



Okeechobee County
Planning and Development Department
 1700 NW 9th Avenue Suite A • Okeechobee, FL 34972
 Phone (863) 763-5548 Fax (863) 763-5276

Manufactured Home / Park Model / Rec. Vehicle

Permit Application

Permit # _____

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

| | | | |
|------------------------------|-------------------------|-------------------------------|-----------------------|
| Applicant Information | Owner _____ | Contractor Information | Qualifier _____ |
| | Lessee _____ | | Company _____ |
| | Address _____ | | Address _____ |
| | City _____ | | City _____ |
| | State _____ Zip _____ | | State _____ Zip _____ |
| | Home Phone (____) _____ | | Phone (____) _____ |
| | Work Phone (____) _____ | | License No. _____ |
| Signature _____ | Signature _____ | | |

| | |
|--------------------|----------------------|
| Dealer _____ | Contact Person _____ |
| Phone (____) _____ | Phone (____) _____ |

| Requested Work / Improvement Type Check all that apply | Description of Proposed Improvement | | |
|--|--|--|---|
| <table border="0"> <tr> <td style="vertical-align: top;"> WORK <input type="checkbox"/> Install <input type="checkbox"/> Replace <input type="checkbox"/> One-time SW Replacement <input type="checkbox"/> Demolish <input type="checkbox"/> Repair <input type="checkbox"/> Change of Contractor </td> <td style="vertical-align: top;"> IMPROVEMENTS <input type="checkbox"/> New Mobile Home <input type="checkbox"/> Used Mobile Home <input type="checkbox"/> Park Model (Trailer) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Other (describe) _____ </td> </tr> </table> | WORK <input type="checkbox"/> Install <input type="checkbox"/> Replace <input type="checkbox"/> One-time SW Replacement <input type="checkbox"/> Demolish <input type="checkbox"/> Repair <input type="checkbox"/> Change of Contractor | IMPROVEMENTS <input type="checkbox"/> New Mobile Home <input type="checkbox"/> Used Mobile Home <input type="checkbox"/> Park Model (Trailer) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Other (describe) _____ | Describe the work you are proposing: _____ _____ _____ _____ Square Footage: Total _____ Estimated Value \$ _____ |
| WORK <input type="checkbox"/> Install <input type="checkbox"/> Replace <input type="checkbox"/> One-time SW Replacement <input type="checkbox"/> Demolish <input type="checkbox"/> Repair <input type="checkbox"/> Change of Contractor | IMPROVEMENTS <input type="checkbox"/> New Mobile Home <input type="checkbox"/> Used Mobile Home <input type="checkbox"/> Park Model (Trailer) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Other (describe) _____ | | |

| Proposed Improvement Location | |
|--|--|
| <input type="checkbox"/> Vacant - never been developed | <input type="checkbox"/> Developed - existing unit to be removed upon CO |
| <input type="checkbox"/> Vacant - previous unit has already been removed | <input type="checkbox"/> Developed - (describe _____) |
| Property Address _____ | |
| Subdivision _____ Block _____ Lot _____ | |
| Parcel Identification Number _____ | |
| Directions to Property _____ | |

Provide Finished Floor Information for all structures and additions that can be inhabited or occupied
 Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Flood Zone _____ Proposed Finished Floor Elevation _____ Base Flood Elevation _____ Crown of Road Elevation _____

Permitting Threshold Information

Source of Potable Water _____ Source of Sewage Disposal _____

() Yes () No () N/A Has the proposed project been approved by the Site Plan Technical Review Committee?
 () Yes () No Are there any existing violations on the proposed improvement site?

SUBCONTRACTOR VERIFICATION

Applicant: _____ Permit Number: _____

Company Name: _____ License Number: _____

Plumbing Contractor: _____
Printed Name Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed and subscribed before me this ___ day of _____, 20__.

Personally Known or
 Produced Identification

ID Produced: _____ Notary Signature Seal/Stamp

Company Name: _____ License Number: _____

Electrical Contractor: _____
Printed Name Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed and subscribed before me this ___ day of _____, 20__.

Personally Known or
 Produced Identification

ID Produced: _____ Notary Signature Seal/Stamp

Company Name: _____ License Number: _____

Mechanical Contractor: _____
Printed Name Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed and subscribed before me this ___ day of _____, 20__.

Personally Known or
 Produced Identification

ID Produced: _____ Notary Signature Seal/Stamp

Company Name: _____ License Number: _____

LP Gas Contractor: _____
Printed Name Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed and subscribed before me this ___ day of _____, 20__.

Personally Known or
 Produced Identification

ID Produced: _____ Notary Signature Seal/Stamp

Permit Application for Manufactured/Mobile Home Installation

Name of Licensed Installer _____

License Number-(IH or DIH) _____

Home Owner _____

Installation Site Address _____

Manufacturer Name _____

Wind Zone _____ Year _____ Serial Number _____

Installation Standard Used: Manufacturers Installation Manual

Or DMV, 15C-1

Site Preparation: Debris and Organic Material Removed _____

Provisions For Positive Water Drainage _____

Soil Bearing Capacity _____ or assume 1000 _____ PSF _____

Frame Pier Base Pad Size _____

Pier On Center Spacing _____

Ridge Beam/Column Loads With Pier Base Pad Size: (1) _____

(2) _____ (3) _____ (4) _____ (5) _____

Probe Test, Torque Value At 4' _____ Inch Pounds.

