



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	Owner _____	Contractor Information	Qualifier _____
	Lessee _____		Company _____
	Address _____		Address _____
	City _____ State _____ Zip _____		City _____ State _____ Zip _____
	E-mail _____		E-mail _____
	Home Phone (_____) _____		Phone (_____) _____
	Work Phone (_____) _____		License No. _____ Signature 
Dealer _____	Contact Person _____		
Phone (_____) _____	Phone (_____) _____		
Requested Work / Improvement Type Check all that apply			
WORK <input type="checkbox"/> Install <input type="checkbox"/> Replace <input type="checkbox"/> One-time SW Replacement <input type="checkbox"/> Demolish <input type="checkbox"/> Repair <input type="checkbox"/> Change of Contractor	IMPROVEMENTS <input type="checkbox"/> New Mobile Home <input type="checkbox"/> Used Mobile Home <input type="checkbox"/> Park Model (Trailer) <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Other (describe) _____		
Describe the work you are proposing: _____ _____ _____ _____			
Square Footage: Total _____ Estimated Value \$ _____			
Proposed Improvement Location			
<input type="checkbox"/> Vacant - never been developed <input type="checkbox"/> Vacant - previous unit has already been removed		<input type="checkbox"/> Developed - existing unit to be removed upon CO <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			
Proposed Finished Floor Elevation _____		Base Flood Elevation _____	Crown of Road Elevation _____
Permitting Threshold Information			
Source of Potable Water _____		Source of Sewage Disposal _____	
(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) N/A		Has the proposed project been approved by the Site Plan Technical Review Committee?	
(<input type="checkbox"/>) Yes (<input type="checkbox"/>) No		Are there any existing violations on the proposed improvement site?	

SUBCONTRACTOR VERIFICATION

This form is required prior to permit issuance

Customer Name: _____ Permit Number: _____

Installer _____ *Eddie Brundel* Signature _____ License Number _____

Company Name: _____ Please Print _____

Plumbing Contractor: _____ *Eddie Brundel* Signature _____ Certification No. _____

Company Name: _____ Please Print _____

Electrical Contractor: _____ *Kelly Hunter* Signature _____ Certification No. _____

Company Name: _____ Please Print _____

HVAC Contractor: _____ *David Nutting* Signature _____ Certification No. _____

Company Name: _____ Please Print _____

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

Building Permit Tech.

Planning & Zoning

Plans Examiner

Permit Issuance

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 :

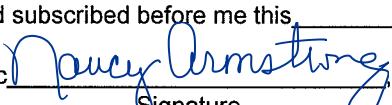
911 address of the job site

Will be done under my supervision.



Signature

Sworn to and subscribed before me this _____ day of _____ 2016

Notary Public  My Commission Expires _____
Signature Date

Personally Known: _____
Produced Valid Identification _____

seal

FLORIDA BUILDING CODE, ENERGY CONSERVATION**Residential Building Thermal Envelope Approach****FORM R402-2014****Climate Zone**

Scope: Compliance with Section R402.1.1 of the *Florida Building Code, Energy Conservation*, shall be demonstrated by the use of Form R402 for single- and multiple-family residences of three stories or less in height, additions to existing residential buildings, alterations, renovations, and building systems in existing buildings, as applicable. To comply, a building must meet or exceed all of the energy efficiency requirements on Table R402A and all applicable mandatory requirements summarized in Table R402B of this form. If a building does not comply with this method, or by the UA Alternative method, it may still comply under Section R405 of the *Florida Building Code, Energy Conservation*.

**PROJECT NAME:
AND ADDRESS:****BUILDER:****OWNER:****PERMITTING OFFICE:****JURISDICTION NUMBER:****PERMIT NUMBER:****General Instructions:**

1. Fill in all the applicable spaces of the "To Be Installed" column on Table R402A with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
2. Complete page 1 based on the "To Be Installed" column information.
3. Read the requirements of Table R402B and check each box to indicate your intent to comply with all applicable items.
4. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

