

Madison County Building Department
229 S.W. Pinckney Street Room 219
Madison, Florida 32340

MOBILE/MANUFACTURED HOME MOVE ON DISCLOSURE
APPLICATION/ AFFIDAVIT

HOME OWNER _____ PHONE _____

MAILING ADDRESS _____

SITE ADDRESS _____

PARCEL ID # _____

LOT _____ BLOCK _____ SUBDIVISION _____

FLOOD ZONE _____ FINISH FLOOR ELEVATION _____

SIZE HOME _____ SINGLE _____ DOUBLE _____ TRIPLE _____ QUAD _____ OTHER _____

LAND OWNER _____ PHONE _____

MAILING ADDRESS _____

MOBILE HOME INSTALLER _____

PHONE _____ LICENSE # _____

I certify that the foregoing information is accurate to the best of my knowledge.
I understand that separate permits must be obtained for electric, plumbing, air conditioning, and any other type work that is not a part of the mobile home installation.
I understand that according to Florida Statute 320.8249 a license from the Department of Motor Vehicles is required to receive a permit to install a mobile home. Therefore, I authorize the above referenced installer to obtain necessary permits from applicable state and local agencies to facilitate this mobile home installation. I further understand that the County will not issue permits to unlicensed contractors.

PRINTED NAME OF MOBILE HOME OWNER

DATE

SIGNATURE OF MOBILE HOME OWNER

NOTARY OR BLDG. DEPT. STAFF

DATE

**ZONING COMPLIANCE REQUEST
FOR DEVELOPMENT PERMIT**

PROPERTY OWNER: _____
 PARCEL ID# _____ #OF ACRES: _____
 SUBDIVISION: _____ LOT: _____ BLOCK: _____ UNIT: _____
 PROPERTY ADDRESS: _____

PURPOSE OR INTENT: _____
 NEW CONSTRUCTION: _____ MOBILE HOME: _____
 # OF EXISTING RESIDENE(S) ON PROPERTY: _____

OWNER/or OWNER'S AGENT SIGNATURE: _____

CONTACT PHONE # _____

THIS SECTION IS TO COMPLETED BY STAFF ONLY

ZONING: _____ DENSITY ALLOWANCE: _____
 FLOOD ZONE: _____ FEMA MAP NUMBER: _____
 ELEVATION CERTIFICATION REQUIRED _____ YES _____ NO
 SITE PLAN REQUIRED: _____ YES _____ NO
 ADDITIONAL COMMENTS / INFO REQUESTED OR PROVIDED:

LAND DEVELOPMENT REGULATION COMPLIANCE: _____ YES _____ NO
 DEVELOPMENT FEE: \$ _____ PAYMENT TYPE: _____ CHECK _____ CASH

AUTHORIZED SIGNATURE: _____ DATE: _____

DISCLAIMER:

THIS IS TO ADVISE YOU THAT THE ABOVE NAMED PROPERTY OWNER IS IN COMPLIANCE WITH THE DENSITY REQUIREMENTS OF MADISON COUNTY COMPREHENSIVE LAND USE REGULATIONS AS OF DATE ABOVE.
PLEASE NOTE: ALL OTHER PERMITS REQUIRED MUST STILL BE OBTAINED.

DEVELOPMENT	
PERMIT NUMBER:	
RECEIPT NUMBER:	

**Madison County Public Works
2060 NE Rocky Ford (CR 591)
Phone No. 850-973-2156 <> Fax 973-2641**

To obtain a driveway permit or waiver for a county maintained road contact the Madison County Public Works Department.

No building permit can be issued without the proper waiver or driveway permit being issued.

Fees are: \$15.00 for an existing driveway.
\$50.00 for a new driveway.

(Make checks payable to the **Madison County Board of County Commissioners**)

If your driveway turns on or off a State maintained road.

Contact: Department of Transportation
850-838-5800
Perry, Florida

List of State Roads:

SR 6
SR 145
SR 14 (North of I-10)
SR 53 (North of I-10)
US 90
US 221

Description/Location of property (Be specific)

Complete the Following Information

Name (owner): _____

Address: _____

(Closest Address :) _____

Contact Information:

Phone No. (____) _____ / _____

(____) _____ / _____

Mobile No. (____) _____ / _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE _____ PROPERTY ID # _____

NAME _____

ADDRESS _____

BUSINESS NAME _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS:

CHECK THE APPROPRIATE METHOD YOU PLAN TO USE:

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER
COMPANY _____ PHONE _____

HAULED BY PROPERTY OWNER TO LANDFILL

(PRINTED NAME)

(SIGNED)

(DATE)

COUNTY ORDINANCES NO.93-56 NO.96-56 and NO.99-98
PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED DEBRIS IN THE
COUNTY MAINTAINED GREEN BOX PUBLIC GARBAGE SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THIS ORDINANCE FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.

