

Madison County Building Department



Madison County is an Equal Opportunity Employer

Phone: 850-973-6785 Fax: 850-973-6727

www.madisoncountyfl.com

Mobile Home Permit Check List

Customer: _____

Installer Name: _____

- Copy of Recorded Deed/ Permission TO Park
- Zoning Compliance Form
- Building Application
- Sales Contract/Title/Registration
- 911 Addressing
- 911 Address Acknowledgement
- Recorded Notice of Commencement
- Driveway Permit
- Septic Permit
- Declaration of Construction Debris Disposal Form
- Setup Certification/Blocking Diagram
- Mobile Home Installer Affidavit
- Install Decal Form
- Permit Application Manufactured Home Installation

Suwannee River management permit (For properties on the river (Elevation Certificate Needed))

Board of County Commissioners Madison County, Florida



MADISON COUNTY BUILDING DEPARTMENT
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bldgadmin@madisoncountyfl.com
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Mobile Home Inspections

1ST the pre-inspection if it is a used mobile home.

2nd will be a pad inspection --- This is where the dirt under the mobile home is checked to make sure that the run off of rain water does not just sit under the mobile home and molds/ turns stagnant.

3rd is a mobile home set – up inspections where the blocking, tie downs, plumbing, electrical connections, and mechanical are all checked.

4th is the final inspection. This is where the steps, skirting, and all is ready for move in.

These 4 inspections are a must!

If a Pad inspection is not called in your installer will have to remove the tie downs and move the trailer off the pad for inspection. This will cost you a fine and also the installer will charge you for the move.

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION

Application Date: _____ / _____ / _____

Project Address: _____

Parcel ID: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail: _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Architect (If Applicable) Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (If Applicable) Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by An architect and/or engineer showing seal and signature with license number.

- | | | |
|-------------------------------------|------------------------------------|---------------------------------|
| ___ Digital Two Sets of Plans (1)** | ___ Digital Site Plan | ___ Digital Septic/Sewer Permit |
| ___ Digital Wind Load Analysis (1) | ___ Digital Zoning Compliance | ___ Digital Driveway Permit |
| ___ Digital Florida Energy Form (1) | ___ Digital Notice of Commencement | |
| ___ Digital Trust-Layout (1) | ___ Digital Warranty Deed | |
| ___ Commercial Lease Agreement* | ___ Commercial Utility Agreement* | ___ Benchmark (Flood Zone) |

*Commercial Projects Only

**For Commercial Projects Submit Two (2) Sets of Plans (1 for site and 1 for Fire Marshal)

** Please submit 1 hard copy for office. If indicated provide two (2) copies, one will be returned with a building permit noting any required corrections.

**Madison County Building Department
229 S.W. Pinckney Street • Room 219
Madison, Florida 32340**

Mobile/Manufactured Home Move-On Disclosure Application/Affidavit

Homeowner _____ Phone _____

Mailing Address _____

Site Address _____

Parcel ID# _____

Lot _____ Block _____ Subdivision _____

Flood Zone _____ Finished Floor Elevation _____

Home Dimensions _____ x _____ Single ___ Double ___ Triple ___ Quad ___ Other _____

Landowner _____ Phone _____

Mailing Address _____

Mobile Home Installer _____

Phone _____ License Number _____

I certify that the foregoing information is accurate to the best of my knowledge. I understand that separate permits must be obtained for air conditioning and any other type work that is not a part of the mobile home installation. I understand that according to Florida Statute 320.8249 a license from the Department of Highway Safety Motor Vehicles is required to receive a permit to install a mobile home. Therefore, I authorize the above referenced installer to obtain necessary permits from applicable state and local agencies to fulfill this mobile home installation. I further understand that the County will not issue permits to unlicensed contractors.

Printed Name of Mobile Home Owner

Date

Signature of Mobile Home Owner

Notary or Building Department Staff

Date

NOTICE OF COMMENCEMENT

State of: FLORIDA

County of: MADISON

City of: MADISON

The undersigned hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY:

Street Address: _____

Parcel ID# _____

Subdivision: _____ Lot: _____ Block: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER INFORMATION

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LENDER INFORMATION

Lender Name: _____ Contact: _____

Address: _____

Phone: _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes: Name: _____ Address: _____

In addition to himself, Owner designates, _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: _____ Print Name: _____

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

Notary Public: _____ My Commission Expires: _____



Emergency Addressing Notice: Visible House / Business Numbers Required Under Florida Building Code (FBC 501.2 & FRC 319.1) and Madison County policy, all properties must display their 911 address numbers. This includes homes, businesses, and industrial buildings. Visible address numbers ensure that emergency services, mail carriers, and the public can locate your property quickly and efficiently.

