

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: (Lowest floor Level To Be No Lower than 2' Above Base Flood Elevation.)
 INSTALL REPLACE
SIZE OF MOBILE HOME _____ FLOOD-ZONE PANEL _____
VALUATION OF MOBILE HOME \$ _____ IMPACT FEE: _____
PLUMBING CONTRACTOR: _____ PERMIT FEE: _____
ELECTRICAL CONTRACTOR: _____ CERTIFICATE OCCUPANCY: _____
MECHANICAL CONTRACTOR: _____ MITIGATION: _____
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. _____

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. # _____