All bottom boards, end walls, and ceilings must be sealed for air infiltration.
No, field threading of vertical straps. All new and used homes must have longitudinal stabilizing.
Strap angle is approximately 45 degrees do not exceed 50 degrees.
Anchors must be installed full depth. No shaft visible. Stabilizer to be snug to anchor.

Read the Installation Instructions

| |
|------------------------------|
| Building Permit Tech. |
| |
| |
| Planning & Zoning |
| |
| |
| |
| Plans Examiner |
| |
| |
| |
| Permit Issuance |
| |
| |

Mobile Home Installers Affidavit

Florida Administrative Code 15C-2.0073 No person may perform a manufactured home installation unless licensed by the department pursuant to Florida Statute section 320.8249, regardless of whether that person holds a local installer's license or any other local or state license.

I, _____, License No. _____
Please Type or Print

do hereby state that the installation of the manufactured home at :

_____ 911 address of the job site

Will be done under my supervision.

Signature

Sworn to and subscribed before me this _____ day of _____ 20____

Notary Public _____ My Commission Expires _____
Signature Date

Personally Known: _____
Produced Valid Identification _____

seal

OFFICE USE

| | | | | | | | | | | |
|--|---|--|---|---|---|--------------------------------------|--|----------|-----------------|-----|
| APPROVALS | Subdivision _____ | | | | Zoning District _____ | | | | | |
| | Plat Book _____ Page _____ | | | | Petition # _____ | | | | | |
| Project # _____ | | | | Special Exception | | Rezoning | | Variance | | |
| Future Land Use _____ | | | | Used Dwelling | | Temporary Use | | Other | | |
| Zoning _____ | | | | SPMH # _____ | | | | | | |
| Inspection Area _____ | | | | Minimum Setbacks | | Front | Left | Right | Rear | |
| Parcel Comments _____ | | | | Proposed Setbacks | | Front | Left | Right | Rear | |
| JUR SEC TWP RNG SUB BLOCK LOT _____ | | | | Official Address _____ | | | | | | |
| BUILDING CHARACTERISTICS | Flood Zone _____ | | | Type of Sewage Disposal | | | Type of Water Supply | | | |
| | Base Flood Elevation On File _____ | | | <input type="checkbox"/> Public/Private Utility Provider _____ | | | <input type="checkbox"/> Public/Private Utility Provider _____ | | | |
| | | | | <input type="checkbox"/> Private Septic Tank Septic Tank No. _____ | | | <input type="checkbox"/> Private Well | | | |
| | Occupancy Type | | Mixed Occupancy | | | | Construction Type | | | |
| Group _____ | | Separation Req. _____ | | | | Type _____ | | | | |
| # Units _____ | | Principle Type Group _____ | | | | <input type="checkbox"/> Protected | | | | |
| Dimensions | | Accessory Type Group _____ | | | | <input type="checkbox"/> Unprotected | | | | |
| Number of Stories _____ | | Area Modification | | | | <input type="checkbox"/> Sprinkler | | | | |
| Height _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Area _____ | | | | | | | | | | |
| PERMITS ISSUED FOR | Prefix | | Type Code | | Action Code | | <input type="checkbox"/> Description Code _____ | | | |
| | <input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary <input type="checkbox"/> _____ | | <input type="checkbox"/> Primary <input type="checkbox"/> Sub <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____ | | <input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation | | Transaction # _____ Plans Review Fee _____ Check # _____ Cash _____ | | | |
| | | | | | | | Transaction # _____ Permit Fee _____ Check # _____ Cash _____ | | | |
| | | | | | | | | | | |
| SUPPLEMENTAL PERMIT REQUIREMENTS | TYPE | | REQ | AUTH Y N | | DWG REQ | REV REQ | FEE REQ | PLAN REV FEE | NOC |
| | # | | | | | | | | | |
| | ELECTRICAL | | | | | | | | | |
| | HVAC | | | | | | | | | |
| | PLUMBING | | | | | | | | | |
| | ROOFING | | | | | | | | | |
| | ALARM SYSTEM | | | | | | | | | |
| | FIRE SPRINKLER | | | | | | | | | |
| | FIRE SUPPRESSION | | | | | | | | | |
| | FUEL LINES | | | | | | | | | |
| FUEL TANK | | | | | | | | | | |
| GAS | | | | | | | | | | |
| HVAC/DUCT | | | | | | | | | | |
| HVAC/HOOD | | | | | | | | | | |
| LOW VOLTAGE | | | | | | | | | | |
| ZONING APPROVAL: | | | | | | BUILDING APPROVAL: | | | | |