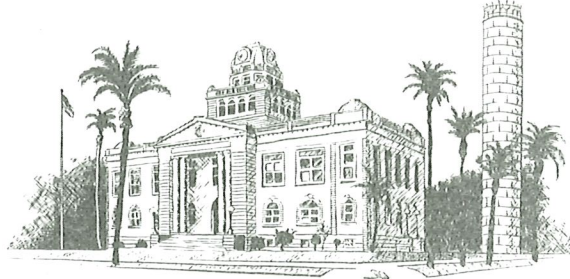


Board of County Commissioners Madison County, Florida



Madison County is an Equal Opportunity Employer

MADISON COUNTY BUILDING DEPARTMENT
Phone 850-973-6785 • Fax 850-973-6727
bldgadmin@madisoncountyfl.com
www.madisoncountyfl.com

Mobile Home Permit Check List

Customer: _____ InstallerName: _____

- Copy of Recorded Deed / Permission to Park
- Zoning Compliance Form
- Building Application
- Sales Contract / Title / registration
- 911 Addressing Application.
- Driveway Permit
- Septic Permit
- Declaration of Constructing Debris Disposal Form
- Setup Certification / Blocking Diagram
- Mobile Home Installer Affidavit
- Install Decal Form
- Permit Application Manufactured Home Installation
- Suwannee River Management Permit (For Properties on the River)

For Used mobile homes you must be able to provide the following at the time of permitting

1. Data Plate Serial Number
2. Hud Label Number
3. Wind Zone (must be a Wind Zone II or Wind Zone III)
 - a. For wind zone verification, if not found in the mobile home contact the following
 - I. Florida Manufactured Homes: Department of Highway Safety Motor Vehicles (850)617-2808.
 - II. Georgia Manufactured Home: Manufactured Housing Division (404)-656-3687.

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION

Application Date: ____/____/____

Project Address: _____

Parcel ID#: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Architect (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by an architect and/or engineer showing seal and signature with license number.

____ Two Sets of Plans (2)**	____ Site Plan (2)	____ Septic/Sewer Permit
____ Wind Load Analysis (2)	____ Zoning Compliance	____ Driveway Permit
____ Florida Energy Form (2)	____ Notice of Commencement	____ Lease Agreement*
____ Truss Layout (2)	____ Warranty Deed	____ Utility Agreement*

***Commercial Projects Only**
****For Commercial Projects Submit Four (4) Sets of Plans**
If indicated provide two (2) copies, one will be returned with building permit noting any required corrections

Permit Information:

Type of Work: Residential Commercial

Utility Company: DUKE TCEC

Class of Work: New Repair Alteration Addition Demolition

Value of Work: \$ _____ Sq. Footage: _____ Heated Space _____ Unheated Space _____

Scope of Work: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner/Agent _____ Date _____

Signature of Contractor _____ Date _____

Printed Name of Owner/Agent _____

Printed Name of Contractor _____

STATE OF FLORIDA, COUNTY OF _____
 SWORN to (or affirmed and subscribed before me this
 ____ day of _____, 20____,
 by _____,

STATE OF FLORIDA, COUNTY OF _____
 SWORN to (or affirmed and subscribed before me this
 ____ day of _____, 20____,
 by _____,

who is personally known to me or has produced
 (type of identification)
 _____ as identification.

who is personally known to me or has produced (type
 of identification)
 _____ as identification.

Notary Signature: _____
 My Commission Expires: _____
 Stamp: _____

Notary Signature: _____
 My Commission Expires: _____
 Stamp: _____

Subcontractor Information:

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

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

Mobile/Manufactured Home Move-On Disclosure Application/Affidavit

Homeowner _____ Phone _____

Mailing Address _____

Site Address _____

Parcel ID# _____

Lot _____ Block _____ Subdivision _____

Flood Zone _____ Finished Floor Elevation _____

Home Dimensions _____ x _____ Single ___ Double ___ Triple ___ Quad ___ Other ___

Landowner _____ Phone _____

Mailing Address _____

Mobile Home Installer _____

Phone _____ License Number _____

I certify that the foregoing information is accurate to the best of my knowledge. I understand that separate permits must be obtained for 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 Highway Safety 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 fulfill 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 Building Department Staff

Date

Madison County Public Works
2060 NE Rock Ford Road (CR 591)
Phone: 850-973-2156 Fax: 850-973-2641

To obtain a driveway permit or waiver for a county maintained road, please contact the Madison County Road Department.

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

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

Please make checks payable to the Madison County Board of County Commissioners.

If your driveway turns on or off a state maintained road contact:

Florida Department of Transportation (Perry, Florida)
Attn: Cynthia Nelson
850-838-5802
850-838-5800
cynthia.nelson@dot.state.fl.us

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. Please be specific:

Name (owner): _____

Address: _____

Closest Address: _____

Phone No. _____ **Cell Phone 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 (PLEASE CHECK THE APPROPRIATE METHOD YOU PLAN TO USE):

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER

COMPANY: _____ PHONE: _____

HAULED BY PROPERTY OWNER TO LANDFILL

HAULED BY CONTRACTOR TO LANDFILL

NO DEBRIS

Print Name

Signature

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 COLLECTION SITES.

