



2800 N. Horseshoe Dr.  
Naples, FL 34104

# MOBILE HOME / PARK MODEL PERMIT APPLICATION

### JOB INFORMATION

SDP #: \_\_\_\_\_ COA # \_\_\_\_\_ Permit # \_\_\_\_\_  
Tax Folio #: \_\_\_\_\_ Master permit # \_\_\_\_\_  
Construction address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Owner's mailing address: \_\_\_\_\_  
Architect/Engineer: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### CONTRACTOR INFORMATION (Must provide notarized statement if owner/builder)

Contractor: \_\_\_\_\_ Collier County Certificate #: \_\_\_\_\_  
Qualifier's name: \_\_\_\_\_ State Cert #: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Rep: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### WORK BEING PERFORMED

Contracted Value \$: \_\_\_\_\_

- New Mobile Home
- Replacement Mobile Home
- Addition/Alteration Mobile Home
- New Park Model
- Replacement Park Model
- Addition Alteration Park Model

Total Living Area: \_\_\_\_\_ Total Non-Living Area: \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_  
Number of Bathrooms: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Total Panel Rating: \_\_\_\_\_  
A/C Tonnage: \_\_\_\_\_ Seer#: \_\_\_\_\_ Bldg. Depth: \_\_\_\_\_ Ft. Bldg. Width: \_\_\_\_\_ Ft. Bldg. Height: \_\_\_\_\_ Ft.

Private Provider Permit  Permit by affidavit  Code Case # \_\_\_\_\_

Construction Type: I II III IV V (circle one) Demolition Permit # \_\_\_\_\_

Subcontractors Required:  Electric  Plumbing  Mechanical  Roofing  Shutters  Low Voltage

Description of work:

### UTILITIES

Type of Sewage Disposal:  CC  CN  SEPTIC  Other Type of Water Supply:  CC  CN  WELL  Other  
Existing Meter:  Yes  No Water Meter Size: \_\_\_\_\_

### LOT DATA

Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot/Parcel: \_\_\_\_\_ Unit: \_\_\_\_\_ Tract: \_\_\_\_\_  
Taz: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Flood Panel # \_\_\_\_\_ Zoning: \_\_\_\_\_ Special Zoning: \_\_\_\_\_  
Depth: \_\_\_\_\_ Ft. Width: \_\_\_\_\_ Ft. Area: \_\_\_\_\_ Ft. FIRM PANEL# \_\_\_\_\_ E.F.E. \_\_\_\_\_  
Bench Mark Elevation: \_\_\_\_\_ Location: \_\_\_\_\_ Breakaway Walls:  Yes  No

### OFFICE USE ONLY

Setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Comments: \_\_\_\_\_

**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.**

The approved permit and/or permit application expires if not commenced within six (6) months from the date of issuance. The permit or application fee will be two times the amount of the permit fee, if work is started without an approved permit. The permittee further understands that only licensed contractors may be employed and that the structure will not be used or occupied until a certificate of occupancy is issued. By signing this permit application, I agree that I have been retained by the owner/permittee to provide contracting services for the trade for which I am listed. Furthermore, it is my responsibility to notify the Customer Service section of the Building Review and Permitting Department should I no longer be the contractor responsible for providing said contracting services. I further agree that I understand that the review and issuing of this permit does not exempt me from complying with all County Codes and Ordinances. It is further understood that the property owner/permittee is the owner of the permit.

**WARNING OF POSSIBLE DEED RESTRICTIONS**

THE LAND SUBJECT TO THIS PERMIT MAY BE SUBJECT TO DEED, AND OTHER RESTRICTIONS THAT MAY LIMIT OR IMPAIR THE LANDOWNER'S RIGHTS. COLLIER COUNTY IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THESE RESTRICTIONS, NOR ARE COLLIER COUNTY EMPLOYEES AUTHORIZED TO PROVIDE LEGAL OR BUSINESS ADVICE TO THE PUBLIC RELATIVE TO THESE RESTRICTIONS. THE LANDOWNER OR ANY APPLICANT ACTING ON BEHALF OF THE LANDOWNER IS CAUTIONED TO SEE PROFESSIONAL ADVICE.

