

## APPLICATION FOR:


**NEW – MANUFACTURED HOME PERMIT**

Mail: City of Lake City - 205 North Marion Ave. - Lake City, FL 32055  
Phone: 386.719-5750 ofc. - 386.758-5426 fax growthmanagement@lcfla.com

- **NOTE: All housing is subject to a 2-part application and review process. It must first go through zoning review and approval prior to submission of this permit application.**

Date Stamp: \_\_\_\_\_

Received by: \_\_\_\_\_

**See the Growth Management Department in order to request a Housing Assessment Report for the subject property. After the assessment is complete, you will be provided with the Housing Zoning Review Application and instructions. Do not purchase property or a home before it has been approved for zoning related standards.**

Prior to any manufactured home permits being issued by the City of Lake City, the following will be required from Owner, Manufactured Home Dealer or Set up Contractor.

1. Owners Name
2. Owners Address
3. Job Site Address – If a vacant lot, the City will assign a 911 address.
4. Legal Description
5. Make of Manufactured Home
6. Year Manufactured Home Constructed
7. Model Number of Manufactured Home
8. Serial Number of Manufactured Home
9. Paper Survey of Property
10. Elevation Certificate, if Located in Flood Zone
11. Set Up Contractors Name
12. Set Up Contractors Address
13. Set Up Contractors License Number
14. Completed Plat Plan Showing Lot Dimensions, Manufactured Home Size and Proposed Setbacks of Home to Property Lines
15. Street Name(s) that Lot Faces (lot must have access to a public street)
16. Utility Availability Slip from Public Works Dept.
17. If no City-sewer is available – contact Growth Management to determine if location is allowed by local code to have a septic system. If yes, a Septic Tank Permit from Columbia County Health Department will be needed.
18. Copy of Deed Showing Property Ownership.
19. If Property is not owned by Applicant, notarized letter from owner allowing placement of manufactured home will be required.

Blank Forms are furnished by the Growth Management Department, but it is the Owner, Dealer or Set up Contractors' responsibility to furnish all required information.

PLEASE PRINT all information so as to be legible.

MANUFACTURED HOME DEALER OR SET-UP CONTRACTOR IS REQUIRED TO ALSO SIGN PERMIT APPLICATION.

- 1. OWNER: \_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_
- 3. JOB SITE ADDRESS: \_\_\_\_\_
- 4. LEGAL DESCRIPTION: \_\_\_\_\_
- 5. MAKE AND YEAR OF MANUFACTURED HOME: \_\_\_\_\_
- 6. MODEL NUMBER OF MANUFACTURED HOME: \_\_\_\_\_
- 7. SERIAL NUMBER OF MANUFACTURED HOME: \_\_\_\_\_
- 8. CURRENT SURVEY SUBMITTED? YES \_\_\_ NO \_\_\_ BOUNDARY MARKED YES? \_\_\_ NO \_\_\_
- 9. SEPTIC TANK (if allowed) PERMIT SUBMITTED? YES \_\_\_\_\_ NO \_\_\_\_\_
- 10. IS PROPERTY LOCATED IN FLOOD ZONE? YES \_\_\_\_\_ NO \_\_\_\_\_
- 11. CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
- 12. CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_
- 13. VALUATION: \_\_\_\_\_ NATURE OF WORK: \_\_\_\_\_
- 14. STREET NAME or PROPERTY FRONTAGE: \_\_\_\_\_
- 15. PERMIT NUMBER: \_\_\_\_\_ APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_
- 16. REMARKS: \_\_\_\_\_
- 17. ZONING: \_\_\_\_\_

YARD SETBACKS: FRONT: \_\_\_\_\_  
 SIDE: \_\_\_\_\_  
 REAR: \_\_\_\_\_

# of OFF STREET PARKING SPACES: \_\_\_\_\_

**NOTE: STEPS AND PORCHES, etc. may not encroach in REQUIRED YARD. Also, all tongues must be removed.**

**SITE PLAN – A certified survey and corners of the property flagged is now required for all housing permits.**

**You will use the survey page as your site plan, showing where you propose to locate the home.**

**Improved driveways and approved street-access is also required for all housing permits.**

**The site plan and driveway review is part of the required zoning review process, and once approved, will be included with this application.**

