



**Okeechobee County**  
**Planning and Development Department**  
1700 NW 9th Avenue Suite A • Okeechobee, FL 34972  
Phone (863) 763-5548 Fax (863) 763-5276

Manufactured Home / Park Model / Rec. Vehicle

**Permit Application**

Permit # \_\_\_\_\_

Please completely fill out this form to provide all information for the work you are proposing. In addition to this permit application, a permit checklist for the scope of work you are proposing is also required to be completely filled out and submitted.

Applicant Information	Contractor Information
Owner _____	Qualifier _____
Lessee _____	Company _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone (____) _____	Phone (____) _____
Work Phone (____) _____	License No. _____
Signature _____	Signature _____

Dealer _____	Contact Person _____
Phone (____) _____	Phone (____) _____

Requested Work / Improvement Type Check all that apply	Description of Proposed Improvement														
<table border="0"><thead><tr><th>WORK</th><th>IMPROVEMENTS</th></tr></thead><tbody><tr><td><input type="checkbox"/> Install</td><td><input type="checkbox"/> New Mobile Home</td></tr><tr><td><input type="checkbox"/> Replace</td><td><input type="checkbox"/> Used Mobile Home</td></tr><tr><td><input type="checkbox"/> One-time SW Replacement</td><td><input type="checkbox"/> Park Model (Trailer)</td></tr><tr><td><input type="checkbox"/> Demolish</td><td><input type="checkbox"/> Recreational Vehicle</td></tr><tr><td><input type="checkbox"/> Repair</td><td><input type="checkbox"/> Concrete/Asphalt</td></tr><tr><td><input type="checkbox"/> Change of Contractor</td><td><input type="checkbox"/> Other (describe) _____</td></tr></tbody></table>	WORK	IMPROVEMENTS	<input type="checkbox"/> Install	<input type="checkbox"/> New Mobile Home	<input type="checkbox"/> Replace	<input type="checkbox"/> Used Mobile Home	<input type="checkbox"/> One-time SW Replacement	<input type="checkbox"/> Park Model (Trailer)	<input type="checkbox"/> Demolish	<input type="checkbox"/> Recreational Vehicle	<input type="checkbox"/> Repair	<input type="checkbox"/> Concrete/Asphalt	<input type="checkbox"/> Change of Contractor	<input type="checkbox"/> Other (describe) _____	Describe the work you are proposing: _____ _____ _____ _____ _____ Square Footage: Total _____ Estimated Value \$ _____
WORK	IMPROVEMENTS														
<input type="checkbox"/> Install	<input type="checkbox"/> New Mobile Home														
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<input type="checkbox"/> Change of Contractor	<input type="checkbox"/> Other (describe) _____														

Proposed Improvement Location	
<input type="checkbox"/> Vacant - never been developed	<input type="checkbox"/> Developed - existing unit to be removed upon CO
<input type="checkbox"/> Vacant - previous unit has already been removed	<input type="checkbox"/> Developed - (describe _____)
Property Address _____	
Subdivision _____ Block _____ Lot _____	
Parcel Identification Number _____	
Directions to Property _____	

Provide Finished Floor Information for all structures and additions that can be inhabited or occupied
Finished Floor Certification or FEMA Elevation Certificate required to obtain Certificate of Occupancy

Flood Zone \_\_\_\_\_ Proposed Finished Floor Elevation \_\_\_\_\_ Base Flood Elevation \_\_\_\_\_ Crown of Road Elevation \_\_\_\_\_

Permitting Threshold Information
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Source of Potable Water \_\_\_\_\_ Source of Sewage Disposal \_\_\_\_\_

( ) Yes ( ) No ( ) N/A Has the proposed project been approved by the Site Plan Technical Review Committee?

( ) Yes ( ) No Are there any existing violations on the proposed improvement site?