**WARNING ON WORK IN COUNTY RIGHT-OF-WAYS**

This permit does not authorize construction or installation of any structure or utility, above or below ground, within any right-of-way or easement reserved for access, drainage or utility purposes. This restriction specifically prohibits fencing, sprinkler systems, landscaping other than sod, signs, water, sewer, cable and drainage work therein. If such improvements are necessary, a separate permit for that purpose must be obtained from Transportation/ROW Permits and Inspections (239) 659-5767.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management district, state agencies, or federal agencies.

\_\_\_\_\_  
Print Name of Qualifier

\_\_\_\_\_  
Signature of Qualifier

STATE REGISTRATION NUMBER: \_\_\_\_\_

COUNTY CERTIFICATE # \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_, who is personally known to me or has produced

\_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Signature, Notary Public-State of Florida

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary

# TORQUE TEST AFFIDAVIT

I, \_\_\_\_\_, have personally performed the Torque Test at the following property location:

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911 or legal description

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Property Owner

I have made the following determination as follows:

Torque Value: \_\_\_\_\_ Inch Pounds \_\_\_\_\_ FT. Anchors

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Signature

License #

Date

# PENETROMETER TEST AFFIDAVIT

I, \_\_\_\_\_, have personally performed the Penetrometer Test at the following property location:

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911 or legal description

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Property Owner

I have made the following determination:

Soil load bearing capacity: \_\_\_\_\_, or assumed 1000 PSF. \_\_\_\_\_

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Signature

License #

Date

Permit Application/Manufactured Home Installation

Property Owner \_\_\_\_\_ Name of Licensed Dealer/Installer \_\_\_\_\_  
Property Address \_\_\_\_\_ Licensed Number \_\_\_\_\_  
\_\_\_\_\_ Installation Decal # \_\_\_\_\_

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

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

Number of Sections: WIDTH \_\_\_\_\_ Length \_\_\_\_\_ YEAR \_\_\_\_\_ SERIAL # \_\_\_\_\_

Installation Standard Used: (Check one) MANUFACTURER'S MANUAL \_\_\_\_\_ 15-C \_\_\_\_\_

**SITE PREPARATION:**

Debris and Organic Material Removed \_\_\_\_\_ 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 Mainrall 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: Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_ Page# \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_ Degree 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# \_\_\_\_\_

Venia Required for Underpinning (1 S/F150 SF of Floor Area) Number \_\_\_\_\_ Page# \_\_\_\_\_

# Mobile Home Installers Affidavit

Florida Administrative Code 15C-2.0073-No person may perform a manufactured home installation unless licensed by the department pursuant to Florida Statute section 3200.8249, regardless of whether that person holds a local installer's license or any other local or state license.

I, \_\_\_\_\_, License No, \_\_\_\_\_

Do hereby state that the installation of the manufactured home at:

\_\_\_\_\_ 911 or legal description

Will be done under my supervision,

\_\_\_\_\_ Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary public: \_\_\_\_\_, My Commission Expires: \_\_\_\_\_

Personally Known: \_\_\_\_\_

Produced Valid ID: \_\_\_\_\_ (seal)

# Subcontractor Verification

Permit Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Installer: \_\_\_\_\_, \_\_\_\_\_  
Signature License No.

Company Name: \_\_\_\_\_  
Please Print

Plumbing Contractor: \_\_\_\_\_, \_\_\_\_\_  
Signature Certificate No.

Company Name: \_\_\_\_\_  
Please Print

Electrical Contractor: \_\_\_\_\_, \_\_\_\_\_  
Signature Certificate No.

Company Name: \_\_\_\_\_  
Please Print

HVAC Contractor: \_\_\_\_\_, \_\_\_\_\_  
Signature Certificate No.

Company Name: \_\_\_\_\_  
Please Print

Permit Application for Manufactured/Mobile Home Installations

Name of License Installer \_\_\_\_\_

License Number-(IH or DIH) \_\_\_\_\_

Home Owner \_\_\_\_\_

Installation Site Address \_\_\_\_\_

Manufacturer Name \_\_\_\_\_

Wind Zone \_\_\_\_\_ Year \_\_\_\_\_ Serial Number \_\_\_\_\_

Installation Standard Used: Manufactures Installation Manual \_\_\_\_\_ or DMV, 15C-1 \_\_\_\_\_.

