The Building Department issues Move-On Permits to the licensed installers only, unless the installer gives you all of the following:

- A signed notarized, original power of attorney/authorization, completely filled out to pull the permit
- A legible copy of the current installers license
- A copy of the installers current Baker County Occupational License
- Current installers Liability and Workers Comp Insurance made out to: Baker County Building Dept
- Site Plan
- Installer Decal Form
- Factory Home Plan & Blocking Diagram
- Permit worksheet, attachment 2 & 3, with the included Penetrometer Test, and the Foundation/Blocking plan showing tie downs. (The Installer fills out these forms)

**IF ANY OF THE ABOVE ITEMS ARE INCOMPLETE, A PERMIT WILL NOT BE ISSUED**

- New property requires a $35 Driveway Permit
- Copy of Recorded Deed, with the 18-digit parcel ID
- Septic Approval Letter
- If new property, a copy of the 911 Address Letter
- Copy of Mobile Home Contract Form 500, or Registration/Title or a Notarized Bill of Sale, showing ownership, serial number, make, model, size, etc.
- If you don’t own the property, a Signed Authorization Letter from the property owner allowing you to put the mobile home on their property. This letter must be notarized and include the Parcel ID.

Acceptable Skirting: Vinyl, Aluminum, Stucco, Permitted Block (Mortar), Pressure Treated Wood or Lattice, Natural Durable Wood.

Not Accepted: Raw Slabs (pine or cypress wood), or Tin Roofing Materials

1st Inspection includes: Tie-Downs, Sewer, Water, Electrical Lines, and the AC hooked up

DO NOT INSTALL SKIRTING UNTIL AFTER THE 1ST INSPECTION HAS PASSED

2ND Inspection: Is required 15 days after power is turned on. This is for the skirting, and only if the skirting passes inspection will to CO be issued.

SCHOOL IMPACT FEE FOR NEW PROPERTY: $2592.00

PERMIT PRICES: SINGLE-WIDE: $180.25 DOUBLE-WIDE: $206.00 TRIPLE-WIDE: $231.75

ELECTRICAL: $54.00 PLUMBING: $29.00 HVAC: $54.00 DRIVEWAY: $35.00
BAKER COUNTY PERMIT APPLICATION
360 E Shuey Ave, Macclesfield, FL 32063    Phone: 904-259-2403    FAX 259-5057

FILL OUT SECTION “A” ONLY

DATE SUBMITTED ________________________________

A. PROPERTY OWNER ___________________________ PHONE ___________________________

PROPERTY ADDRESS ________________________________________________________________

Directions to Property from 90: ______________________________________________________

Parcel ID (18 digits) __________________________ Sec _______ Twnshp _______ Range _______ Subdiv _______ Block _______ Lot _______

☐ Home Owner/Bldr    ☐ QUALIFIER’S PERSONAL NAME _________________________________

Phone __________________________ Lic # __________________________★ Contractors Attach CREDENTIALS:

☐ State License    ☐ Liability Insurance    ☐ Workers Comp    ☐ Occupational License

*Make sure Certificates have our correct address on them!!*

SCOPE OF WORK:

COST OF CONSTRUCTION: $ __________________________

POWER COMPANY:

Documents Needed for Review: 2 Sets of Structural Engineer Plans (3 for commercial)               2 Sets of Truss               2 Sets Energy Forms               Septic Approval Letter               911 Address Letter

Floor Foundation               Recorded NOC               Recorded Deed               Typical Wall               Site Plan

B. FOR OFFICE USE ONLY        ☐ Approved by Zoning Director    ☐ Denied by Zoning Director

☐ Future Land Use               ☐ Zoning               ☐ Floodplain Data               ☐ Acreage

Heated Living Area: __________________________

Garage: __________________________

Porches: __________________________

Total Sq. Ft: __________________________

Plumbing Fixtures: __________________________

HVAC Unit(s): __________________________

# of Bathrooms: __________________________

New Dwelling Impact Fee: $2592.00

*** REQUIRED INSPECTIONS ***

BUILDING ELECTRICAL PLUMBING MECHANICAL POOL

☐ Footings ☐ Rough-In ☐ Rough In ☐ Rough in ☐ Bonding

☐ Blocking ☐ Temp Serv. ☐ Stackout ☐ Final ☐ Steel

☐ Slab ☐ Perm Serv. ☐ Sewer ☐ Gas Test ☐ Final

☐ Floor Framing ☐ Electric Final ☐ Water Supply ☐ Gas Vent ☐ Safety Before Water

☐ Framing ☐ Termite Treatment

☐ Strapping ☐ Blower Door Test

☐ Sheathing

☐ Roof ☐ Ext Walls ☐ Floor ☐ Special Inspection

☐ Firewall

☐ Insulation

☐ Chimney ☐ FINAL ☐ CERTIFICATE OF OCCUPANCY

☐ PLANS APPROVED __________________________ FORM 06/2021
Mobile Home Installer Authorization To Pull Permits

Date: ________________________________

I, ________________________________, the Mobile Home Installer, do hereby give my authorization for ______________________________ the home owner to purchase all of the required permits/call for inspections and sign on my behalf for the Mobile Home installation.

Parcel #: ________________________________
Make: ________________________________
Model: ________________________________
Year: ________________________________ Size: __________ x __________
Serial Number: ________________________________

______________________________ ________________________________
Installer’s Signature License number

State of Florida
County Of Baker
The foregoing instrument was acknowledged before me this _______day of __________, ________, by _______________________________________________________. They have provided identification____________________________________________________/personally known.

