

APPLICATION FOR:
NEW – MANUFACTURED HOME PERMIT

Mail: 101 White Ave. S.E., Live Oak, FL 32064
Office: 101 White Ave. S.E., Live Oak, FL 32064
Phone: 386.362.2276 ofc. 386.362.4305 fax

Date Stamp:

Received by: _____

All housing is subject to a 2-part application and review process. It must first go through zoning review and approval prior to submission of this permit application.

See the City Development Manager in order to request a Housing Assessment Report for the subject property. After the assessment is complete, you will be provided with the Zoning Review Application and instructions.

Do not purchase property or a home before it has been approved for zoning related standards.

Prior to any manufactured home permits being issued by the City of Live Oak, the following will be required from Owner, Manufactured Home Dealer or Set up Contractor.

1. Owners Name
2. Owners Address
3. Job Site Address – If a vacant lot, the City will assign a 911 address.
4. Legal Description
5. Make of Manufactured Home
6. Year Manufactured Home Constructed
7. Model Number of Manufactured Home
8. Serial Number of Manufactured Home
9. Paper Survey of Property
10. Elevation Certificate, if Located in Flood Zone
11. Set Up Contractors Name
12. Set Up Contractors Address
13. Set Up Contractors License Number
14. Completed Plat Plan Showing Lot Dimensions, Manufactured Home Size and Proposed Setbacks of Home to Property Lines
15. Street Name(s) that Lot Faces (lot must have access to a public street)
16. Utility Availability Slip from Public Works Dept.
17. If no City-sewer is available – contact Development Manager to determine if location is allowed by local code to have a septic system. If yes, a Septic Tank Permit will be needed.
18. Copy of Deed Showing Property Ownership.
19. If Property is not owned by Applicant, notarized letter from owner allowing placement of manufactured home will be required.

Blank Forms are furnished by the Building Department, but it is the Owner, Dealer or Set up Contractors' responsibility to furnish all required information.

PLEASE PRINT all information so as to be legible.

MANUFACTURED HOME DEALER OR SET-UP CONTRACTOR IS REQUIRED TO ALSO SIGN PERMIT APPLICATION.

1. OWNER: _____
2. ADDRESS: _____
3. JOB SITE ADDRESS: _____
4. LEGAL DESCRIPTION: _____

5. MAKE AND YEAR OF MANUFACTURED HOME: _____
6. MODEL NUMBER OF MANUFACTURED HOME: _____
7. SERIAL NUMBER OF MANUFACTURED HOME: _____
8. CURRENT SURVEY SUBMITTED? YES ___ NO ___ BOUNDARY MARKED YES? ___ NO ___
9. SEPTIC TANK (if allowed) PERMIT SUBMITTED? YES _____ NO _____
10. IS PROPERTY LOCATED IN FLOOD ZONE? YES _____ NO _____
11. CONTRACTOR: _____
ADDRESS: _____
12. CONTRACTOR'S LICENSE NUMBER: _____
13. VALUATION: _____ NATURE OF WORK: _____
14. STREET NAME or PROPERTY FRONTAGE: _____
15. PERMIT NUMBER: _____ APPROVED: YES _____ NO _____
16. REMARKS: _____
17. ZONING: _____

YARD SETBACKS: FRONT: _____
SIDE: _____
REAR: _____

of OFF STREET PARKING SPACES: _____

NOTE: STEPS AND PORCHES, etc. may not encroach in REQUIRED YARD. (All tongues must be removed.)

SITE PLAN – A certified survey and corners of the property flagged is now required for all housing permits.

You will use the survey page as your site plan, showing where you propose to locate the home.

Improved driveways and approved street-access is also required for all housing permits.

The site plan and driveway review is part of the required zoning review process, and once approved, will be included with this application.

PERMIT APPLICATION / MANUFACTURED HOME INSTALLED

Permit # _____

Applicant _____ Name of Licensed Dealer/Installer _____

Address _____ License Number _____

_____ Installation Decal # _____

Manufacturers Name _____

Roof Zone _____ Wind Zone _____

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

Installation Standard Used: (Check One) Manufacturers Manual _____ 15C-1 _____

SITE PREPARATION:

Debris and Organic Material Removal _____ Compacted Fill _____ PAGE _____

Water Drainage: Natural _____ Swale _____ Pad _____ other _____ PAGE _____

FOUNDATION:

Load Bearing Soil Capacity _____ or Assumed 1000 PSF _____ PAGE _____

Footing Type: Poured in Place _____ Portable _____ Size and Thickness _____ PAGE _____

I-Beam or Mainrail Piers: Single Tiered _____ Double Interlocked _____ PAGE _____