**PERMIT APPLICATION / MANUFACTURED HOME INSTALLED**

Applicant \_\_\_\_\_ Name of Licensed Dealer/Installer \_\_\_\_\_

Address \_\_\_\_\_ License Number \_\_\_\_\_

Installation Decal # \_\_\_\_\_

Manufacturers Name \_\_\_\_\_

Roof Zone \_\_\_\_\_ Wind Zone \_\_\_\_\_

Number of Sections \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Year \_\_\_\_\_ Serial # \_\_\_\_\_

Installation Standard Used: (Check One) Manufacturers Manual \_\_\_\_\_ 15C-1 \_\_\_\_\_

**SITE PREPARATION:**

Debris and Organic Material Removal \_\_\_\_\_ Compacted Fill \_\_\_\_\_ PAGE \_\_\_\_\_

Water Drainage: Natural \_\_\_\_\_ Swale \_\_\_\_\_ Pad \_\_\_\_\_ other \_\_\_\_\_ PAGE \_\_\_\_\_

**FOUNDATION:**

Load Bearing Soil Capacity \_\_\_\_\_ or Assumed 1000 PSF \_\_\_\_\_ PAGE \_\_\_\_\_

Footing Type: Poured in Place \_\_\_\_\_ Portable \_\_\_\_\_ Size and Thickness \_\_\_\_\_ PAGE \_\_\_\_\_

I-Beam or Mainrail Piers: Single Tiered \_\_\_\_\_ Double Interlocked \_\_\_\_\_ PAGE \_\_\_\_\_

Size of Piers \_\_\_\_\_ Placement O/C \_\_\_\_\_ PAGE \_\_\_\_\_

Perimeter Pier Blocking: Size \_\_\_\_\_ Placement O/C \_\_\_\_\_ PAGE \_\_\_\_\_

Ridge Beam Support Blocking: Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_ PAGE \_\_\_\_\_

Ridge Beam Support Footer: Size \_\_\_\_\_ NUMBER \_\_\_\_\_ Location(s) \_\_\_\_\_ PAGE \_\_\_\_\_

Center Line Blocking: Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_ PAGE \_\_\_\_\_

Special Pier Blocking Required: (Fireplace, Bay Window, Etc,) Yes \_\_\_\_\_ No \_\_\_\_\_ PAGE \_\_\_\_\_

Mating of Multiple Units: Mating Gasket \_\_\_\_\_ Type Used \_\_\_\_\_ PAGE \_\_\_\_\_

Fasteners: Roofs Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C PAGE \_\_\_\_\_

Endwalls Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C PAGE \_\_\_\_\_

Floors Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C PAGE \_\_\_\_\_

**ANCHORS:**

Type 3150 Working Load \_\_\_\_\_ 4000 Working Load \_\_\_\_\_ PAGE \_\_\_\_\_

Height of Unit: (Top of Foundation or Footer to Bottom of Frame) \_\_\_\_\_ PAGE \_\_\_\_\_

Number of Frame Ties: \_\_\_\_\_ Spacing \_\_\_\_\_ O/C Angle of Strap \_\_\_\_\_ Degrees PAGE \_\_\_\_\_

Number of Over Roof Ties: (If Required) \_\_\_\_\_ PAGE \_\_\_\_\_

Number of Sidewall Anchors \_\_\_\_\_ Zone II \_\_\_\_\_ Zone III PAGE \_\_\_\_\_

Number of Centerline Anchors \_\_\_\_\_ Number of Stabilizer Devices \_\_\_\_\_ PAGE \_\_\_\_\_

Vents Required for Underpinning (1SF/150 SF of Floor Area) Number \_\_\_\_\_ PAGE \_\_\_\_\_

**MOBILE HOME INSTALLATION REQUIREMENTS**

Make of Mobile Home: \_\_\_\_\_

**Year:** \_\_\_\_\_

Actual Date of Construction: \_\_\_\_\_

Model Number or Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_

Soil Bearing Capacity: \_\_\_\_\_ P.S.F. (Test in six locations)

Torque Test: \_\_\_\_\_ Pounds per square inch

Dealer/Installer Name: \_\_\_\_\_

License Number \_\_\_\_\_

Type Footer: Poured \_\_\_\_\_ Portable \_\_\_\_\_ Size \_\_\_\_\_

Spacing of Main rail piers \_\_\_\_\_ ft. on centers

Perimeter Pierblocking required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Locations:** \_\_\_\_\_

Ridge Beam Opening Length: \_\_\_\_\_ Ridge Beam Footer Size: \_\_\_\_\_

Center Line Blocking: Number \_\_\_\_\_ Spacing \_\_\_\_\_

Special Pier Blocking Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Locations: . . . . .

