APPLICATION FOR MOBILE HOME PERMIT HIGHLANDS COUNTY, FLORIDA

OWNER	MOBILE HOME INSTALLER			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	CITY, STATE, ZIP			
PHONE	PHONE			
ZONING DEPARTMENT:	APPLICATION FOR PERMIT TO Install Replace			
	Proposed Strap C			
-	Current Use			
Subdivision	Unit/Sec BLK Lots			
Meets Frontage Requirement: Yes No PB PG	Map No. Zoning District			
Nature of Work	· · · · · · · · · · · · · · · · · · ·			
Type of Construction	Valuation			
	LOT SQ. FOOTAGE: Total Lot Area			
Non-Living Area	Base Building Area			
Total Combined Area	Building Coverage (%)			
Base Floor Area				
SETBACKS Front: Rear: Sides:	Corner: Height:			
Date: Approved By:	<u> </u>			
	Zoning: Yes No Vested Subdivision:			
Historical/Archaeological Resources: Yes No HPC Certificate:				
Natural Resources: Wetlands Cutthroatgrass Seep Xeric Uplands				
Environmental Clearance Granted or Land Clearing Permit Issued: EC				
□ Cleared before May 2, 1994 □½ Acre Lot □< 2 Acres Lot □Expanding	g Existing Use Conditioned on State/Federal Wetlands Permit			
Wildfire Susceptibility: High Medium Low Overlay Di	istrict: UGA SCO GLPPVO Airport Zoning Overlay			
Date: Approved By:				
ADDRESSING DEPARTMENT: Bldg. No. Stree	st			
Date: Approved By:				
ENGINEERING DEPARTMENT:				
Date: Approved By:				
HEALTH DEPARTMENT: Septic Tank Central Sewer Well				
Size of Septic Tank Septic Tank Permit Number				
Water Provider Sewer Provider				
Date: Approved By:				
Flood Zone: Panel No.				
Lowest Floor on new and substantially improved buildings must be 2' above the base flo	BUILDING DEPARTMENT FEE SUMMARY Dod elevation. Import Fac.			
C404:	Impact Fee:			
Code in Force:	Impact Use: Impact Area:			
Plumbing Contractor:	Zoning Review Fee:			
Electrical Contractor:	Addressing Fee:			
Mechanical Contractor:	Form Board Fee:			
	Plan Review Fee:			
NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTH NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SU				
OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER	O = ut! f! = ut = ut O = ut ut = ut O = ut ut O			
COMMENCED.	State Surcharge:			
I hereby acknowledge the above information is correct and said work and us conformance with all Highlands County Codes and regulations.				
Date: Signature:	Garbage Assessment:			
State #: County #:				
State #. Gounty #.				

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Manufactured H	ome Installatior	Information

Licensed Installer Name:	Licensed Dealer/Installe	Licensed Dealer/Installer Name:	
License Number:	Mobile Home Manufactu	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		
		<u>Mfg. Manual Page No.</u>	
Site Preparation:			
Debris and Organic Material Removal	Compacted Fill	Pg. #	
Water Drainage: NeutralSwale	PadOther	Pg. #	
Foundation:			
Load Bearing Soil Capacity	or Assumed 1000 PSF	Pg. #	
	rortable Size and Thickness	• •	
I-Beam or Main Rail Piers: Single Tiered	Double Interlocked	g. #	
Size of PiersPlacement O/C		<u>g</u> : <u>#</u> Pg. <u>#</u>	
	nber Location	Pg. #	
	nberLocation	Pg. #	
	nber Location	g. #	
Special Pier Blocking Required: (Fireplace, Baywindow, Etc.) Yes No		9; # Pg. #	
Mating of Multiple Units: Mating Gasket Typed Used		Pg. #	
		i g. "	
Fasteners:			
Roofs: Type and SizeS	pacingO/C	Pg. #	
End walls: Type and SizeS	pacingO/C	Pg. #	
Floors: Types and SizeS	pacingO/C	Pg. #	
Anchors:			
	000 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. #	

_Pg. #__

Vents Required for Underpinning (1 SF/150 SF of Floor Area) Number:_