



Growth Management  
Community Development Department

Need Help?  
[GMCD Public Portal](#)

## Manufactured Home Installation Packet

### Installer Information

Name of Licensed Installer: \_\_\_\_\_

License Number (IH or DIN): \_\_\_\_\_

### Owner Information

Name of Home Owner: \_\_\_\_\_

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

### Manufactured Home Information

NEW     USED *If used, provide photo of data plate*

Manufacturer Brand Name: \_\_\_\_\_

Manufactured year: \_\_\_\_\_ Serial #: \_\_\_\_\_ Installation Decal #: \_\_\_\_\_  
*If no serial # is provided, verification will be required prior to receiving CO.*

Number of Sections: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

WIND ZONE:  III  II *If wind zone II, provide documentation indicating where manufactured home was relocated from*  
 Exposure D compliant *required if within 1,500 ft. of the coastline*

### Floodplain Management Information

*More information: FloodInfoRequest@colliercountyfl.gov or 239-252-2942*

Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_

*Please provide proposed lowest floor elevation. Manufactured homes shall have the lowest floor elevated to or above the BFE + 1 foot, or the design flood elevation, whichever is higher. All elevations must be in NAVD.*

Proposed lowest floor elevation: \_\_\_\_\_ NAVD

### Site Information

*Provisions for positive water drainage (check one):*

Natural     Swale     Pad     Other: \_\_\_\_\_

A Vegetation Removal Affidavit is included in the packet.

## Foundation Information

Installation standard used:  Manufacturers Installation Manual OR  DMV, 15C-1

Height of the unit: \_\_\_\_\_ ft. (measured from the top of foundation or footer to bottom of frame)

Footing type:  Poured in place  Portable Size and thickness: \_\_\_\_\_

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

Centerline support footer: Number: \_\_\_\_\_ Size: \_\_\_\_\_ Location: \_\_\_\_\_

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

Special pier blocking (required for bay window, etc.):  Yes  No

I-beam Piers:  Single tiered  Double interlocked

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

Host Beam blocking: Number: \_\_\_\_\_ Size: \_\_\_\_\_ Location(s): \_\_\_\_\_

Please provide letter from manufacture noting host beam installation.

Mating of multiple units: Mating Gasket: \_\_\_\_\_

## Anchors

Anchor Type:  3,150 working load (4 foot anchor)  4,000 working load (5 foot anchor)

Number of side wall anchors: Number: \_\_\_\_\_ Zone III: \_\_\_\_\_

Centerline anchors: Number: \_\_\_\_\_ Number of stabilizer devices: \_\_\_\_\_

## A/C Type

Please check one of the following:

Split system

Package unit with ductwork. Note: Ductwork must be elevated above base flood elevation (BFE) + 1 foot or waterproofed. For ductwork systems below BFE +1, all ductwork, seams, joints, and connectors must have an exterior surface or field applied coating to meet Vapor Retarder Class 1. Vapor Retarder Class I has a rating of 0.1 perms or less per the desiccant method with Procedure A of ASTM E96 and as defined in, the currently adopted, FBC-R. A rating of 0.1 perms or less is considered IMPERMEABLE and therefore WATERPROOF. Additionally, materials Listed and Labeled as WATERPROOF and rated for outdoor use will also be accepted.

## Skirting Installation Information

Please check one of the following types of skirting/screening:

Vertical Flexible skirting.  
Total sq. ft. of enclosure: \_\_\_\_\_ Total sq. inches of venting: \_\_\_\_\_

Lattice Skirting

Horizontal Skirting

*Please provide a letter signed and sealed by a registered professional engineer or architect as meeting the requirement to automatically equalize forces on exterior walls by allowing for the entry and exit of floodwaters.*

Rigid skirting/all other solid obstruction types. Requires flood openings.  
Total sq. ft. of enclosure: \_\_\_\_\_ Total sq. inches of venting: \_\_\_\_\_

No Skirting

Please check one of the following:

Skirting will be installed by an installer before the final elevation certificate.

Vertical or lattice skirting will be installed by the homeowner.

Skirting will not be installed.

**Property Address:** \_\_\_\_\_

Florida Administrative Code 15C-2.0073 - No person may perform manufactured/mobile home installation unless licensed by the department pursuant to Section 320.8249, F.S., regardless of whether that person holds a local installer's license or any other local or state license.

### Torque Test

I have personally performed the Torque Test at the above address and have made the determination as follows:

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

### Penetrometer Test

I have personally performed the Penetrometer Test at the above address and have made the determination as follows:

Soil Load Bearing Capacity: \_\_\_\_\_ PSF or  Assumed 1,000 PSF

I do hereby state that the installation of the manufactured home, installed at the above address, will be done under my supervision.

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
Print Name of Installer

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

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

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Must Comply with Notarial
Notary

**Property Address:** \_\_\_\_\_

**Installer:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
License #

**Plumbing Contractor:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
License #

**Electrical Contractor:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
License #

**Mechanical Contractor:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
License #