Mating Material: Gasket \_\_\_\_\_ Other \_\_\_\_\_

Fasteners: Roof, Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_

Endwall, Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_

Floor, Type and Size \_\_\_\_\_ Spacing \_\_\_\_\_

Anchors: 3150# Working Load \_\_\_\_\_ #4000 Working Load \_\_\_\_\_

Number of Frame Ties \_\_\_\_\_ Spacing \_\_\_\_\_ O/C

Number of Over Roof Ties \_\_\_\_\_ Spacing \_\_\_\_\_ O/C

If Soil Test and Torque Test are not performed, 1000# Bering Capacity is to be assumed and five foot, 4000# anchors are to be used, also all Tests will be verified by City Inspector.

Dealers/Installers are responsible for all of the above requirements. The City of Lake City will not accept incomplete applications.

PERMIT NUMBER \_\_\_\_\_

**POCKET PENETROMETER TEST**

The pocket penetrometer tests are rounded down to \_\_\_\_\_ psf or check here to declare 1000lb. 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 4 foot anchors.

**Note:** A stale 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 poin where the torque test reading is 275 or less and where the mobile 11!>me 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 mult-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 waler supply systems. Pg. \_\_\_\_\_

**Sit. Pre2.aratlon**

Debris and organic material removed \_\_\_\_\_  
Water drainage: Natural \_\_\_\_ Swale \_\_\_\_ Pad \_\_\_\_ other \_\_\_\_

**Faailnlnl 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 .

**G-kat | - | | .....oot | n9 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 \_\_\_\_\_ Ins talled:  
 Pg. \_\_\_\_\_  
 Between Floors Yes \_\_\_\_\_  
 Between Walls Yes \_\_\_\_\_  
 Bottom of ridgebeam\_Y\_e\_s \_\_\_\_\_

**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 \_\_\_\_

**Mlaccellaneous**

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 \_\_\_\_  
 Ele<;trical **crossovers** protected. Yes \_\_\_\_  
 Other: \_\_\_\_\_

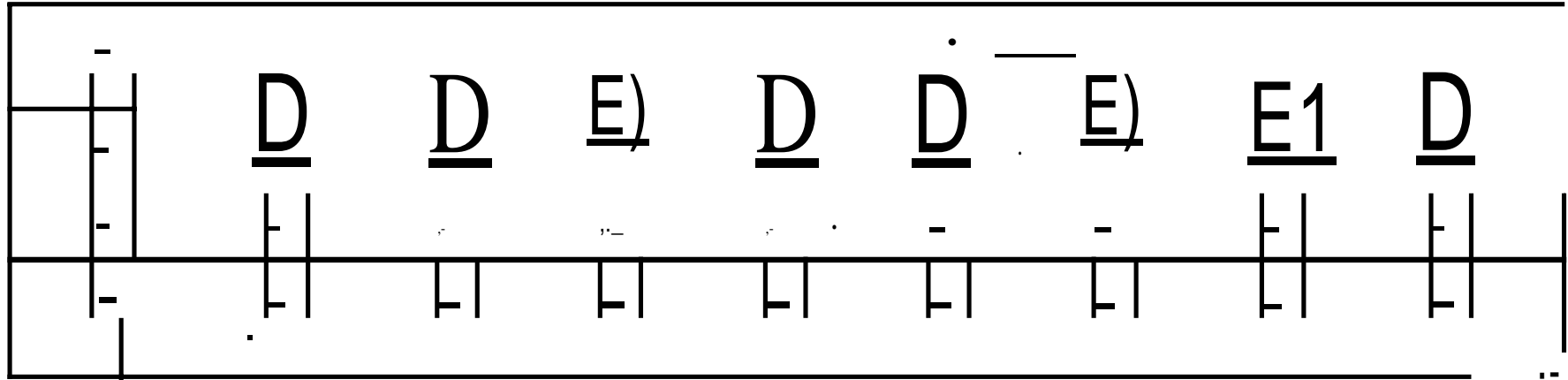
Installer verifies all Information given with this permit worksheet is accurate and true based on the **manufacturer's Installation instructions** and or Rule 1SC-1 & 2

