

PROCEDURES FOR MOBILE HOME (NEW SET-UP OR REPLACEMENT)

BUILDING DEPARTMENT:

Provide Site Plan

UTILITIES DEPARTMENT:

**Mobile If Home in County: Obtain sign-off (public water and/or sewer)
and pay Solid Waste Fees**

ENVIRONMENTAL HEALTH:

If on Septic Tank or Well, Obtain Permit from the Environmental Health Department

PROPERTY APPRAISER:

Obtain Parcel Number

PLANNING DEPARTMENT:

**Obtain Traffic Impact Fee Exemption If REPLACING a Mobile Home -
If NEW Installation Obtain Concurrency Certificate from Planning**

BUILDING DEPARTMENT:

Obtain All Necessary Approvals and Return to Building Department

PERMITS ISSUED

STEP 1: Application submits site plan showing the exact location of the Mobile Home.

STEP 2: If Mobile Home Will be in the County, Applicant Must Provide Sign-Off from the Utilities (Public water and/or Sewer). Applicant Also Shows Receipt for Payment of Solid Waste Fees. Utilities Is Located on First Floor of the County Administration Building.

STEP 3: If PUBLIC WATER and/or SEWER Is Not Available, Applicant Obtains Approval from Environmental Health for a WELL or SEPTIC TANK (or both If Necessary). Environmental Health Is Located at: 1900 - 27th Street

STEP 4: Applicant Obtains Parcel Number (Tax Identification Number) from the Property Appraiser's Office Located on the First Floor of the County Administration Building.

STEP 5: If Mobile Home is a REPLACEMENT, Applicant Is Entitled to an Exemption from Traffic Impact Fees (T.I.F.). This Is Obtained from the Indian River County Planning Department Located on the Second Floor of the County Administration Building. NEW Installations Must Obtain Concurrency Certificate.

STEP 6: After obtaining All the Necessary Approvals and Information, Applicant Returns to the Building Department for Setup permits. Setup Includes TIE-DOWN PERMIT, ELECTRICAL CONNECTION (LICENSED ELECTRICIAN REQUIRED), and Plumbing Connection (LICENSED PLUMBER REQUIRED).

INDIAN RIVER COUNTY BUILDING DIVISION MOBILE HOME CHECKLIST

(Will be reviewed for compliance prior to release of permit)

Effective 3/29/99, as per State of Florida, Department of Highway Safety & Motor Vehicles

1. Site plan (location of mobile home).
2. Drawings to scale showing all pier block locations and foundation or footer dimensions (per 15C-2.0073(8)F.A.C.).
3. Indicate soil load bearing capacity at installation site (per 15C-2.0073(8)F.A.C.).
4. Show **all** set-up details including applicable anchoring, bracing & blocking of mobile home (must be specific for mobile home being set-up).
5. Specify anchors, strapping, clips, etc. as to materials and approvals as required by the State of Florida (F.A.C.).
6. Manufacturer's installation instruction manual required.
7. Floor plan
8. Manufacturer's specifications on ABS pads and lateral and longitudinal braces.
9. **MOUNDING UNDER ANY REINSTALLATION OF MOBILE HOMES REQUIRED.**
10. **COMPACTION TESTING FOR FILL REQUIRED.**

***MAKE SURE THE MOBILE HOME IS DESIGNED FOR A MINIMUM OF WIND-ZONE #2.**

Note: If you have any detailed questions regarding State of Florida requirements you may address them to: (see attached).

Note: Submit four copies of plans/documentation.

MOBILE HOME COMBINATION BUILDING PERMIT APPLICATION (Page 1 of 2)
INDIAN RIVER COUNTY / CITY OF VERO BEACH

I. LEGAL DESCRIPTION: LOT ____ BLOCK ____ SUBDIVISION _____ App. Date: _____
 PARCEL NUMBER: _____ FL Bldg Code: _____
 (from tax notice \ receipt) Supplements: _____
 JOB ADDRESS: _____

II. CONTRACT / ESTIMATED CONSTRUCTION COST: \$ _____ (Total value of the unit in place)
 Permit Fee = Construction value multiplied by .00415 Minimum Permit Fee = \$200

III. TOTAL SQUARE FOOTAGE UNDER-ROOF: _____ # of Bedrooms: _____

Water: City County Well **Sewer:** City County Septic Sq Ft Under Air _____ # of Bathrooms: _____ # of Garages: _____
 (Circle one) (Circle one)