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

Board of County Commissioners Madison County, Florida



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MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installer License:

- Any person who engages in mobile home installations 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 license shall pay a fee of \$150.

I, _____, license number IH _____ do
(Please Print Name) (License Number)

hereby state that the installation of the manufactured/mobile home for

_____ located at _____
(Applicant's Name) (Address)

will be done under my supervision.

Signature

Date

Notary Signature

Notary Seal:

PERMIT NUMBER _____

PERMIT WORKSHEET

Installer _____ License # _____

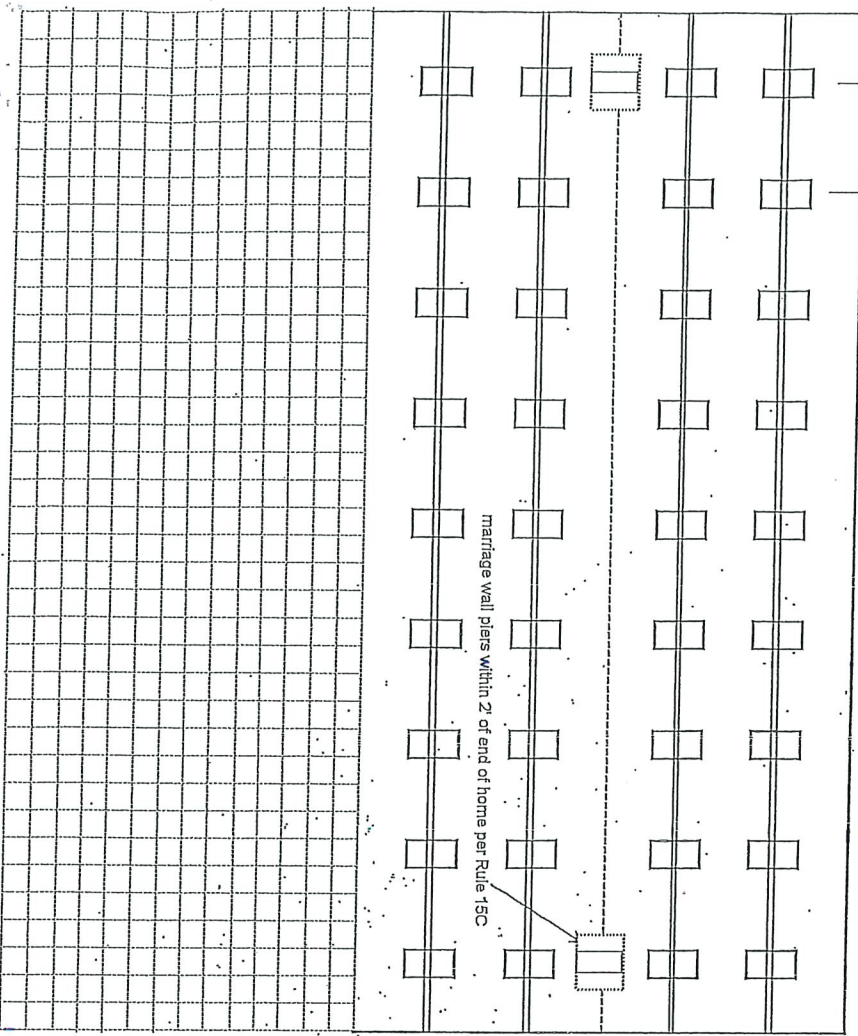
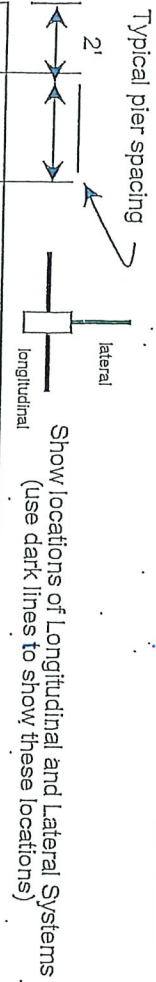
Address of home being installed _____

Manufacturer _____ Length x width _____

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 _____



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 # _____

PIER SPACING TABLE FOR USED HOMES

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

* 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 _____

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 _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

OTHER TIES

Sidewall _____ Number _____

Longitudinal _____

Marriage wall _____

Shearwall _____

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 independent 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 _____
Pg. _____

Installed:
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 _____

Permit # _____

Applicant _____

Address _____

Name of Licensed Installer _____

License # _____

Installation Decal # _____

Manufacturer's Name _____ Wind Zone _____ New home ___ Used home ___

Number of Sections _____ Width _____ Length _____ Year _____ Serial # _____

Installation standard used: (check one) manufacturer's installation manual ___ Rule 15C-1 ___

