



**ST. JOHNS COUNTY BUILDING DEPARTMENT
MOBILE HOME SUFFICIENCY CHECKLIST**

LOCATION: _____

CLEARANCE SHEET #: (R) _____

SITE ADDRESS _____ **CONTRACTOR** _____ **CONTACT** _____

PHONE _____ **EXT#** _____ **FAX** _____ **EMAIL** _____

DATE PLANS REC'D _____ **BY** _____ **RESUBMITTED:** _____, _____, _____

NOTIFIED PENDING COMMENTS: _____, _____, _____, _____ **DEPOSITORY ACCOUNT #:** _____

Item	Rec'd By	N/A
Completed Clearance Sheet with Approved Site Plan (must have Zoning stamp)		
Completed Mobile/Manufactured Home Permit Application		
Two (2) copies Mobile/Manufactured Home Set up form		
Water / Sewer Availability Letter or Paid Water / Sewer Receipt		
Septic Tank Permit / Environmental Health Department Approved Site Plan and Floor Plan		
Well Permit		
Verification of Ownership: Property Appraiser / Deed / NAL		
Signature for Impact Fee		
Contractor Verification: Installer License _____ Electrician License _____ Workers Comp _____ Liability _____ Plumber License _____ Workers Comp _____ Liability _____ QB License _____ Mechanical License _____ Workers Comp _____ Liability _____ QB License _____		
Comments:		

For Questions Regarding Comments Please Contact Our Office at (904) 827-6800, Fax: (904) 827-6849
When calling or faxing please reference the contractors name, job address, and clearance sheet number..

Plans Examiner

Date

MOBILE/MANUFACTURED HOME INSTALLATION SET-UP FORM



PERMIT # _____

Mobile Home Owner
Name _____

Site 911 Address _____

Manufacturer's Name _____

Roof Zone _____

Number of Sections _____ Width _____ Length _____ Year _____ Serial # _____
X _____ Manual or **X** _____ 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 _____ Page # _____
 Ridge Beam Support Footer Size: Column #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ Page # _____
 #6 _____ #7 _____ #* _____
 Center Line Blocking: Number _____ Size _____ Location(s) _____ Page # _____
 Special Pier Blocking: Required (Fireplace, Bay Window, Etc.) Yes _____ No _____ Page # _____
 Mating of Multiple Units: Mating Gasket Yes _____ No _____ Typed 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 Angel 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/150SF of Floor Area) Number _____ Page # _____

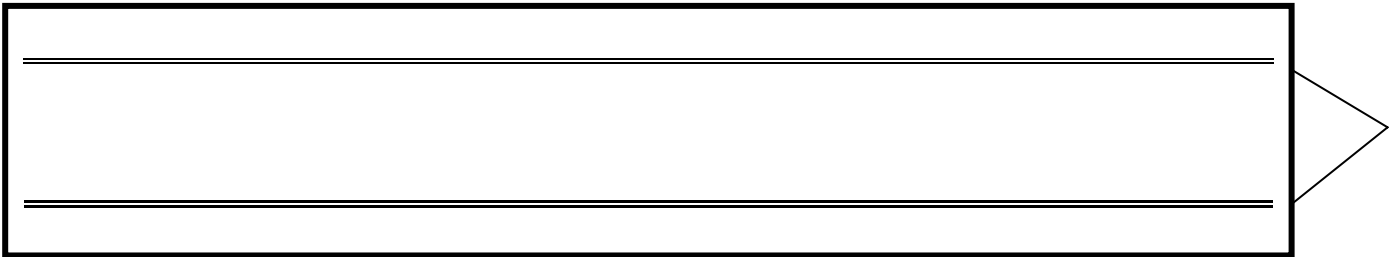
**MOBILE/MANUFACTURED HOME
PIER AND ANCHOR PLAN**

(Must be submitted with Manufacturer's Specifications for all new homes and those used homes where the manufacturer's specifications are to be used.)

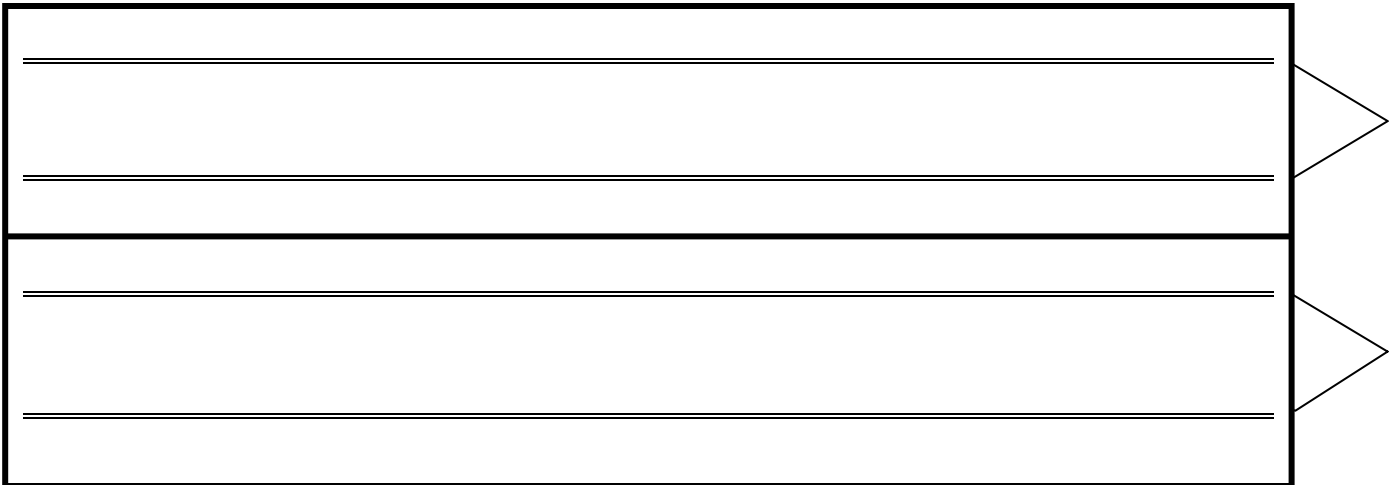
Plans/Specifications Submitted By _____ Date _____