IV. PROPOSED USE (Check All That Apply)	(Check All That Apply)	Type Construction (Check All That Apply)
____ RESIDENTIAL	____ NEW CONSTRUCTION	____ TYPE V – Combustible (All Wood Frame)
____ COMMERCIAL	____ ADDITION	____ TYPE III – Exterior Non-Combustible/ Interior Any Material
____ MULTI-FAMILY	____ ALTERATION	____ TYPE I or II All Non-Combustible (Specify)
____ ACCESSORY Specify: _____	____ DEMOLITION	____ OTHER (Sprinkler, Timber Const) Specify: _____

	NAME & ADDRESS	CONTACT INFORMATION
OWNER		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER: Fax:
TITLE HOLDER (If Other Than Owner)		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER:
CONTRACTOR	LICENSE NUMBER:	E-MAIL:
	COMP CARD NUMBER:	DAYTIME PHONE NUMBER: Fax:
ARCHITECT		E-MAIL:
		DAYTIME PHONE NUMBER:
ENGINEER		E-MAIL:
		DAYTIME PHONE NUMBER:

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, insurance, and worker's compensation. I understand that sub-contractor affidavits must be obtained for electrical, plumbing, air-conditioning, roofing, insulation, pools, irrigation systems, wells, or any other work that is allowed to be included in this permit.

Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion.

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.

MOBILE HOME COMBINATION BUILDING PERMIT APPLICATION (Page 2 of 2)
INDIAN RIVER COUNTY / CITY OF VERO BEACH

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.

And/or _____

Signature of Owner or Agent

Signature of Contractor

{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}

Date: _____

Date: _____

As to Owner:

As to Contractor:

State of _____
 County of _____

State of _____
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is _____ personally known or who has _____ produced identification. Type identification produced: _____.

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is _____ personally known or who has _____ produced identification. Type identification produced: _____.

 Official Signature of Notary Public

 Official Signature of Notary Public

 Notary's Name, Typed, Printed or Stamped

 Notary's Name, Typed, Printed or Stamped

Notary Seal:

Notary Seal:

This Area for Building Division Use Only:

Building Living/Non Living Area: _____ sq ft **BR** ____ **Bath** ____ **Garage** ____

Value: = \$ _____ **Per:** **Plans Examination** **Contract**

Building Permit Fee: = \$ _____

Radon Fund (State Mandated) = \$ _____

BCAI Fund (State Mandated) = \$ _____

Other

Total Fees = \$ _____

**INDIAN RIVER COUNTY/CITY OF VERO BEACH
COMBINATION PERMIT**

SUB-CONTRACTOR SUMMARY

_____ will be using the following sub-contractors for the
(company/individual name)

project located at _____. It is understood that if there
(street address and parcel #)

are any changes in status regarding the participation of any of the sub-contractors listed below, I
will immediately advise the Indian River County Building Department.

Trade	Name of Company/Contractor	Indian River Co./ State of Florida Number
Plumbing		
Electrical		
Mechanical		
Roofing	*Note: Roof coverings other than shingles require licensed roofing contractor.	
Insulation		
Irrigation		
Burglar Alarm		
Aluminum (Infill Only)		
Garage Door		
Other		

Attached or Detached Screen Rooms, Swimming pools and other accessory structures require separate permits.

CONTRACTOR (original signature required):

Signature

Printed Name

Date

**INDIAN RIVER COUNTY/CITY OF VERO BEACH
COMBINATION PERMIT
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT**

ALL AFFIDAVITS MUST BE SUBMITTED WITH ORIGINAL SIGNATURE

***Note: Roof coverings other than shingles require licensed roofing contractor.**

Indian River County Contractor Certificate Number: _____

State of Florida Certification Number (if applicable): _____

Combination Permit Number (if known): _____

_____ has agreed to be the _____
(company/individual name) (type of construction trade)

sub-contractor for _____ for the project located at
(Name of prime contractor)

_____. It is understood that, if there is any change of status
(street address)

regarding our participation with the above mentioned project, I will immediately advise the

Indian River County Building Department by personally filing a Change of Contractor.

BUSINESS QUALIFIER (original signatures required):

Signature Printed Name Date

Fill out below if address information has changed from current data on file:

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by
_____ who is _____ personally known or who has _____ produced identification. Type
identification produced: _____.