SITE PREPARATION:

Site Graded and fill dirt compacted to 90% _____ - or - Page _____

Drain tile and sump pump to be installed _____ - or - Page _____

Describe any other site prep method to be used _____ Page _____

Organic material removed _____ Page _____

Site graded or prepared for adequate drainage _____ Page _____

A vapor barrier is required for new homes Page _____

I understand that a poorly prepared site can cause doors and windows to bind, mold and mildew to form in the home. Installer's initials _____

FOUNDATION:

Load bearing soil capacity (psf) _____ or assumed 1000 psf _____ Page _____

Footing type: plastic pad _____, 16 x 16 concrete footer _____, poured footer _____ Page _____

I-beam piers: O/C spacings _____ Foundation pad size _____ Page _____

Perimeter piers: locations _____ Page _____

Centerline pier locations _____ Page _____

Centerline piers: Number _____ Footer sizes _____ Page _____

Special pier blocking: fireplace, bay windows, tubs, shear walls, etc, Yes ___ No ___ Page _____

TIE-DOWNS:

Torque probe reading _____ Declared 5 ft. anchors _____ Page _____

I understand a torque probe test can only be performed by a licensed installer.

Installer's initials _____

Anchor type: 4 ft. _____ 5 ft. _____ Page _____

Number of frame ties: / _____ Spacing _____ Angle of strap _____ degrees Page _____

Number of vertical ties: _____ Page _____

Number of centerline anchors _____

Longitudinal straps/anchors _____ or longitudinal stabilizing devices _____ Page _____

Manufacturer of longitudinal stabilizing devices _____ Page _____

Manufacturer of lateral arm systems (if used) _____ Page _____

A State approved lateral arm system is being used and the installer will follow both the home's installation manual and the lateral arm manufacturer's installation instructions.

5' 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 _____

CLOSE UP:

Gasket:

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

Page _____

Installer's initials _____ Type gasket _____

Fasteners are required to secure multi-sections of homes together (roof, sidewalls, floor)

Fasteners:	Roofs	Type and size _____	Spacing _____	Page _____
	Endwalls	Type and size _____	Spacing _____	Page _____
	Floors	Type and size _____	Spacing _____	Page _____

Electrical:

Connect electrical conductors between sections of the home this includes the bonding wire. Installers are not allowed to connect electrical power to the home. Access panels are to be installed.

Page _____

Plumbing:

Using the manufacturer supplied drain line drawing connect all sewer drains to an existing sewer tap or septic tank.

Page _____

Connect the potable water supply to an existing water meter, water tap or other independent water system. Access panels are to be installed.

Page _____

Weatherproofing:

Rule 15C-2 requires the complete weather sealing of the home.

Bottom board repair

Page _____

Vinyl siding

Page _____

Soffit and fascia

Page _____

Roof close up: Check the one that applies

Manufacturer's installation manual _____

Page _____

Rule 15C-1 _____ 30 gauge, 8" wide, galvanized metal strip centered over the peak and fasten with galv. roofing nails at 2" on center on both sides of the centerline.

Chimney:

Install extra length flue pipe, install and seal storm collar, chimney cap

Page _____

Home skirted:

Yes ___ No ___

Page _____

If skirted ventilation is required: (check one)

Page _____

1 square foot for every 150 square feet of home (with no vapor barrier) _____

1 square foot for every 300 sq. ft. of home (suggested with vapor barrier) _____

Ventilated skirting _____

Florida Mobile/Manufactured Home Installation Decal Form

License Number: IH / 1025307 / 1 Name: Joseph M. Smedley			
Order #: 00123	Label #: 00527	Manufacturer:	(Check Size of Home) Single _____ Double _____ Triple _____ HUD Label #: Soil Bearing / PSF: Torque Probe / in-lbs: Permit #:
Homeowner:		Year Model:	
Address:		Length & Width	
City/State/Zip:		Type Longitudinal System:	
Phone #:		Type Lateral Arm System:	
Date Installed:		New Home _____ Used Home _____	
Installed Wind Zone:		Data Plate Wind Zone:	
Note:			

Sample

**STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL**

00527 _____ LABEL #	_____ DATE OF INSTALLATION
Joseph M. Smedley _____ NAME	
IH 1025307 _____ LICENSE #	00123 _____ ORDER #

**CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME
IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249,
320.8325 AND RULES OF THE DEPARTMENT OF HIGHWAY
SAFETY AND MOTOR VEHICLES**

INSTRUCTIONS
PLEASE WRITE DATE OF INSTALLATION AND AFFIX LABEL NEXT TO HUD LABEL. USE PERMANENT INK PEN OR MARKER ONLY. COMPLETE INFORMATION ABOVE AND KEEP ON FILE FOR A MINIMUM OF 2 YEARS. YOU ARE REQUIRED TO PROVIDE COPIES WHEN REQUESTED.

Color: Light Green