. A. R. _____% Impervious Surface _____% PB _____ PG _____ Map No. _____ Property Zoned _____
 Lot Information _____ Stories _____ Actual Lot Area _____
 SETBACKS: Front _____ Rear _____ Sides _____ Corner _____ Height _____
DATE: _____ **Approved By:** _____

Land Use Category: _____ Zoning: _____ Consistency: YES NO
 Vesting: Legal Lot of Record or Vesting# _____
 Hist/Arch : Yes No: HPC _____ Date _____
 Natural Resources on Wetlands Cutthroat grass Xeric Uplands None
 Environmental Clearance _____ / _____ (Date) LCP# _____ / _____ (Date)
 Cleared before **May 2, 1994** 2 Acre Lot ; Expanding Existing Use State or Federal Wetlands Permit is a Condition of Approval
 (Must fill out Owners Wetland Affidavit and see condition of Approval on Reverse of this application)
 Land Clearing Permit Issued. Planning: _____ Date: _____

9-1-1 ASSIGNED ADDRESS: Approved By: _____
 BLDG. No _____ Street: _____

SANITARY AND WATER FACILITIES TO BE CONNECTED:
 SEPTIC TANK _____ CENTRAL SEWER _____ WELL _____ CENTRAL WATER _____
 NO OF BEDROOMS _____ NO. OF BATHROOMS _____ SIZE OF SEPTIC _____
 Septic Tank Permit Number: _____ Provider Water _____ Provider Sewer _____
 DATE: _____ APPROVED BY: _____

ENGINEERING DEPARTMENT
 APPROVAL: _____ DATE: _____

APPLICATION FOR PERMIT TO: INSTALL REPLACE
 (Lowest Floor Level To Be No Lower than 2' Above Base Flood Elevation) FLOOD-ZONE PANEL _____
 SIZE OF MOBILE HOME _____ Zoning Review Fee: _____
 VALUATION OF MOBILE HOME \$ _____ ADDRESSING FEE: _____
 PLUMBING CONTRACTOR: _____ PERMIT FEE: _____
 ELECTRICAL CONTRACTOR: _____ STATE SURCHARGE FEE: _____
 MECHANICAL CONTRACTOR: _____ CERTIFICATE OCCUPANCY: _____
 C404: _____ PLAN REVIEW: _____
 Code in Force: _____ REFUSE: _____
 TOTAL: _____

THIS APPLICATION MUST INCLUDE BLOCKING SCHEDULE AND TIE DOWN SCHEDULE

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 _____

INSTALLER # _____ COUNTY NO. _____
 REVISED 7/01/09 f:\word\forms for permitting\permit forms\building permits revised\application for mobile home permit.doc

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 Ⓢ

Site Preparation :

Mfg. Manual

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: Number _____ Size _____ Location _____ Pg. # _____

Special Pier Blocking Required: (Fi replace, Baywindow, Etc.) Yes _____ 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 Pg. # _____

Number of Over Roof Ties (if required) _____ Pg. # _____

Number of Sidewall Anchors _____ Zone II _____ Zone III _____ Pg. # _____

Number of centerline Anchors _____ Number of Stabilizer Devices _____ Pg. # _____

Vents Required for Underpinning (1 SF/150 SF of Floor Area) Number _____ Pg. # _____