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary Seal:

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 _____
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:

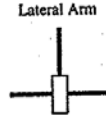
Yes ___ No ___ Page _____
If skirted ventilation is required: (check one) Page _____
 1 square foot for every 150 square feet of home (with no vapor barrier) _____
 1 square foot for every 300 sq. ft. of home (suggested with vapor barrier) _____
 Ventilated skirting _____

Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

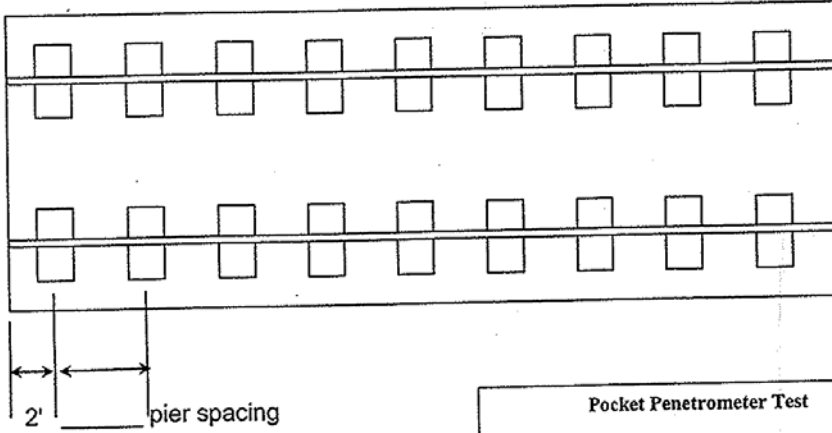
Blocking Plan

typical single wide blocking plan

Manufacturer _____
Length x width _____



Longitudinal Stabilizing Devices



Pocket Penetrometer Test
Test the perimeter of the home at 6 locations.
Take the reading at the depth of the footer.
Using 500lb increments, take the lowest reading
and round down to that increment.

Pocket Penetrometer test results _____
Soil torque probe test results _____
Anchor Length _____
I-beam pier pad size _____
Perimeter pier pad size _____

Other information

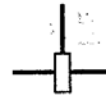
Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

Blocking Plan

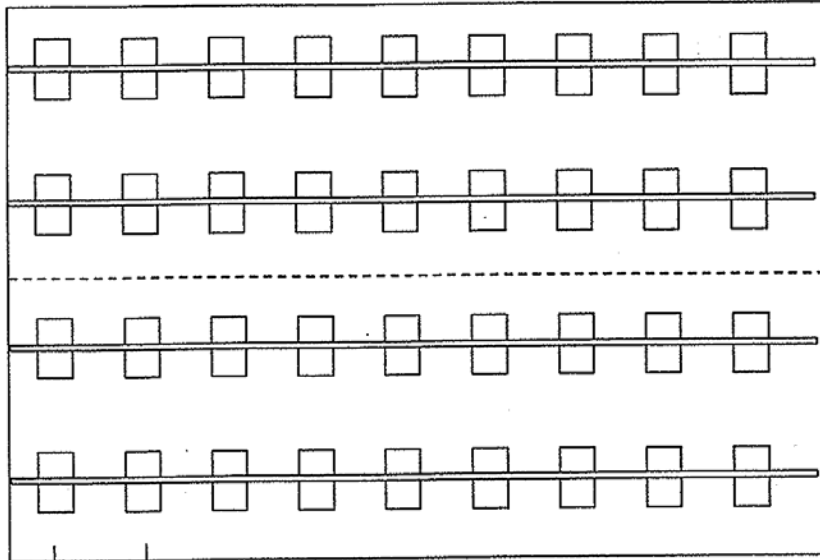
typical double wide blocking plan

Length x width _____
Manufacturer _____

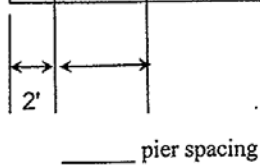
Lateral Arm



Longitudinal Stabilizing Devices



Marriage Wall
the location of these piers will vary with each floor plan.



Pocket Penetrometer Test
Test the perimeter of the home at 6 locations.
Take the reading at the depth of the footer.
Using 500lb increments, take the lowest reading and round down to that increment.

Soil Bearing _____
Soil torque probe test results _____
Anchor Length _____
I-beam pier pad size _____
Perimeter pier pad size _____

Marriage wall pier pad sizes – outline pad locations on the centerline and show sizes below

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Other information

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 requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

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.