Make _____ Year _____ Box Length _____ Model _____ Box Width _____

SINGLEWIDE



DOUBLEWIDE



ANCHOR  PIER 

Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the Manufacturer's Specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a maximum soil bearing capacity of 1,000 lbs/sq. ft. shall be used. Pier footings to be poured-in-place, whether required by Ordinance 92-13, manufacturer's specifications or by preference, must be inspected by the Building Division prior to pouring.

To the best of my knowledge, the information provided hereon, and the manufacturer's specifications provided herewith, represent the latest information available from the manufacturer for the home identified above.

PRINT NAME INSTALLER/DEALER _____ INSTALLATION DECAL # _____

LICENSE # _____ ADDRESS _____

SIGNATURE _____ PHONE# _____

BUILDING DIVISION:

REVIEWED BY _____ DATE _____

FOR ZONING APPROVAL

Zoning
Class: _____ FIA _____ CT _____
OK'd Permit by: _____
Date of Approval: _____

MOBILE/MANUFACTURED

PERMIT APPLICATION



DATE OF APPLICATION: _____

MOBILE HOME OWNER Name: _____ Phone #: _____

Present Address: _____

PROPERTY OWNER Name: _____ Phone #: _____

Present Address: _____

SITE 911 ADDRESS: _____

SITE LEGAL DESCRIPTION: _____

Tax Parcel Number: _____

Please Circle: Public Water or Private Well Septic Tank or Sewer Company

New M/H Site, or

MOBILE HOME/MANUFACTURED HOME- MANUFACTURED DATE: _____

(Special rules apply if prior to July 1994). Only mobile homes manufactured as Category II or III may be sited in St. Johns County per advisory DOT MH 04-01, 11/22/02.

Replacement M/H

- I. SETUP REQUIREMENTS are to follow Manufacturer's manual or, if that manual is not available, the Florida DMV rules will apply. (DMV information available upon request.)
- II. MINIMUM FINISHED FLOOR ELEVATION FOR THIS SITE (Check one):
The Minimum distance between finish grade and the bottom of the I-beam shall be 18" except on a sloped lot 25% of the I-beam may be 12" above grade.

- A. _____ X Zone
- B. _____ in an un-numbered A Zone. Frame, duct work and equipment are required to be 3 feet above grade and CERTIFIED on a FEMA Elevation Certificate.
- C. _____ Is _____ feet and MUST BE CERTIFIED by a surveyor on a FEMA Elevation Certificate.

III. SITE LOCATION & MANUFACTURER'S EMBLEMS

- A. Within 1,500 feet of high tide line, "D" emblem required, or
- B. in Coastal Building Zone, outside 1,500 feet strip, Wind Zone II emblem, or
- C. outside Coastal Building Zone, Wind Zone II emblem required.

IV. DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTOR VEHICLES, CHAPTER 15 C-2 REQUIRES:

A. ACTUAL SETUP LABOR WILL BE PERFORMED BY STATE LICENSED INSTALLER/DEALER:

Installer's/Dealer's Name(print) _____ License# _____

Signature _____ Date _____

Address _____ Phone# _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

NOTICE: THE INSTALLER/DEALER IS RESPONSIBLE FOR CERTIFYING THAT THIS MOBILE HOME MEETS THE WIND LOAD REQUIREMENTS FOR SITING WITHIN ST. JOHNS COUNTY.

(THIS IS A TWO SIDED APPLICATION - COMPLETE REVERSE SIDE ALSO)

Note: Homeowners must personally appear at the Building Department to complete Exemption.

ST. JOHNS COUNTY PLUMBING PERMIT APPLICATION

Sewer: New Replaced or Repaired Septic Tank

Plumber's Name (print) _____

Signature _____ Phone # _____

License: State Certification # _____ County # _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY ELECTRICAL PERMIT APPLICATION

Service Provided by: FPL JEA JAX BCH

Supply will be (check one): Underground Overhead

Electrician's Name (print) _____

Signature _____ Phone # _____

License: State Certification # _____ County # _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY MECHANICAL PERMIT APPLICATION

New Installation of Heating/Air Conditioning Units.

Total Value of Contract \$ _____

Mechanical Contractor's Name (print) _____

Signature _____ Phone # _____

License: State Certification #: _____ County #: _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.