

**PROPOSED INSTALLATION DETAILS FOR MANUFACTURED HOME INSTALLATION**

Installer is to provide two applications for permit. Fill out the applicable information and sign affidavit below for permit application.

Applicant: \_\_\_\_\_ Installer: \_\_\_\_\_

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

\_\_\_\_\_ Installation decal #: \_\_\_\_\_

Manufacturer's Name: \_\_\_\_\_

Roof Zone: \_\_\_\_\_ Wind Zone: \_\_\_\_\_ Number of sections: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_ Year: \_\_\_\_\_

Serial # \_\_\_\_\_ Standard used: Manufacturer's manual \_\_\_\_\_ or 15C-1 \_\_\_\_\_

<b>SITE PREPARATION: Per 15C-1</b>	
Load bearing soil capacity _____ PSF or assumed 1000 PSF _____	Page # _____
Water drainage: Natural Swale _____ Pad _____ Other _____	Page # _____
<b>FOUNDATION:</b>	
Footing type: Poured in place _____ Portable _____ Length _____ Width _____ and Thickness _____	Page # _____
I-Beam or main rail piers: Single tiered _____ Double interlocked _____	Page # _____
Size of piers Length _____ Width _____ Placement O.C. _____	Page # _____
Perimeter Pier Blocking: Length _____ Width _____ Placement O.C. _____	Page # _____
Ridge beam support blocking: Length _____ Width _____ Number locations _____	Page # _____
Ridge beam Footing size: Length _____ Width _____ and thickness _____	Page # _____
Special pier blocking required: Fire place: _____ Bay window: _____ exterior doors: _____ Other: _____	Page # _____
Mating of multiple units: Mating gasket _____ type used _____	Page # _____
Roof fasteners: Type _____ Size _____ and Spacing O.C. _____	Page # _____
End walls fasteners: Type _____ Size _____ and Spacing O.C. _____	Page # _____
Floor Fasteners: Type _____ Size _____ and Spacing O.C. _____	Page # _____
<b>ANCHORS:</b>	
Type 3150 working load _____ 4000 working load _____	Page # _____
Size of stabilizer plates _____	
Height of unit: _____ (Top of foundation or footing to bottom of frame)	Page # _____
Spacing of frame ties: _____ O.C. Angle of strap Degrees _____	Page # _____
Number of over the roof ties: _____ (If required)	Page # _____
Number of sidewall anchors _____	Page # _____
Number of centerline anchors _____	Page # _____
Number of mate wall straps _____	Page # _____
Specify the longitudinal system and provide installation instruction: _____	Page # _____
Type of skirting used: _____	Page # _____
Size of vents: Length _____ width _____ Number of vents provided: _____ 1 sq. ft. for every 150 Sq. Ft.	Page # _____
<b>Class of Soil:</b>	
Type 1 _____ Type 2 _____ less than 175 PSI _____	Page # _____

