

BAKER COUNTY MOBILE HOME INSTALLATION PACKET

360 East Shuey Avenue Macclenny, FL 32063

OFFICE (904) 259-2403 FAX: (904) 259-5057 INSPECTIONS: (904) 259-4896

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, Macclenny, 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 **OR** QUALIFYER'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 |
|---|---|---|------------------------------------|--|
| <input type="checkbox"/> Footings | <input type="checkbox"/> Rough-In | <input type="checkbox"/> Rough In | <input type="checkbox"/> Rough in | <input type="checkbox"/> Bonding |
| <input type="checkbox"/> Blocking | <input type="checkbox"/> Temp Serv. | <input type="checkbox"/> Stackout | <input type="checkbox"/> Final | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Slab | <input type="checkbox"/> Perm Serv. | <input type="checkbox"/> Sewer | <input type="checkbox"/> Gas Test | <input type="checkbox"/> Final |
| <input type="checkbox"/> Floor Framing | <input type="checkbox"/> Electric Final | <input type="checkbox"/> Water Supply | <input type="checkbox"/> Gas Vent | <input type="checkbox"/> Safety Before Water |
| | | <input type="checkbox"/> Plumbing Final | <input type="checkbox"/> Gas Final | |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Termite Treatment | | | |
| <input type="checkbox"/> Strapping | <input type="checkbox"/> Blower Door Test | | | |
| <input type="checkbox"/> Sheathing | | | | |
| <input type="checkbox"/> Roof <input type="checkbox"/> Ext Walls <input type="checkbox"/> Floor | <input type="checkbox"/> Special Inspection _____ | | | |
| <input type="checkbox"/> Firewall | | | | |
| <input type="checkbox"/> Insulation | | | | |
| <input type="checkbox"/> Chimney | <input type="checkbox"/> FINAL | <input type="checkbox"/> 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 _____

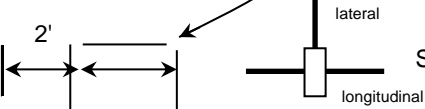
Manufacturer _____ Length x width _____

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*

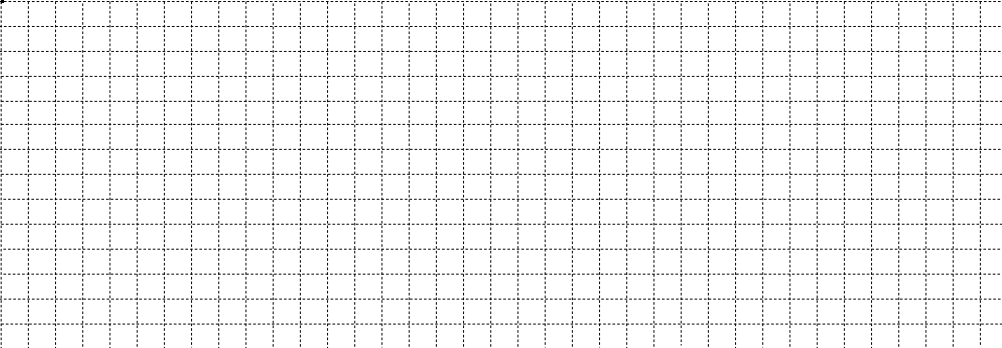
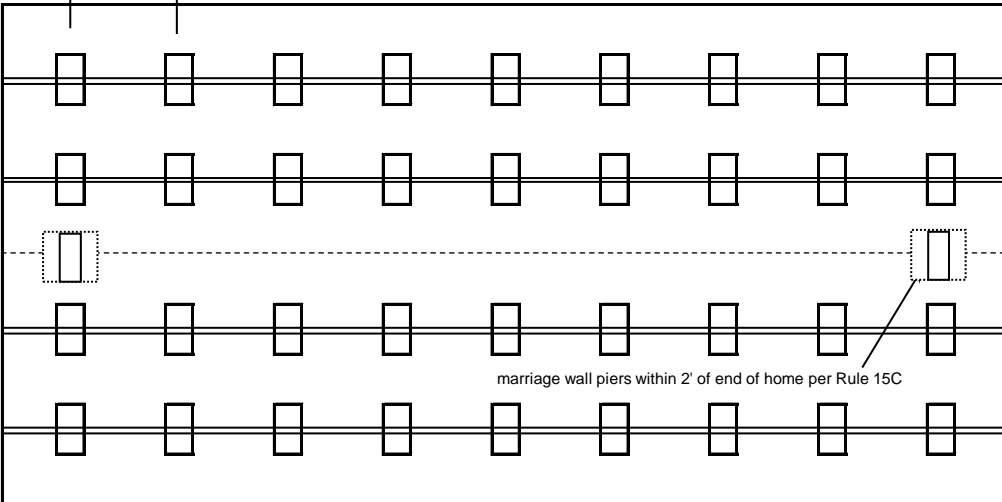
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



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	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* 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 1/2 x 22 1/2	432
17 3/16 x 25 3/16	441
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

	Number
Sidewall _____	_____
Longitudinal _____	_____
Marriage wall _____	_____
Shearwall _____	_____

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 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 _____ 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 *

License Number: IH / 1025199 / 1 Name: JAMES C. TALLMAN

Order #: 4830	Label #: 78790	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs:
Note:			Permit #:

Installer Decal Form

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL
 78790

LABEL #	DATE OF INSTALLATION
JAMES C. TALLMAN	
NAME	
IH / 1025199 / 1	4830
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)**

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 _____