Size of Piers _____ Placement O/C _____ PAGE _____

Perimeter Pier Blocking: Size _____ Placement O/C _____ PAGE _____

Ridge Beam Support Blocking: Size _____ Number _____ Location(s) _____ PAGE _____

Ridge Beam Support Footer: Size _____ NUMBER _____ Location(s) _____ PAGE _____

Center Line Blocking: Size _____ Number _____ Location(s) _____ PAGE _____

Special Pier Blocking Required: (Fireplace, Bay Window, Etc.) Yes _____ No _____ PAGE _____

Mating of Multiple Units: Mating Gasket _____ Type Used _____ PAGE _____

Fasteners: Roofs Type and Size _____ Spacing _____ O/C PAGE _____

Endwalls Type and Size _____ Spacing _____ O/C PAGE _____

Floors Type and Size _____ Spacing _____ O/C PAGE _____

ANCHORS:

Type 3150 Working Load _____ 4000 Working Load _____ PAGE _____

Height of Unit: (Top of Foundation or Footer to Bottom of Frame) _____ PAGE _____

Number of Frame Ties: _____ Spacing _____ O/C Angle of Strap _____ Degrees PAGE _____

Number of Over Roof Ties: (If Required) _____ PAGE _____

Number of Sidewall Anchors _____ Zone II _____ Zone III PAGE _____

Number of Centerline Anchors _____ Number of Stabilizer Devices _____ PAGE _____

Vents Required for Underpinning (1SF/150 SF of Floor Area) Number _____ PAGE _____

MOBILE HOME INSTALLATION REQUIREMENTS

Make of Mobile Home: _____

Year: _____

Actual Date of Construction: _____

Model Number or Name: _____

Serial Number: _____

Width: _____ Length: _____

Soil Bearing Capacity: _____ P.S.F. (Test in six locations)

Torque Test: _____ Pounds per square inch

Dealer/Installer Name: _____

License Number: _____

Type Footer: Poured _____ Portable _____ Size _____

Spacing of Main rail piers _____ ft. on centers

Perimeter Pier blocking required: Yes _____ No _____

Locations: _____

Ridge Beam Opening Length: _____ Ridge Beam Footer Size: _____

Center Line Blocking: Number _____ Spacing _____

Special Pier Blocking Required: Yes _____ No _____

Locations: _____

Mating Material: Gasket _____ Other _____

Fasteners: Roof, Type and Size _____ Spacing _____

Endwall, Type and Size _____ Spacing _____

Floor, Type and Size _____ Spacing _____

Anchors: 3150# Working Load _____ #4000 Working Load _____

Number of Frame Ties _____ Spacing _____ O/C

Number of Over Roof Ties _____ Spacing _____ O/C

If Soil Test and Torque Test are not performed, 1000# Bering Capacity is to be assumed and five foot, 4000# anchors are to be used, also all Tests will be verified by City Inspector.

Dealers/Installers are responsible for all of the above requirements. The City of Live Oak will not accept incomplete applications.

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 4 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.

Type gasket _____ Installer's initials _____
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: _____

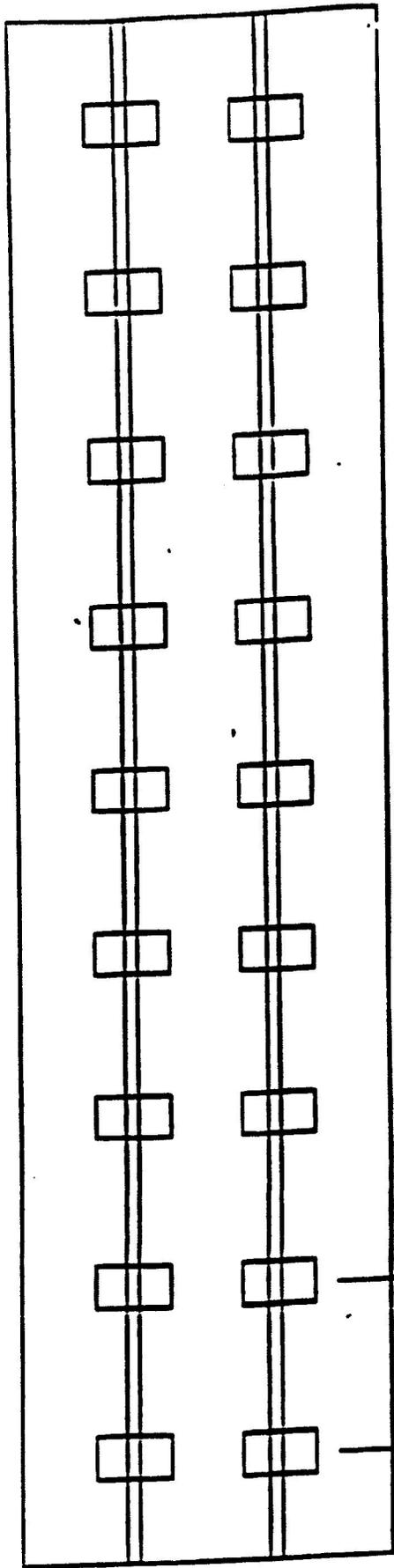
Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ Date _____