______________________________
Seal

______________________________
Notary Public
**PERMIT WORKSHEET**

**PERMIT NUMBER**

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 __________

---

**PIER SPACING TABLE FOR USED HOMES**

<table>
<thead>
<tr>
<th>Load bearing capacity</th>
<th>Footer size (sq in)</th>
<th>16” x 16” (256)</th>
<th>18 1/2” x 18 1/2” (342)</th>
<th>20” x 20” (400)</th>
<th>22” x 22” (484) *</th>
<th>24” x 24” (576) *</th>
<th>26” x 26” (676)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 psf</td>
<td>3’</td>
<td>4’</td>
<td>5’</td>
<td>6’</td>
<td>7’</td>
<td>8’</td>
<td>8’</td>
</tr>
<tr>
<td>1500 psf</td>
<td>4’ 6”</td>
<td>6’</td>
<td>7’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
</tr>
<tr>
<td>2000 psf</td>
<td>6’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
</tr>
<tr>
<td>2500 psf</td>
<td>7’ 6”</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
</tr>
<tr>
<td>3000 psf</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
<td>8’</td>
</tr>
</tbody>
</table>

* 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.) ________

---

**ANCHORS**

<table>
<thead>
<tr>
<th>4 ft</th>
<th>5 ft</th>
</tr>
</thead>
</table>

**FRAME TIES**

within 2’ of end of home ________

spaced at 5’ 4” oc ________

**TIEDOWN COMPONENTS**

<table>
<thead>
<tr>
<th>Longitudinal Stabilizing Device (LSD)</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longitudinal Stabilizing Device w/ Lateral Arms</td>
<td>Manufacturer</td>
</tr>
</tbody>
</table>

**OTHER TIES**

<table>
<thead>
<tr>
<th>Sidewall</th>
<th>Longitudinal</th>
<th>Marriage wall</th>
<th>Shearwall</th>
</tr>
</thead>
</table>

---

**POPULAR PAD SIZES**

<table>
<thead>
<tr>
<th>Pad Size</th>
<th>Sq In</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 x 16</td>
<td>256</td>
</tr>
<tr>
<td>18 x 18</td>
<td>288</td>
</tr>
<tr>
<td>18 1/2 x 18 1/2</td>
<td>342</td>
</tr>
<tr>
<td>16 x 22 1/2</td>
<td>360</td>
</tr>
<tr>
<td>17 x 22</td>
<td>374</td>
</tr>
<tr>
<td>13 1/4 x 26 1/4</td>
<td>348</td>
</tr>
<tr>
<td>20 x 20</td>
<td>400</td>
</tr>
<tr>
<td>17 1/2 x 22 1/2</td>
<td>432</td>
</tr>
<tr>
<td>17 3/16 x 25 3/16</td>
<td>441</td>
</tr>
<tr>
<td>24 x 24</td>
<td>576</td>
</tr>
<tr>
<td>26 x 26</td>
<td>676</td>
</tr>
</tbody>
</table>
Debris and organic material removed ________.

Water drainage: Natural _______ Swale _______ Pad _______ Other _______.

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 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 requires 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, meldew 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**

Installer Signature ____________________________ Date _________
**Example**

<table>
<thead>
<tr>
<th>License Number: 1H / 1025199 / 1</th>
<th>Name: JAMES C. TALLMAN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Order #: 4830</th>
<th>Label #: 78790</th>
<th>Manufacturer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeowner:</td>
<td>Year Model:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Length &amp; Width:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Type Longitudinal System:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td>Type Lateral Arm System:</td>
<td></td>
</tr>
<tr>
<td>Date Installed:</td>
<td>New Home: Used Home:</td>
<td></td>
</tr>
<tr>
<td>Installed Wind Zone:</td>
<td>Data Plate Wind Zone:</td>
<td></td>
</tr>
</tbody>
</table>

(Check Size of Home)

- Single
- Double
- Triple

HUD Label #:

Soil Bearing / PSF:

Torque Probe / in-lbs:

Permit #:

---

**Installer Decal Form**

**STATE OF FLORIDA**

**INSTALLATION CERTIFICATION LABEL**

78790

**LABEL #**

**DATE OF INSTALLATION**

JAMES C. TALLMAN

**NAME**

1H / 1025199 / 1

**LICENSE #**

**ORDER #**

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320 8325 AND RULES OF THE 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.
TO: BAKER COUNTY BUILDING DEPARTMENT

DATE: ______________________________

RE: AUTHORIZATION TO PLACE A MOBILE HOME ON MY PROPERTY

I, ____________________________, give authorization for _________________________ to place herein

Property Owner Name(s)           Tenant’s Name(s)

I give authorization for _________________________ to place herein described Mobile Home on my property, at Parcel ID: ______________________________

(MUST BE FILLED OUT)

Description of Mobile Home:

Make: _____________________________ Model: ______________________________

Year: _____________________________ Size: ______________________________

Serial: __________________________________________

I UNDERSTAND THAT I, AS THE PROPERTY OWNER, WILL BE HELD RESPONSIBLE FOR ANY INFRACTION THAT MAY OCCUR AS A
CONSEQUENCE OF THIS MOBILE HOME BEING PLACED ON MY PROPERTY, TO THE LAND DEVELOPMENT REGULATIONS.

_________________________________

Property Owner’s Signature

State of Florida

County of ______________

On this ______________ day of ____________, 20____, before me personally appeared

___________________________________________________________________________________________

to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the
same as his/her free act and deed, for the purposes therein set forth.

Seal

_________________________________

NOTARY PUBLIC, STATE OF FLORIDA

Personally Known or Identification Produced ______________________________