



## Community Development Department

Street Address: 198 6<sup>th</sup> Street SWMoore Haven, Florida 33471  
Phone: (863) 946-6018 • Fax (863) 946-1535

Mailing Address: P.O. Box 1527

**BUILDING PERMIT APPLICATION**Permit Number: \_\_\_\_\_ FBC 2020 7<sup>th</sup> Edition

Check applicable box:

**Owner Information**☐ Check if Owner-Builder\*

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

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

☐ New Construction☐ Renovation (APPLICABLE ASBESTOS AFFIDAVIT REQUIRED)

Is this project located in a Special Flood Hazard Area? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is this a SHIP project? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Project Property Information**

Parcel ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Project Information**Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_

**NOTICE:** In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. All other applicable state or federal permits must be obtained before commencement of the permitted development.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit; that all information in this application or attached as documentation to this application is accurate and that all work will be performed to meet the standards of all laws regulating construction and land use in this jurisdiction.

Owner-Builder/Contractor's Agent Signature

Date

OR

Contractor Signature

Date

**STATE OF FLORIDA**  
**COUNTY OF GLADES****STATE OF FLORIDA**  
**COUNTY OF GLADES**

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

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

(Name of Owner/Contractor's Agent)

(Name of Owner/Contractor's Agent)

(Notary Public)

(Notary Public)

(Notary Stamp)

**NANCY MIMS ARMSTRONG**  
(Notary Stamp)  
Commission # HH 447144  
Expires September 24, 2027

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of ID: \_\_\_\_\_

Type of ID: \_\_\_\_\_

**WARNING TO PROPERTY OWNER:****WHEN A CONTRACT COST/COST TO BUILD IS \$2,500 OR MORE** you must record a Notice of Commencement. 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, it is recommended that you consult with your lender or an attorney before recording your Notice of Commencement.

9/19/2019

**Contractor Assignment and Authorization**

Each contractor and/or subcontractor must sign this form prior to permits being issued for that trade. By signing this form, the contractor accepts responsibility for work performed by authorization of the permit issued for this project and agrees to comply with all applicable laws, codes, ordinances, and regulations that govern the work.

Permit Type	Contractor Print Name Clearly	License Number	Contractor's Signature	Date
Building				
Mobile Home				7/9/24
Electrical				7/9/24
Plumbing				7/9/24
Mechanical				7/9/24
Aluminum				
Gas				
Roofing				
Drywall				
Carpentry				
Masonry				
Concrete				

**Required Documents Descriptions**

- 1 **Two Paper Sets and one digital of Plans for Residential Projects. Two Paper Sets and One digital set of Plans for Commercial Projects. We will accept 11 x 17 as long as all details are legible, otherwise submit standard size.**

The plans must show specific details of the work. When applicable, the plans shall include the electrical, mechanical, plumbing and gas plans ( isometrics) for the project.

When the permit is issued, one set will be returned. It must be retained at the construction site and made accessible to the building inspector.

**If plans are larger in size than 11 x 17, you must also provide a PDF copy of the plans. You can provide these on a CD or email to [jallen@myglades.com](mailto:jallen@myglades.com) if the file size allows.**

- 2 **A Site Plan** is required for all structural permits. (2 Copies)

**SITE PLAN REQUIREMENTS:**

A site plan must be drawn to scale; it can be drawn on a copy of the property survey if a survey is available. It must show the actual dimensions and shape of the lot to be built upon; the exact sizes and locations of already existing structures, if any; the location and dimensions of the proposed structures or alterations; and the distance between structures on the property. The plan must also show adjacent roads and the distance to property lines from existing and proposed construction. When present, the location of the well and septic systems must be shown. Existing and new construction must be appropriately labeled on the site plan. When new structures are proposed in a Mobile Home or RV Park, the site plan must also show the distance between the new construction and the nearest surrounding structures on adjacent lots.

- 3 **A Property Survey (For County Only)** is required, except for those situations listed below. (2 Copies. One original and one copy)

The survey shall show all existing structures and easements and include an accurate **legal description** of the property. Exemptions:

- The structure is in a Mobile Home or RV Park.
- The structure is accessory to a residence and is going to be secured against high winds or floods by soil anchors.
- The parcel is more than 5 acres and the proposed structure is 200 feet or more from all property lines.

- 4 **a) Potable water or well, 1 copy.**



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- If the property is not located within a potable water utility service area, a copy of your drinking water well construction permit from the Health Department is required.
- If within a potable water utility service area, a copy of the letter verifying availability of service is required.

