APPLICATION FOR:

NEW – MANUFACTURED HOME PERMIT

Mail: City of Live Oak - 101 White Ave. S.E. - Live Oak, FL 32064
Office: City Hall Annex - 416 Howard Street E - Live Oak, FL 32064
Phone: 386.362.2276 ofc. - 386.330.6507 fax

- NOTE: 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 Housing 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)
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. Also, 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

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 WORKSHEET

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 sidewalk 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 _______

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: _______
Between Floors _______ Between Walls _______
Bottom of ridgebeam _______

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 _______
**POCKET PENETROMETER TEST**

* Test the perimeter of the home at six (6) locations
* Take the reading at the depth of the footer
* Using 500 LB increment, take the lowest reading and round down to that increment.

**Perimeter**

**Test Locations**

This Site Rounded Down to _____ PSF

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**PIER SPACING TABLE**

<table>
<thead>
<tr>
<th>Sell Load Bearing Capacity</th>
<th>Footer Size 16&quot; x 16&quot;</th>
<th>Footer Size 18 1/2&quot; X 18 1/2&quot;</th>
<th>Footer Size 20&quot; x 20&quot;</th>
<th>Footer Size 26&quot; x 26&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 psf</td>
<td>3'</td>
<td>4'</td>
<td>5'</td>
<td>8'</td>
</tr>
<tr>
<td>1500 psf</td>
<td>4' 6&quot;</td>
<td>6'</td>
<td>7'</td>
<td></td>
</tr>
<tr>
<td>2000 psf</td>
<td>6'</td>
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<td>2500 psf</td>
<td>7' 6&quot;</td>
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<tr>
<td>3000 psf</td>
<td></td>
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<tr>
<td>3500 psf</td>
<td></td>
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</tbody>
</table>

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: __________________________________________________

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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