Date: _____ New 911 Address: _____

Owner Name: _____
(as it appears on the Deed)

Contact Name: _____ Phone: _____

Email: _____

Parcel ID Number: _____

Power Service Provider: _____ Town: _____

Zip: _____

Comments: _____ Address Point: DRIVEWAY

I acknowledge and understand the requirement for posting my address to the entrance of the property. I understand if the address is not posted, all construction will be in violation and a reinspection fee of \$35.00 will be added and need to be paid prior to another inspection being scheduled.

Date Completed: _____ Signature Permit Applicant _____

Attention: 911 Address numbers MUST be posted at the driveway entrance to the structure BEFORE the final building inspection!

* Address numbers should be 4" or larger, be displayed by the driveway entrance and be visible in BOTH DIRECTIONS. The address identification shall be legible and placed in a position that is visible from the street or road fronting the property.

** Commercial numbers should be 10" or larger.

*** Address numbers should also be posted on any and all addressed structures on the property.

**** In the case of waterfront property, on the rivers, the address should be visibly posted on the dock, or in the absence of a dock, above the approximate 100 year flood mark. On lakes, above the approximate historic high water line.

Madison County Public Works
2060 NE Rock Ford Road (CR 591)
Phone: 850-973-2156 Fax: 850-973-2641

To obtain a driveway permit or waiver for a county maintained road, please contact the Madison County Road Department.

No building permit can be issued without the proper waiver or driveway permit being issued.

Fees: **\$15.00** for an existing driveway
\$50.00 for a new driveway

Please make checks payable to the Madison County Board of County Commissioners.

If your driveway turns on or off a state maintained road contact:

Florida Department of Transportation (Perry, Florida)
Attn: Cynthia Nelson
850-838-5802
850-838-5800
cynthia.nelson@dot.state.fl.us

List of State Roads:

SR 6
SR 145
SR 14 (north of I-10)
SR 53 (north of I-10)
US 90
US 221

Description/Location of property. Please be specific:

Name (owner): _____

Address: _____

Closest Address: _____

Phone No. _____ **Cell Phone No.** _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE: _____ PROPERTY ID#: _____

NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS (PLEASE CHECK THE APPROPRIATE METHOD YOU PLAN TO USE):

COUNTY SUPPLIED TILT DUMPSTER

PRIVATE SUPPLIED TILT DUMPSTER

COMPANY: _____ PHONE: _____

HAULED BY PROPERTY OWNER TO LANDFILL

HAULED BY CONTRACTOR TO LANDFILL

NO DEBRIS

Print Name

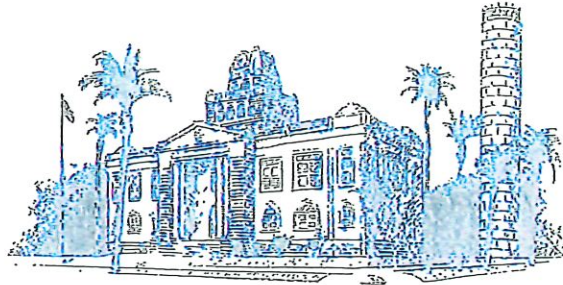
Signature

Date

COUNTY ORDINANCES NO. 93-56, NO. 96-56 AND NO. 99-98 PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC GARBAGE COLLECTION SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THESE ORDINANCES FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.

Board of County Commissioners Madison County, Florida



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MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installer License:

- Any person who engages in mobile home installations shall obtain a mobile home installer's license from the Bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually and each license shall pay a fee of \$150.

I, _____, license number IH _____ do
(Please Print Name) (License Number)

hereby state that the installation of the manufactured/mobile home for

_____ located at _____
(Applicant's Name) (Address)

will be done under my supervision.