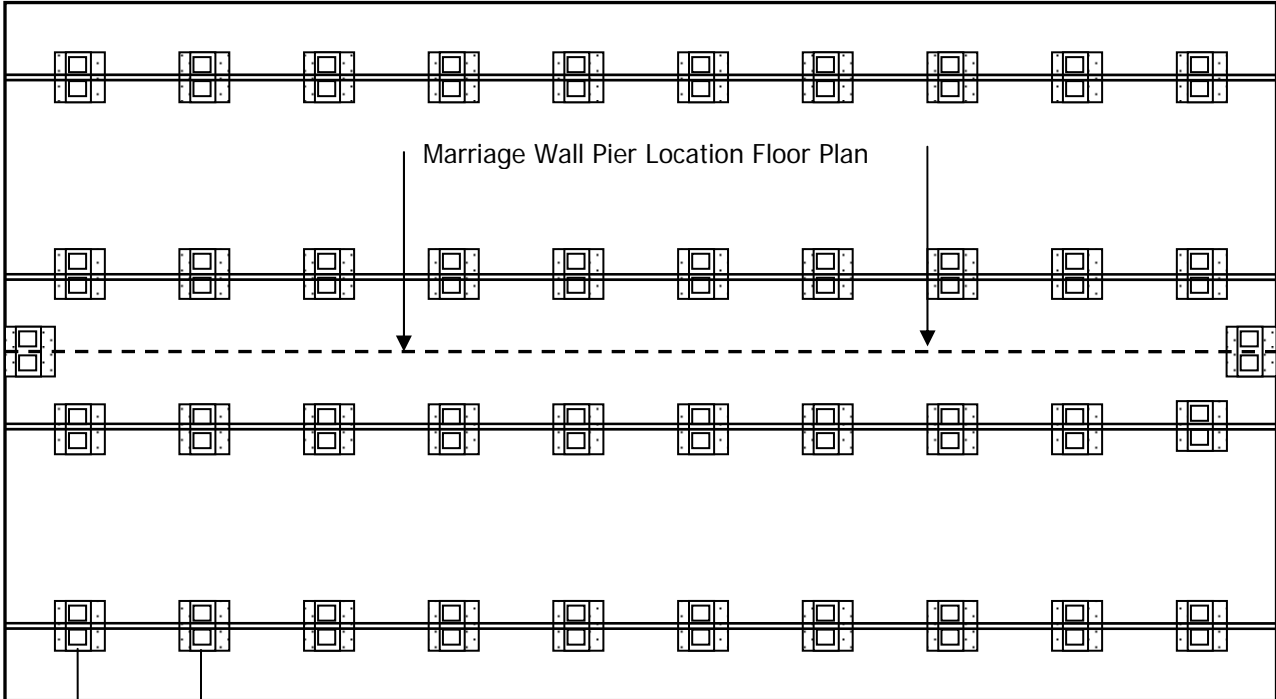
**Installer verifies the above information is accurate and true based on recognized testing methods.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MULTIPLE UNITS BLOCKING PLAN

Manufacturer \_\_\_\_\_

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



\_\_\_\_\_ ' \_\_\_\_\_ ' on center.

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

Probe Test/ Anchor Length: \_\_\_\_\_

I – beam Pier Pad Size: \_\_\_\_\_

Marriage Wall Pier Pad Sizes:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

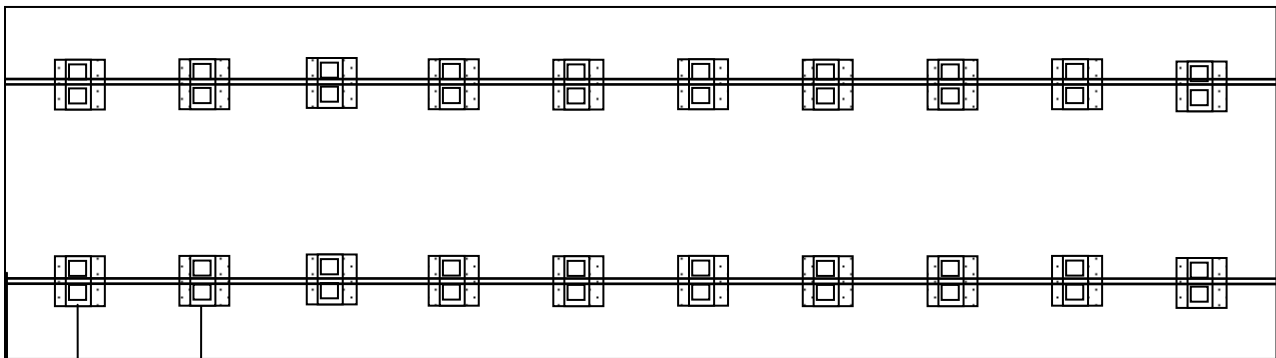
Perimeter Pier Pad Sizes: \_\_\_\_\_

Longitudinal System: \_\_\_\_\_

# SINGLE UNIT BLOCKING PLAN

Manufacturer \_\_\_\_\_

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



\_\_\_\_\_ ' \_\_\_\_\_ ' on center.

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

Probe Test/ Anchor Length: \_\_\_\_\_

I – beam Pier Pad Size: \_\_\_\_\_

Perimeter Pier Pad Sizes: \_\_\_\_\_

Longitudinal System: \_\_\_\_\_