**b) Sanitary sewer or septic , 1 copy.**

- If the property is not located within a sanitary sewer utility service area, a copy of your septic tank construction permit or system verification from the Health Department is required.
- If the property is located in a sanitary sewer utility service area, a letter verifying availability of service is required.

**5 Right-of-way construction approval, 1 copy .**

If on a county-maintained right-of-way an approved Right-of-Way permit.

If on a State-maintained right-of-way, verification that the project has been reviewed and approved by FDOT.

If on a private road, approval of the applicable maintenance entity or verification of no maintenance entity.

**6 Two (2) Copies of Completed, signed Florida Energy Code form (Central Zone 7) for buildings and additions subject to energy code. Include two complete forms & two cover sheets. Provide equipment load sizing calculation for heating/cooling equipment. (Manual J, Manual N or equivalent)**

**7 Two (2) Copies of the Truss layout and Truss Engineering.**

**8 Two (2) completed copies of the Glades Co. Mobile Home Installation Plan Review Workbook.**

**9 Authorized aluminum engineering details showing connections, foundations, spans, material specifications and design of the aluminum structure.**

**10 Contract/Cost to build documentation: detailed documentation of costs including, but not limited to, the value of all structural, electrical, plumbing, mechanical, interior finish, and normal site prep work, architectural and design fees, marketing costs, overhead and profit. Only land values are excluded.**

**11 Two (2) Copies of the Florida Product Approval for Roofing, Doors and Windows.**

**12 Proof of ownership, 1 copy. necessary only if the property was recently purchased and the Property Appraiser's on-line information does not yet reflect the change of ownership.**

**13 Stormwater pollution prevention plan –Commercial, 1 copy**

The plan must include name of responsible person, description of the procedures to be used to control erosion, sedimentation and air pollution, site map, inspection schedules, and methods to ensure all entities on site minimize activities that cause pollution. The plan must also include how materials, including but not limited to paint, concrete, aggregate, fertilizer, pesticides and fuels on the construction site which are capable of causing stormwater pollution will be handled and stored in order to prevent such pollution.

**14. Commercial Landscape and Buffering Plan, 1 copy**

**15. Documentation of SHIP approval , 1 copy**

**16. Verification of address from E911 for new construction, 1 copy.**



## Glades County

### MOBILE HOME INSTALLATION PLAN REVIEW WORK BOOK COMMUNITY DEVELOPMENT DEPARTMENT

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

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

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

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

License Number \_\_\_\_\_

Installation Decal # \_\_\_\_\_

Manufacturer Name \_\_\_\_\_ Wind Zone \_\_\_\_\_

\_\_\_\_\_ New Home or \_\_\_\_\_ Used Home Serial # \_\_\_\_\_

Number of Sections \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Year \_\_\_\_\_

Roof Slope \_\_\_\_\_ Roof Type \_\_\_\_\_

Exterior Finish \_\_\_\_\_

Installation Standard Used:

\_\_\_\_\_ Manufacturer's Installation Manual

\_\_\_\_\_ DMV, 15C-1

#### **SITE PREPARATION**

- \_\_\_\_\_ Site Graded and compacted fill - or - \_\_\_\_\_ Page \_\_\_\_\_
- Organic material removed \_\_\_\_\_ Page \_\_\_\_\_
- Describe any other site prep method to be used \_\_\_\_\_ Page \_\_\_\_\_
- Water drainage \_\_\_\_\_ Page \_\_\_\_\_
- A vapor barrier is required for new homes Page \_\_\_\_\_
- I understand that a poorly prepared site can cause doors and windows to bind, mold and mildew to form in the home. Installer's initials \_\_\_\_\_

#### **FOUNDATION**

- Load bearing soil capacity \_\_\_\_\_ (psf) or \_\_\_\_\_ assumed 1000 psf Page \_\_\_\_\_
- Footing type:
  - \_\_\_\_\_ poured in place \_\_\_\_\_ portable
  - Size and thickness \_\_\_\_\_ Page \_\_\_\_\_
- I-beam or Mainrail piers: \_\_\_\_\_ Single tiered \_\_\_\_\_ Double interlocked
- O/C spacings \_\_\_\_\_ Foundation pad size \_\_\_\_\_ Page \_\_\_\_\_
- Perimeter piers locations \_\_\_\_\_ Page \_\_\_\_\_