1. New construction, addition, or existing building	1. _____	_____
2. Single-family detached or multiple-family attached	2. _____	_____
3. If multiple-family, number of units covered by this submission	3. _____	_____
4. Is this a worst case? (yes/no)	4. _____	_____
5. Conditioned floor area (sq. ft.)	5. _____	_____
6. Windows, type and area	6a. _____	_____
a) U-factor:	6b. _____	_____
b) Solar Heat Gain Coefficient (SHGC)	6c. _____	_____
c) Area	6d. _____	_____
7. Skylights	7a. _____	_____
a) U-factor:	7b. _____	_____
b) Solar Heat Gain Coefficient (SHGC)	7c. _____	_____
8. Floor type, area or perimeter, and insulation:	8a. _____	_____
a) Slab-on-grade (R-value)	8b. _____	_____
b) Wood, raised (R-value)	8c. _____	_____
c) Wood, common (R-value)	8d. _____	_____
d) Concrete, raised (R-value)	8e. _____	_____
e) Concrete, common (R-value)	8f. _____	_____
9. Wall type and insulation:	9a1. _____	_____
a) Exterior: 1. Wood frame (Insulation R-value)	9a2. _____	_____
2. Masonry (Insulation R-value)	9b1. _____	_____
b) Adjacent: 1. Wood frame (Insulation R-value)	9b2. _____	_____
2. Masonry (Insulation R-value)	9c1. _____	_____
10. Ceiling type and insulation	10a. _____	_____
a) Attic (Insulation R-value)	10b. _____	_____
b) Single assembly (Insulation R-value)	11a. _____	_____
11. Air distribution system:	11b. _____	_____
a) Duct location, insulation	11c. _____ cfm/100 s.f. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
b) AHU location	12a. _____	_____
c) Total duct leakage. Test report attached.	12b. _____	_____
12. Cooling system: a) type	13a. _____	_____
b) efficiency	13b. _____	_____
13. Heating system: a) type	14. _____ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
b) efficiency:	15a. _____	_____
14. HVAC sizing calculation: attached	15b. _____	_____
15. Water heating system: a) type		
b) efficiency		

I hereby certify that the plans and specifications covered by this form are in compliance with the *Florida Building Code, Energy Conservation*.

PREPARED BY: _____ Date: _____

I hereby certify that this building is in compliance with the *Florida Building Code, Energy Conservation*.

OWNER/AGENT: _____ Date: _____

Review of plans and specifications covered by this form indicate compliance with the *Florida Building Code, Energy Conservation*. Before construction is complete, this building will be inspected for compliance in accordance with Section 553.908, F.S.

CODE OFFICIAL: _____

Date: _____

FORMS

TABLE R402A

BUILDING COMPONENT	PRESCRIPTIVE REQUIREMENTS ¹		INSTALLED VALUES
	Climate Zone 1	Climate Zone 2	
Windows:	<i>U</i> -Factor = 0.65 ² SHGC = 0.25	<i>U</i> -Factor = 0.40 ² SHGC = 0.25	<i>U</i> -Factor = SHGC =
Skylights	<i>U</i> -factor = 0.75 SHGC = 0.30	<i>U</i> -factor = 0.65 SHGC = 0.30	<i>U</i> -factor = SHGC =
Doors: Exterior door	<i>U</i> -factor = 0.65 ³	<i>U</i> -factor = 0.40 ³	<i>U</i> -factor =
Floors: Slab-on-Grade Over unconditioned spaces ⁴	NR R-13	NR R-13	<i>R</i> -Value =
Walls ⁴ : Ext. and Adj. Frame Mass Insulation on wall interior: Insulation on wall exterior	R-13 R-4 R-3	R-13 R-6 R-4	<i>R</i> -Value = <i>R</i> -Value = <i>R</i> -Value =
Ceilings ⁵ :	R=30	R=38	<i>R</i> -Value =
Air infiltration:	Blower door test is required on the building envelope to verify leakage \leq 5 ACH; test report provided to code official.		Total leakage = ACH Test report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Air distribution system ⁵ : Air handling unit Duct <i>R</i> -value	Not allowed in attic <i>R</i> -value \geq R-8 (supply in attics) or \geq R-6 (all other duct locations)-		Location: <i>R</i> -Value =
Air leakage ⁵ : Duct test	Postconstruction test: Total leakage \leq 4 cfm/100 s.f. Rough-in test Total leakage \leq 3 cfm/100 s.f. Ducts in conditioned space Test not required if all ducts and AHU are in conditioned space		Total leakage = _____ cfm/100s.f. Test report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Location:
Air conditioning system: Central system \leq 65,000 Btu/h Room unit or PTAC Other:	Minimum federal standard required by NAECA ⁶ . SEER 13.0 EER [from Table C403.2.3(3)] See Tables C403.2.3(1)-(11)		SEER= EER =
Heating system: Heat pump \leq 65,000 Btu/h Gas furnace, non-weatherized Oil furnace, non-weatherized Other:	Minimum federal standard required by NAECA ⁶ HSPF 7.7 (before 1/1/15); HSPF 8.2 (as of 1/1/15) AFUE 80% AFUE 83%		HSPF = AFUE = AFUE =
Water heating system (storage type): Electric ⁷	Minimum federal standard required by NAECA ⁶ 40 gal: EF = 0.92 50 gal: EF = 0.90		Gallons = EF =
Gas fired ⁸	40 gal: EF = 0.59 50 gal: EF = 0.58		Gallons = EF =
Other (describe):			