Signature

Date

Notary Signature

Notary Seal:

PERMIT NUMBER _____

PERMIT WORKSHEET

Installer _____ License # _____

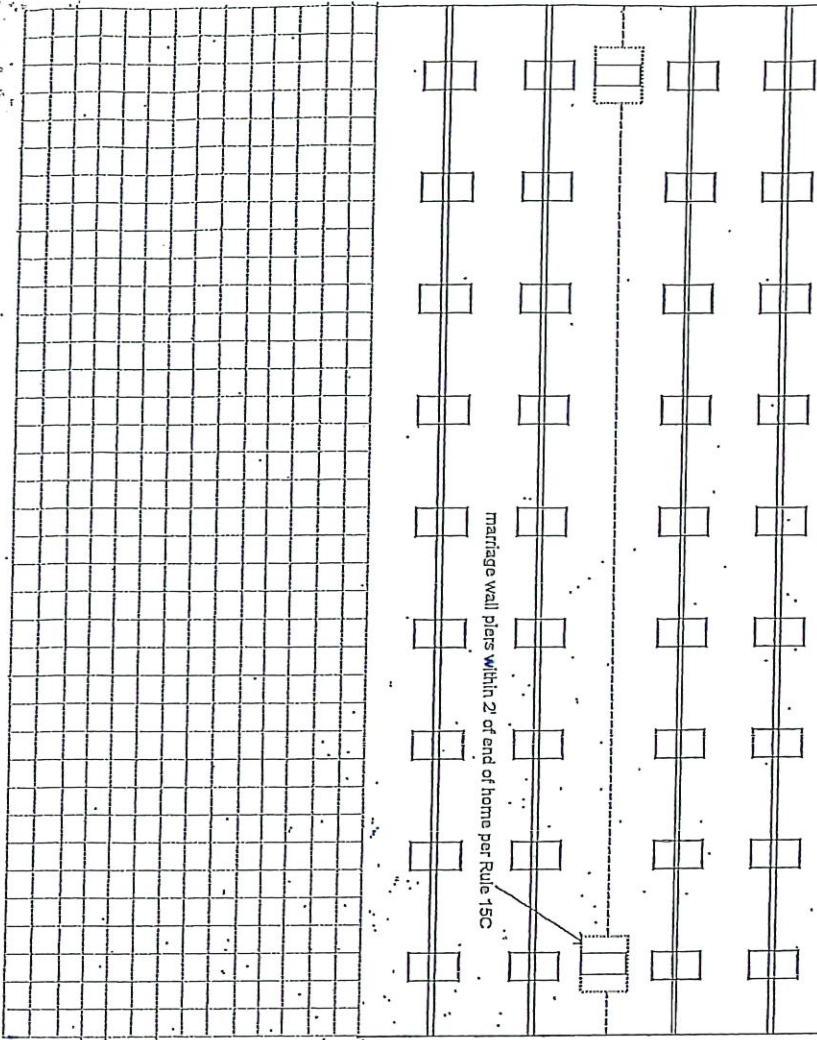
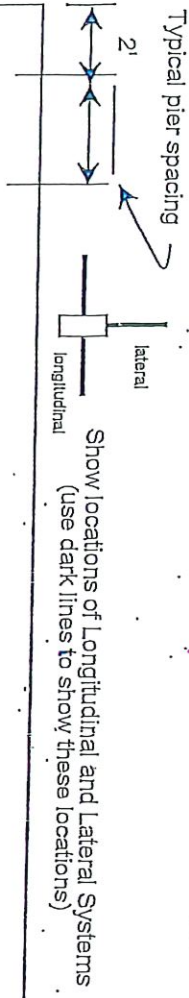
Address of home being installed _____

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 _____



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 (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.

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 3/16 X 25 3/16	441
17 1/2 X 25 1/2	446
24 X 24	576
26 X 26	676

POPULAR PAD SIZES

Opening _____ Pier pad size _____

ANCHORS _____

FRAME TIES _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

OTHER TIES _____

Number _____

Sidewall _____

Longitudinal _____

Marriage wall _____

Shearwall _____

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 all 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 _____

Plumbing _____

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ Date _____

Permit # _____

Applicant _____

Address _____

Name of Licensed Installer _____

License # _____

Installation Decal # _____

Manufacturer's Name _____ Wind Zone _____ New home ___ Used home ___

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

Installation standard used: (check one) manufacturer's installation manual ___ Rule 15C-1 ___

SITE PREPARATION:

Site Graded and fill dirt compacted to 90% _____ - or - Page _____

Drain tile and sump pump to be installed _____ - or - Page _____

Describe any other site prep method to be used _____ Page _____

Organic material removed _____ Page _____

Site graded or prepared for adequate drainage _____ Page _____

A vapor barrier is required for new homes Page _____

I understand that a poorly prepared site can cause doors and windows to bind, mold and mildew to form in the home. Installer's initials _____