Centerline pier locations \_\_\_\_\_ Page \_\_\_\_\_  
Centerline piers: Number \_\_\_\_\_ Footer sizes \_\_\_\_\_ Page \_\_\_\_\_  
➤ Special pier blocking: fireplace, bay windows, tubs, shear walls, etc, Yes \_\_\_\_ No \_\_\_\_ Page \_\_\_\_\_

### **TIE-DOWNS**

➤ Torque probe reading \_\_\_\_\_ Declared 5 ft. anchors \_\_\_\_\_ Page \_\_\_\_\_  
➤ I understand a torque probe test can only be performed by a licensed installer. Installer's initials \_\_\_\_\_  
➤ Anchor type: 4 ft. \_\_\_\_\_ 5 ft. \_\_\_\_\_ Page \_\_\_\_\_  
➤ Number of frame ties: \_\_\_\_\_ Spacing \_\_\_\_\_ Angle of strap \_\_\_\_\_ degrees Page \_\_\_\_\_  
➤ Number of vertical ties \_\_\_\_\_ Page \_\_\_\_\_  
➤ Number of centerline anchors \_\_\_\_\_  
➤ Longitudinal straps/anchors \_\_\_\_\_ or longitudinal stabilizing devices \_\_\_\_\_ Page \_\_\_\_\_  
➤ Manufacturer of longitudinal stabilizing devices \_\_\_\_\_ Page \_\_\_\_\_  
➤ Manufacturer of lateral arm systems (if used) \_\_\_\_\_ Page \_\_\_\_\_  
➤ A State approved lateral arm system is being used and the installer will follow both the home's installation manual and the lateral arm manufacturer's installation instructions. 5' anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb holding capacity. Installer's initials \_\_\_\_\_

### **CLOSE UP**

#### ***Gasket:***

➤ I understand a properly installed gasket is a requirement of all new and used homes and condensation, mold, mildew and buckled marriage walls can be a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket. Installer's initials \_\_\_\_\_  
Type gasket \_\_\_\_\_ Page \_\_\_\_\_

➤ Fasteners are required to secure multi-sections of homes together (roof, sidewalls, floor)

Fasteners:	Roofs	Type and size _____	Spacing _____	Page _____
	Endwalls	Type and size _____	Spacing _____	Page _____
	Floors	Type and size _____	Spacing _____	Page _____

#### ***Electrical:***

➤ Connect electrical conductors between sections of the home this includes the bonding wire. Installers are not allowed to connect electrical power to the home. Access panels are to be installed. Page \_\_\_\_\_

#### ***Plumbing:***

➤ Using the manufacturer supplied drain line drawing connect all sewer drains to an existing sewer tap or septic tank. Page \_\_\_\_\_  
➤ Connect the potable water supply to an existing water meter, water tap or other independent water system. Access panels are to be installed. Page \_\_\_\_\_

**Weatherproofing:**

- Rule 15C-2 requires the complete weather sealing of the home.

Bottom board repair

Page \_\_\_\_\_

Vinyl siding

Page \_\_\_\_\_

Soffit and fascia

Page \_\_\_\_\_

- Roof close up: Check the one that applies

\_\_\_\_\_ Manufacturer's installation manual

Page \_\_\_\_\_

\_\_\_\_\_ Rule 15C-1; 30 gauge, 8" wide, galvanized metal strip centered over the peak and fasten with galv. roofing nails at 2" on center on both sides of the centerline.

**Chimney:**

- Install extra length flue pipe, install and seal storm collar, chimney cap

Page \_\_\_\_\_

**Home skirted:** Yes \_\_\_\_ No \_\_\_\_

Page \_\_\_\_\_

- If skirted ventilation is required: (check one) Page \_\_\_\_\_

1 square foot for every 150 square feet of home (with no vapor barrier) \_\_\_\_

1 square foot for every 300 sq. ft. of home (suggested with vapor barrier) \_\_\_\_

Ventilated skirting \_\_\_\_

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### MOBILE HOME INSTALLER'S 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 F.S. regardless of whether that person holds a local installer's license or any other local or state license.

I, \_\_\_\_\_, License No. \_\_\_\_\_ hereby state  
that the installation of the manufactured home at: Parcel ID #: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Will be done under my supervision.