Installer **Signature** \_\_\_\_\_ Date \_\_\_\_\_

**BLOCKING PLAN**

Manufacturer \_\_\_\_\_

Length X Width \_\_\_\_\_



Spaces at  
\_\_\_\_\_ OC  
Typical

Soil Bearing Capacity \_\_\_\_\_

Probetest/ anchor length \_\_\_\_\_ / \_\_\_\_\_

I-beam Pier Pad size \_\_\_\_\_

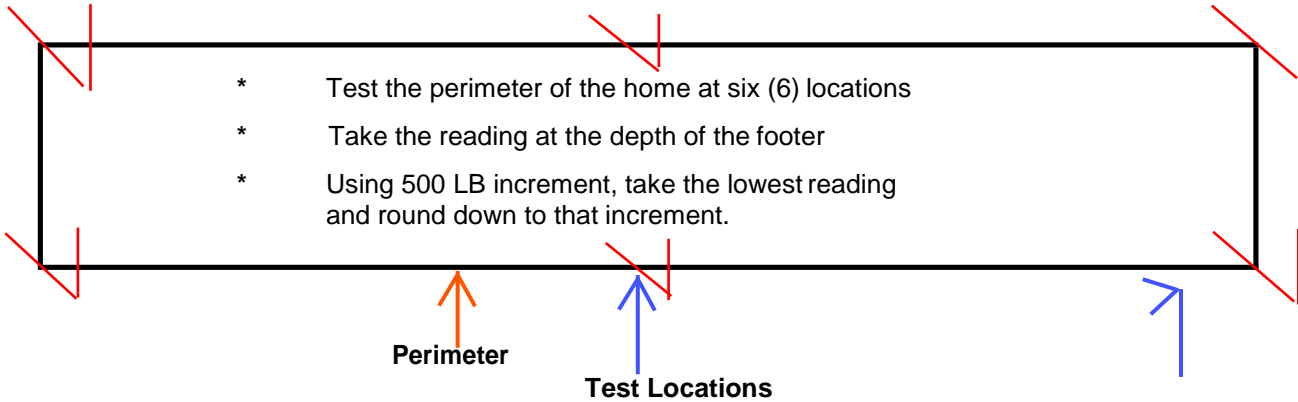
Perimeter Pier Pad size \_\_\_\_\_

Other information **needed**-----

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## POCKET PENETROMETER TEST



This Site Rounded Down to \_\_\_\_\_PSF

### PIER SPACING TABLE

Sell Load Bearing Capacity	Footer Size 16" x 16"	Footer Size 18 1/2" X 18 1/2"	Footer Size 20" x 20"	Footer Size 26" x 26"
1000 psf	3'	4'	5'	8'
1500 psf	4' 6"	6'	7'	
2000 psf	6'			
2500 psf	7' 6"			
3000 psf				
3500 psf				

**Shaded areas are at the maximum eight feet spacing.**

**CITY OF LAKE CITY, FLORIDA  
GROWTH MANAGEMENT DEPARTMENT**

**MANUFACTURED HOME PRE-INSPECTION STANDARDS / REQUIREMENTS**

Owner's Name \_\_\_\_\_ Owner's Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_ Year / Manufacturer \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Type:

Width \_\_\_\_\_ Length \_\_\_\_\_ Single \_\_\_\_\_ Double \_\_\_\_\_

Roof / Siding: \_\_\_\_\_

Skirting: \_\_\_\_\_ (Must meet housing standards)

Directions: \_\_\_\_\_

**PRE-INSPECTION CHECKLIST**

- 1. ( ) Title, Registration and copy of Bill of Sale / Invoice
- 2. ( ) Data Plate Serial Number (in closet or kitchen cabinet)  
\_\_\_\_\_
- 3. ( ) HUD Label Number (metal plate riveted to side of trailer)  
\_\_\_\_\_
- 4. ( ) Wind Zone II ( ) Wind Zone III **(Wind Zone I not allowed)**
- 5. ( ) Copy of deed and a Notarized Permission to set-up Affidavit from property owner.
- 6. ( ) Name of Transporter and / or DOT Permit # \_\_\_\_\_.

**NOTE: MUST HAVE ACCESS TO INTERIOR OF HOME FOR INSPECTION IF PERSONAL POSSESSIONS ARE INSIDE HOME, OWNER MUST BE PRESENT DURING INSPECTION.**



I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above information, statements and attachments contained in any papers or plans submitted herewith, are true and correct. I authorize the City Growth Management, or their designee to enter and inspect the premises, which are the subject of this application, for information gathering and inspections.

**Applicant:**

\_\_\_\_\_  
Printed Name / Signature Date

(If applicant is not owner, please also attach a notarized letter of authorization by the owner of record)

**Manufactured Home Dealer of Set-Up Contractor**

\_\_\_\_\_  
Printed Name / Signature Date