FOUNDATION:

Load bearing soil capacity (psf) _____ or assumed 1000 psf _____ Page _____

Footing type: plastic pad _____, 16 x 16 concrete footer _____, poured footer _____ Page _____

I-beam piers: O/C spacings _____ Foundation pad size _____ Page _____

Perimeter piers: locations _____ Page _____

Centerline pier locations _____ Page _____

Centerline piers: Number _____ Footer sizes _____ Page _____

Special pier blocking: fireplace, bay windows, tubs, shear walls, etc, Yes ___ No ___ Page _____

TIE-DOWNS:

Torque probe reading _____ Declared 5 ft. anchors _____ Page _____

I understand a torque probe test can only be performed by a licensed installer.

Installer's initials _____

Anchor type: 4 ft. _____ 5 ft. _____ Page _____

Number of frame ties: / _____ Spacing _____ Angle of strap _____ degrees Page _____

Number of vertical ties: _____ Page _____

Number of centerline anchors _____ Page _____

Longitudinal straps/anchors _____ or longitudinal stabilizing devices _____ Page _____

Manufacturer of longitudinal stabilizing devices _____ Page _____

Manufacturer of lateral arm systems (if used) _____ Page _____

A State approved lateral arm system is being used and the installer will follow both the home's installation manual and the lateral arm manufacturer's installation instructions.

5' 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 _____

CLOSE UP:

Gasket:

I understand a properly installed gasket is a requirement of all new and used homes and condensation, mold, mildew and buckled marriage walls can be a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Page _____
Installer's initials _____ Type gasket _____

Fasteners are required to secure multi-sections of homes together (roof, sidewalls, floor)

Fasteners: Roofs Type and size _____ Spacing _____ Page _____
 Endwalls Type and size _____ Spacing _____ Page _____
 Floors Type and size _____ Spacing _____ Page _____

Electrical:

Connect electrical conductors between sections of the home this includes the bonding wire. Installers are not allowed to connect electrical power to the home. Access panels are to be installed. Page _____

Plumbing:

Using the manufacturer supplied drain line drawing connect all sewer drains to an existing sewer tap or septic tank. Page _____
Connect the potable water supply to an existing water meter, water tap or other independent water system. Access panels are to be installed. Page _____

Weatherproofing:

Rule 15C-2 requires the complete weather sealing of the home.
Bottom board repair Page _____
Vinyl siding Page _____
Soffit and fascia Page _____
Roof close up: Check the one that applies
Manufacturer's installation manual _____ Page _____
Rule 15C-1 _____ 30 gauge, 8" wide, galvanized metal strip centered over the peak and fasten with galv. roofing nails at 2" on center on both sides of the centerline.

Chimney:

Install extra length flue pipe, install and seal storm collar, chimney cap Page _____

Home skirted:

Yes ___ No ___ Page _____
If skirted ventilation is required: (check one) Page _____
 1 square foot for every 150 square feet of home (with no vapor barrier) _____
 1 square foot for every 300 sq. ft. of home (suggested with vapor barrier) _____
 Ventilated skirting _____

Florida Mobile/Manufactured Home Installation Decal Form

License Number: IH / 1025307 /1 Name: Joseph M. Smedley			
Order #: 00123	Label #: 00527	Manufacturer:	(Check Size of Home) Single _____ Double _____ Triple _____ HUD Label #: Soil Bearing / PSF: Torque Probe / in-lbs: Permit #:
Homeowner:		Year Model:	
Address:		Length & Width	
City/State/Zip:		Type Longitudinal System:	
Phone #:		Type Lateral Arm System:	
Date Installed:		New Home _____ Used Home _____	
Installed Wind Zone:		Data Plate Wind Zone:	
Note:			

Sample

**STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL**

_____ 00527 LABEL #	_____ DATE OF INSTALLATION
_____ Joseph M. Smedley NAME	
_____ IH 1025307 LICENSE #	_____ 00123 ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME
 IS IN ACCORDANCE WITH FLORIDA STATUTES 320.8249,
 320.8325 AND RULES OF THE DEPARTMENT OF HIGHWAY
 SAFETY AND MOTOR VEHICLES

INSTRUCTIONS
<p>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.</p>

Color: Light Green