## SUBCONTRACTOR VERIFICATION

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

\*\*\*\*\*

Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing Contractor: \_\_\_\_\_  
Printed Name Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_ Personally Known or

\_\_\_\_ Produced Identification

ID Produced: \_\_\_\_\_

Notary Signature

Seal/Stamp



NANCY MIMS ARMSTRONG  
Commission # HH 447144  
Expires September 24, 2027

\*\*\*\*\*

Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Electrical Contractor: \_\_\_\_\_  
Printed Name Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_ Personally Known or

\_\_\_\_ Produced Identification

ID Produced: \_\_\_\_\_

Notary Signature

Seal/Stamp



NANCY MIMS ARMSTRONG  
Commission # HH 447144  
Expires September 24, 2027

\*\*\*\*\*

Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical Contractor: \_\_\_\_\_  
Printed Name Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_ Personally Known or

\_\_\_\_ Produced Identification

ID Produced: \_\_\_\_\_

Notary Signature

Seal/Stamp



NANCY MIMS ARMSTRONG  
Commission # HH 447144  
Expires September 24, 2027

\*\*\*\*\*

Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
LP Gas Contractor: \_\_\_\_\_  
Printed Name Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_ Personally Known or

\_\_\_\_ Produced Identification

ID Produced: \_\_\_\_\_

Notary Signature

Seal/Stamp

## Permit Application for Manufactured/Mobile Home Installation

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

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

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

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

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

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

Installation Standard Used: Manufacturers 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 threading 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.

Read the Installation Instructions



<b>Building Permit Tech.</b>
<b>Planning &amp; Zoning</b>
<b>Plans Examiner</b>
<b>Permit Issuance</b>

### 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 320.8249, regardless of whether that person holds a local installer's license or any other local or state license.

I, \_\_\_\_\_, License No. \_\_\_\_\_  
Please Type or Print


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

\_\_\_\_\_ 911 address of the job site

Will be done under my supervision.

  
\_\_\_\_\_  
Signature

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

Notary Public  My Commission Expires \_\_\_\_\_  
Signature Date

Personally Known: \_\_\_\_\_  
Produced Valid Identification \_\_\_\_\_



**NANCY MIMS ARMSTRONG**  
Commission # HH 447144  
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## OFFICE USE

<b>APPROVALS</b>	Subdivision _____ Plat Book _____ Page _____ Project # _____ Future Land Use _____ Zoning _____ Inspection Area _____ Parcel Comments _____ _____				Zoning District _____ Petition # _____ Special Exception      Rezoning      Variance Used Dwelling      Temporary Use      Other SPMH # _____ Minimum Setbacks      Front      Left      Right      Rear Proposed Setbacks      Front      Left      Right      Rear Official Address _____				
	JUR    SEC    TWP    RNG    SUB                  BLOCK      LOT _____ _____								
<b>BUILDING CHARACTERISTICS</b>	Flood Zone _____  Base Flood Elevation On File _____		Type of Sewage Disposal <input type="checkbox"/> Public/Private Utility Provider _____ <input type="checkbox"/> Private Septic Tank Septic Tank No. _____		Type of Water Supply <input type="checkbox"/> Public/Private Utility Provider _____ <input type="checkbox"/> Private Well				
	Occupancy Type Group _____ # Units _____  Dimensions Number of Stories _____ Height _____ Area _____		Mixed Occupancy Separation Req. _____ Principle Type Group _____ Accessory Type Group _____		Construction Type Type _____  <input type="checkbox"/> Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinkler				
<b>PERMITS ISSUED FOR</b>	Prefix <input type="checkbox"/> Building Residential <input type="checkbox"/> Building Commercial <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Concrete <input type="checkbox"/> Temporary <input type="checkbox"/> _____		Type Code <input type="checkbox"/> Primary <input type="checkbox"/> Sub  <input type="checkbox"/> Sign Tag # _____ <input type="checkbox"/> Reference # _____		Action Code <input type="checkbox"/> Construct <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair  <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Manufactured <input type="checkbox"/> Installation		<input type="checkbox"/> Description Code _____		
					Transaction # _____ Plans Review Fee _____ Check # _____ Cash _____  Transaction # _____ Permit Fee _____ Check # _____ Cash _____				
<b>SUPPLEMENTAL PERMIT REQUIREMENTS</b>	#	TYPE	REQ	AUTH Y N	DWG REQ	REV REQ	FEE REQ	PLAN REV FEE	NOC
	ELECTRICAL								
	HVAC								
	PLUMBING								
	ROOFING								
	ALARM SYSTEM								
	FIRE SPRINKLER								
	FIRE SUPPRESSION								
	FUEL LINES								
	FUEL TANK								
	GAS								
	HVAC/DUCT								
HVAC/HOOD									
LOW VOLTAGE									
<b>ZONING APPROVAL:</b>					<b>BUILDING APPROVAL:</b>				