BLOCKING PLAN

Manufacturer _____

Length X Width _____



Soil Bearing Capacity _____

Probe test / anchor length _____ / _____

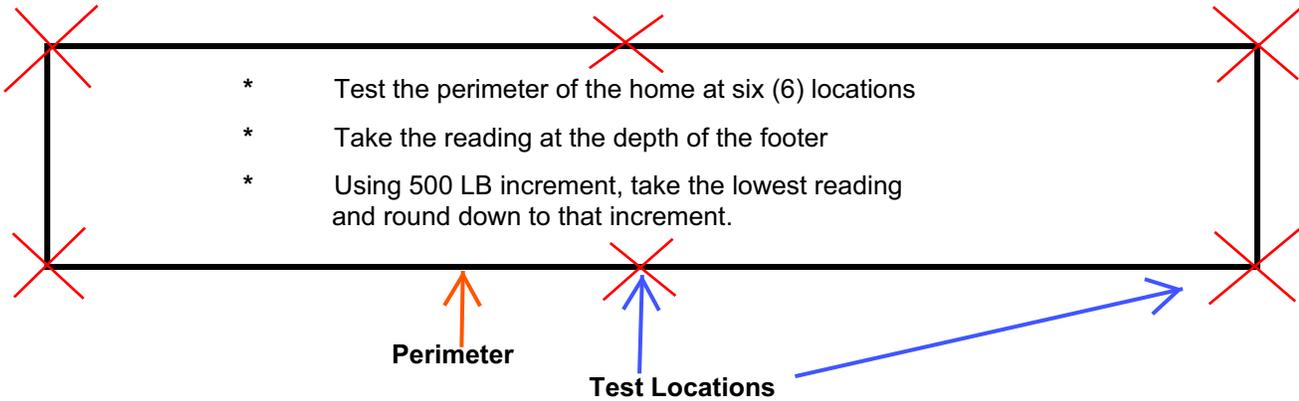
I-beam Pier Pad size _____

Perimeter Pier Pad size _____

Spaces at _____ OC
Typical

Other information needed _____

POCKET PENETROMETER TEST



This Site Rounded Down to ____ PSF

PIER SPACING TABLE

Sell Load Bearing Capacity	Footer Size 16" x 16"	Footer Size 18 1/2" X 18 1/2"	Footer Size 20" x 20"	Footer Size 26" x 26"
1000 psf	3'	4'	5'	8'
1500 psf	4' 6"	6'	7'	
2000 psf	6'			
2500 psf	7' 6"			
3000 psf				
3500 psf				

Shaded areas are at the maximum eight feet spacing.

**CITY OF LIVE OAK, FLORIDA
BUILDING DEPARTMENT**

MANUFACTURED HOME PRE-INSPECTION STANDARDS / REQUIREMENTS

Owner's Name _____

Owner's Phone # _____

Owner's Address _____

Year / Manufacturer _____

City, State, Zip Code _____

Type: _____

Width _____ Length _____ Single _____ Double _____

Roof / Siding: _____

Skirting: _____ (Must meet housing standards)

Directions: _____

PRE-INSPECTION CHECKLIST

1. () Title, Registration and copy of Bill of Sale / Invoice
2. () Data Plate Serial Number (in closet or kitchen cabinet)

3. () HUD Label Number (metal plate riveted to side of trailer)

4. () Wind Zone II () Wind Zone III **(Wind Zone I not allowed)**
5. () Copy of deed and a Notarized Permission to set-up Affidavit from property owner.
6. () Name of Transporter and / or DOT Permit # _____.

NOTE: MUST HAVE ACCESS TO INTERIOR OF HOME FOR INSPECTION IF AND PERSONAL POSSESSIONS ARE INSIDE HOME, OWNER MUST BE PRESENT DURING INSPECTION.

I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above information, statements and attachments contained in any papers or plans submitted herewith, are true and correct. I authorize the City Development Manager and Building Official, or his designee to enter and inspect the premises, which are the subject of this application, for information gathering and inspections.

Applicant:

_____/_____
Printed Name / Signature Date

(If applicant is not owner, please also attach a notarized letter of authorization by the owner of record)

Manufactured Home Dealer of Set-Up Contractor

_____/_____
Printed Name / Signature Date