



**CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION**

Permit Number

MOBILE HOME PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

OFFICIAL USE ONLY	REAL ESTATE NUMBER _____ DATE ISSUED ____/____/____
	STREET NUMBER _____ STREET NAME _____
	TYPE _____ DIRECTION _____ UNIT/SUITE _____ ZONING _____ ZONING APPROVAL _____
	ZONING NOTES _____
	FINAL APPROVAL _____ FEE \$ _____ MINIMUM FEE: YES <input type="checkbox"/> NO <input type="checkbox"/>
	NOTICE OF COMMENCEMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROJECT IDENTIFICATION	PROPERTY OWNERSHIP DETAILS
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PROJECT CONTACT _____ PROJECT CONTACT PHONE (____) _____ - _____ BRIEF DESCRIPTION OF WORK _____ _____ _____	TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/> FULL LEGAL NAME, AGENCY, OR BUSINESS _____ MAILING ADDRESS _____ OWNER CONTACT PHONE (____) _____ - _____ OWNER E-MAIL ADDRESS _____
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BUILDING PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd/Court/Road) _____ DIRECTION _____
 UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____
 LOT NO. _____ BLOCK _____ MOBILE HOME PARK _____

LICENSED INSTALLER	INFRASTRUCTURE INFORMATION
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COMPANY NAME _____ NAME _____ LICENSE NO. _____ CITY ID NO. _____ ADDRESS _____ PHONE _____ FAX _____ E-MAIL ADDRESS _____	HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Type of Heating Fuel</th> <th style="width:17%;">Water Supply</th> <th style="width:30%;">Sewage Disposal</th> </tr> <tr> <td> <input type="checkbox"/> Electrical <input type="checkbox"/> Solar <input type="checkbox"/> LP Gas <input type="checkbox"/> Wood <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other <input type="checkbox"/> Oil </td> <td> <input type="checkbox"/> Public – City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Well </td> <td> <input type="checkbox"/> Public – City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Septic </td> </tr> </table> Dimensions: Width _____ (feet) Length _____ (feet)	Type of Heating Fuel	Water Supply	Sewage Disposal	<input type="checkbox"/> Electrical <input type="checkbox"/> Solar <input type="checkbox"/> LP Gas <input type="checkbox"/> Wood <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other <input type="checkbox"/> Oil	<input type="checkbox"/> Public – City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Well	<input type="checkbox"/> Public – City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Septic
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FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)	NEW RESIDENTIAL PERMIT INFO
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NAME _____ ADDRESS _____	SINGLE FAMILY No. of Bedrooms _____ No. of Bathrooms: Full _____ Partial _____
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TYPE OF IMPROVEMENT	WIDTH	JOB COST	PAYMENT METHOD
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<input type="checkbox"/> Mobile Home – New <input type="checkbox"/> Mobile Home – Replacement <input type="checkbox"/> Other – Specify: _____ VIN #: _____ Year: _____ Make: _____	<input type="checkbox"/> Single-Wide <input type="checkbox"/> Double-Wide <input type="checkbox"/> Triple-Wide	Total costs to include plumbing, electrical, and mechanical. \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Escrow Account <input type="checkbox"/> Exempt
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Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT—I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law.

WARNING TO OWNER—YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER or AGENT (If Agent, Power of Attorney or Agency Letter Required)	INSTALLER (Qualifier Only)
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Signed: _____ Date: ____/____/____ Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate. Notary Public at Large, State of _____, County of _____ Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> ID Type _____	Signed: _____ Date: ____/____/____ Before me this _____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate. Notary Public at Large, State of _____, County of _____ Personally Known <input type="checkbox"/> or Produced Identification <input type="checkbox"/> ID Type _____
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OFFICIAL USE ONLY											
PERMIT REQUIREMENTS 1. <input type="checkbox"/> Elevation Certificates required. ✓ Submit to Development Management Services, Room 2100, Edward Ball Building prior to final inspection requests. 2. <input type="checkbox"/> _____ _____ _____		REQUIRED ASSOCIATED PERMITS <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	FEE CALCULATIONS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Item</th> <th style="width: 50%;">Fee</th> </tr> </thead> <tbody> <tr> <td>Permit Fee</td> <td>_____</td> </tr> <tr> <td>Adjustments</td> <td>_____</td> </tr> <tr> <td>TOTAL FEE</td> <td>_____</td> </tr> </tbody> </table>	Item	Fee	Permit Fee	_____	Adjustments	_____	TOTAL FEE	_____
		Item	Fee								
Permit Fee	_____										
Adjustments	_____										
TOTAL FEE	_____										
APPROVAL NOTES & REQUIRED INSPECTIONS											
DEVELOPMENT MANAGEMENT SERVICES BFE _____ FZ _____ No _____ Date ____/____/____ Signed _____		CONCURRENCY MANAGEMENT Deminimis _____ By _____ Date ____/____/____ Fair Share Override _____ By _____ Date ____/____/____ Exempt _____ By _____ Date ____/____/____ VPAC / CRC NO. _____									
PLANNING		PLUMBING									
BUILDING OFFICIAL COMMENTS _____ _____ _____											

New M/MH:

1. **Property Survey and/or Site Plan (two copies)** - If the M/MH is to be located in an approved mobile home park, only the site plan will be required. For any other location Zoning will require a legal survey drawn to scale, regardless of whether it is a new or replacement mobile home. The site plan must show property lines, location of the home dimensioned from the property lines, septic tank and drain field location, potable well location, direction of surface drainage indicating positive flow away from the mobile home, and any other buildings located on the property. The site plan requirements may be incorporated onto the survey.
2. **Floor Plan (two copies)** - Must be drawn to scale or provided by manufacturer. This drawing must indicate all exit locations. Rooms must be labeled to reflect type of use (bedroom, bathroom, kitchen, etc.). Show overall dimensions and dimensions to locate and show the width of all marriage wall openings greater than four feet wide.
3. **Health Department Certificate (one copy)** - If you have an on-site sewage disposal system, you must provide either a current approval certificate for an existing septic system or a construction permit for the installation of a new system.
4. **Approved Installation Products (two copies)** - List (see attached) all products used in the installation that are tested and listed in Florida's Approved Products List for the Installation of Mobile/Manufactured Homes indicating manufacturer, model number, identification and description of item. See web site www.flhsmv.gov/mobilehome for more information.
5. **Set-Up Data For Manufactured Home Installation (two copies)** - (see attached) List contains information as required by the manufacturer's installation instructions or, for used homes, rules set forth in Chapter 15C-1 and 15C-2 of Department of Highway Safety and Motor Vehicles, Division of Motor Vehicles regulations.
6. **Blocking Plan (two copies)** - The blocking plan must show all pier pad sizes, pier sizes and spacing, anchor sizes and spacing, and longitudinal stabilizing devices including lateral arms. For multi-wide units it must also indicate the marriage lines, and dimension all marriage line openings greater than four feet wide. It must also show the overall length and width of the M/MH. See attached Sample Blocking Plan.

Used M/MH:

1. All the same documentation as for a new home shall be submitted and the installation shall be in accordance with Florida Statutes and the Florida Administrative Code, Rule 15C-1 and 15C-2 and shall be so noted on the Set-Up Data For Manufactured Home Installation form.
2. Homes built prior to June 15, 1976 can no longer be relocated unless one of the following exceptions apply:
 - A. If the property is re-zoned requiring that the home to be relocated.
 - B. If the mobile home park is closed down and the home is relocated.