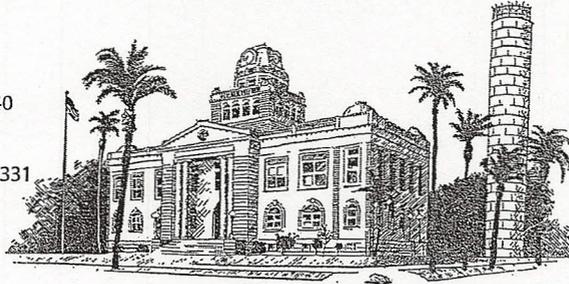
Board of County Commissioners Madison County, Florida

COUNTY COMMISSIONERS

Dist. 1 **Ricky Henderson** • 850-973-4663
565 NE Yellow Pine Ave • Madison FL 32340

Dist. 2 **Clyde King** • 850-948-3702
582 NW Bailey Grade Rd • Greenville FL 32331

Dist. 3 **Ronnie L. Moore** • 850-948-2043
6513 NW Lovett Rd • Greenville FL 32331



Dist. 4 **Alfred Martin** • 850-464-1217
PO Box 264 • Madison FL 32341

Dist. 5 **Roy Ellis** • 850-971-5864
6156 SE Farm RD • Lee FL 32059

COUNTY COMMISSIONERS

Madison County is an Equal Opportunity Employer

BOCC ADMINISTRATIVE OFFICES
Phone 850-973-3179 • Fax 850-973-6880
madisonbocc@earthlink.net
www.madisoncountyfl.com

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

- Any person who engages in mobile home installation shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each licensee shall pay a fee of \$150.

I, _____, license number IH _____ do
(Please Print Name) (License Number)
hereby state that the installation of the manufacture home for _____
(Applicant)
located at _____ will be done under my
(Address)
supervision.

Signature

Date

Notary Signature

Notary Seal:

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer _____ License # _____

Address of home being installed _____

Manufacturer _____ Length x width _____

New Home Used Home

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide Wind Zone II Wind Zone III

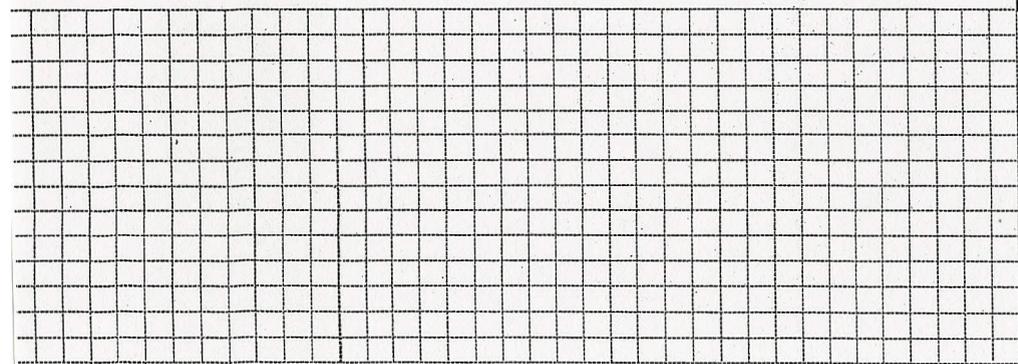
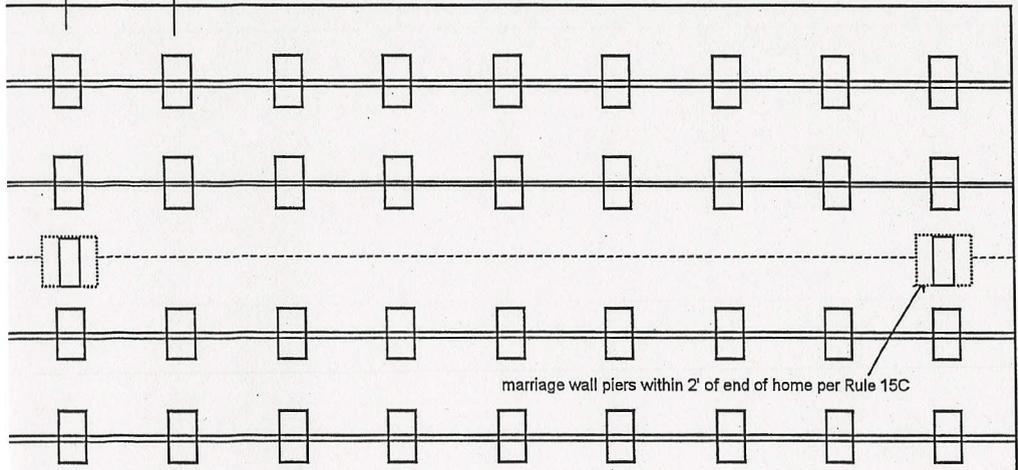
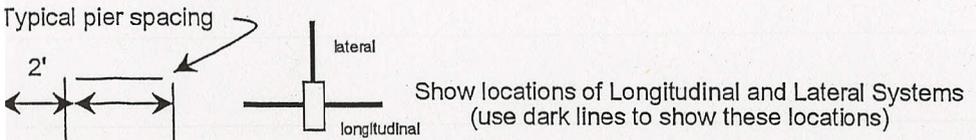
Double wide Installation Decal # _____

Triple/Quad Serial # _____

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size _____

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft _____ 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

OTHER TIES

	Number
Sidewall	_____
Longitudinal	_____
Marriage wall	_____
Shearwall	_____

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil _____ without testing.

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other dependent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket _____ Installed: _____
Pg. _____ Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ Date _____