Site Preparation: Debris and Organic Material Removed \_\_\_\_\_

Provisions For Positive Water Drainage \_\_\_\_\_

Soil Bearing Capacity \_\_\_\_\_ or assume 1000 \_\_\_\_\_ PSF

Frame Pier Base Pad Size \_\_\_\_\_

Pier On Center Spacing \_\_\_\_\_

Ridge Beam/Column Loads with Pier Base Pad Size: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

Probe Test, Torque value at 4' \_\_\_\_\_ Inch Pounds.

All bottom boards, end walls, and ceilings must be sealed for air infiltration. No field treading of vertical straps. All new and used homes must have longitudinal stabilizing. Strap angle is approximately 45 degrees, do not exceed 50 degrees. Anchors must be installed full depth. No shaft visible. Stabilizer to be snug to anchor.



## Placing a Manufactured Home on an unimproved lot:

Obtain 911 address from the zoning department.

1. Will need legal description or deed

Fill out application for well and septic at the Health Department.

1. Customer will need site plan, floor plan and property legal description.
2. Customer will schedule Health Department inspections after septic and well have been installed.

Customer is responsible for setting up accounts and paying deposits with utilities. Inspection of proposed driveway may be necessary. After the septic and well site has been approved, the customer may apply for the mobile home permits.

## Replacing a Manufactured Home

If septic tank has not been pumped out recently, it must be pumped out. Obtain an affidavit from the septic company stating the size of the tank and drain field, and general condition of the system.

If the septic system has been evaluated recently bring in pertinent paperwork. Fill out Health Department application to have existing system.

# MOBILE HOME SUBMITTAL CHECKLIST

Submit **three** (3) complete assembled sets of plans, a minimum of **two** (2) of these sets shall be signed and sealed as determined to be applicable, included but not limited to the following:

**Applicant   In Take   Plan Reviewer**

Included	Verified	Verified	
<input type="checkbox"/>	<input type="checkbox"/>		1. E-mail address, fax number, and phone number
<input type="checkbox"/>	<input type="checkbox"/>		2. Vegetation Removal Affidavit, if needed
<input type="checkbox"/>	<input type="checkbox"/>		3. Preservation Review Form, if in RFMU
<input type="checkbox"/>	<input type="checkbox"/>		4. Clearing plan, if needed
<input type="checkbox"/>	<input type="checkbox"/>		5. COA Certificate (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Sealed boundary survey
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Structural plans-sealed by architect or registered P.E. per current FBC.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Lot Coverage Form, if needed
<input type="checkbox"/>		<input type="checkbox"/>	9. Architectural Plans
<input type="checkbox"/>		<input type="checkbox"/>	10. Plumbing Plans
<input type="checkbox"/>		<input type="checkbox"/>	11. Electrical plans w/load calculations and panel schedule
<input type="checkbox"/>		<input type="checkbox"/>	12. Current year energy calculations
<input type="checkbox"/>		<input type="checkbox"/>	13. Truss layouts and design loads
<input type="checkbox"/>		<input type="checkbox"/>	14. Window & door NOA or State of Florida product approvals
<input type="checkbox"/>		<input type="checkbox"/>	15. Shutter Product approval, if needed
<input type="checkbox"/>		<input type="checkbox"/>	16. Smoke detectors in sleeping rooms, adjacent areas & top/bottom of all stairways

For a copy of an Environmental Resource Permit please contact the Ft. Myers office at 239-332-6975 or an informal wetland determination, please contact the Environmental Department at 239-252-2505.

The above checklist is intended to ensure the minimum required documents are included in the application and may not include all the documents required for every situation. It is the applicant's responsibility to submit all required information. If the application is found to be insufficient for a thorough review, the permit package may be cancelled, and the application fee will not be refunded. I have read all requirements above mentioned and agree that the submissions of these plans are correct.

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(APPLICANT SIGNATURE)

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DATE