  
\_\_\_\_\_  
Signature

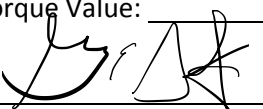
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### TORQUE TEST AFFIDAVIT

I, \_\_\_\_\_, have personally performed the Torque Test at the following property  
location:  
Property Address: \_\_\_\_\_  
Parcel ID #: \_\_\_\_\_

I have made the following determination as follows:

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

 \_\_\_\_\_ 7/9/24  
Signature License Number Date

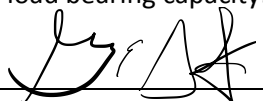
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### PENETROMETER TEST AFFIDAVIT

I, \_\_\_\_\_, have personally performed the penetrometer test at the following  
property location:  
Property Address: \_\_\_\_\_  
Parcel ID #: \_\_\_\_\_

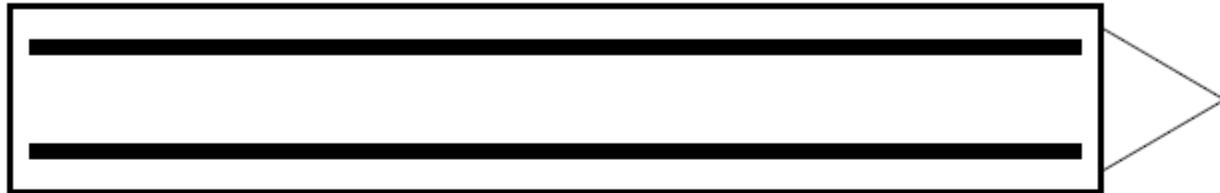
I have made the following determination:

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

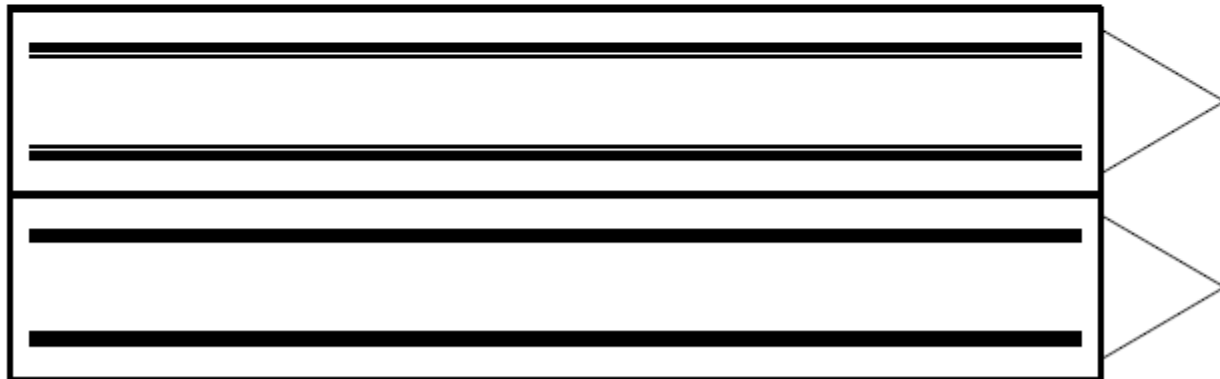
 \_\_\_\_\_ 7/9/24  
Signature License Number Date

## Pier and Anchor Plan

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 must be inspected prior to pouring.



## **For Your Information**

### **Mobile Home Inspection Schedule**

In order for our Building Department to operate smoothly and more effectively, the following sequence will be used when calling for inspections. The Block and Tie-down inspection must be complete prior to calling for remaining inspections. Skirting must not be installed at the time of the Blocking and-Tie-down, Final Plumbing, Final Electric, Final Gas or Final A/G (mechanical) inspection.

**1. Block Level and Tie-down** must be complete, including weather sealing; Bottom board sealed and ridge cap installed. Skirting must not be installed.

**2. Final Plumbing.** Both drain and water supply must be complete including supporting of drain lines at 4 feet on center and water lines that are not supported by the soil strapped at 3 feet on center. Skirting must not be installed.

**3. Final Electric.** Will require access into the home to check the main electrical panel box. The electrical connection to the well pump if applicable will be inspected. Skirting must not be installed.

**4. Final A/C (mechanical).** All duct work must be installed 4" off the ground and secured with proper strapping. All metal drop outs must be insulated and covered so the metal does not show. All connections must be complete. The A/C unit must have a solid concrete foundation or fiberglass pad. Skirting must not be installed.

**5. Final Mobile/Manufactured Home.** The following items will be inspected during the final inspection:

- A. Home must be skirted.
- B. Steps and Handrails, steps and platforms to be anchored.
- C. House/911 numbers 4" in height installed on mobile home.