

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

OWNER _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____

MOBILE HOME INSTALLER _____
 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: _____

Flood Zone: _____ Panel No. 12055C

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: _____

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 #: _____

BUILDING DEPARTMENT 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:	_____
TOTAL:	_____

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 _____	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. # _____			