NR = No requirement.

- (1) Each component present in the As Proposed home must meet or exceed each of the applicable performance criteria in order to comply with this code using this method.
- (2) For impact rated fenestration complying with Section R301.2.1.2 of the *Florida Building Code, Residential* or Section 1609.1.2 of the *Florida Building Code, Building* the maximum *U*-factor shall be 0.75 in Climate Zone 1 and 0.65 in Climate Zone 2. An area-weighted average of *U*-factor and SHGC shall be accepted to meet the requirements, or up to 15 square feet of glazed fenestration area are exempted from the *U*-factor and SHGC requirement based on Sections R402.3.1, R402.3.2 and R402.3.3.
- (3) One side-hinged opaque door assembly up to 24 square feet is exempted from this *U*-factor requirement.
- (4) *R*-values are for insulation material only as applied in accordance with manufacturers' installation instructions. For mass walls, the "interior of wall" requirement must be met except if at least 50 percent of the insulation required for the "exterior of wall" is installed exterior of, or integral to, the wall.
- (5) Ducts & AHU installed "substantially leak free" per Section R403.2.2. Test required by an energy rater certified in accordance with Section 553.99, *Florida Statutes*, or as authorized by *Florida Statutes*. The total leakage test is not required for ducts and air handlers located entirely within the building thermal envelope.
- (6) Minimum efficiencies are those set by the *National Appliance Energy Conservation Act* of 1987 for typical residential equipment and are subject to NAECA rules and regulations. For other types of equipment, see Tables C403.2.3(1-11) of the Commercial Provisions of the *Florida Building Code, Energy Conservation*.
- (7) For other electric storage volumes, min. EF = 0.97 - (0.00132 * volume).
- (8) For other natural gas storage volumes, min. EF = 0.67 - (0.0019 * volume).

TABLE R402B MANDATORY REQUIREMENTS

Component	Section	Summary of Requirement(s)	Check
Air leakage	R402.4	To be caulked, gasketed, weatherstripped or otherwise sealed per Table R402.4.1.1. Recessed lighting: IC-rated as having ≤ 2.0 cfm tested to ASTM E 283. Windows and doors: 0.3 cfm/sq.ft (swinging doors: 0.5 cfm/sf) when tested to NFRC 400 or AAMA/WDMA/CSA 101/I.S. 2/A440. Fireplaces: Tight-fitting flue dampers & outdoor combustion air.	
Programmable thermostat	R403.1.2	Where forced-air furnace is primary system, a programmable thermostat is required.	
Air distribution system	R403.2.2 R403.2.4	Ducts shall be tested to Section 803 of the RESNET standards by an energy rater certified in accordance with Section 553.99, <i>Florida Statutes</i> , or as authorized by <i>Florida Statutes</i> . Air handling units are not allowed in attics.	
Water heaters	R403.4	Comply with efficiencies in Table C404.2. Hot water pipes insulated to $\geq R-3$ to kitchen outlets, other cases. Circulating systems to have an automatic or accessible manual OFF switch. Heat trap required for vertical pipe risers.	
Swimming pools & spas	R403.9	Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency is 82%. Heat pump pool heaters minimum COP is 4.0.	
Cooling/heating equipment	R403.6	Sizing calculation performed & attached. Special occasion cooling or heating capacity requires separate system or variable capacity system.	
Lighting equipment	R404.1	At least 75% of permanently installed lighting fixtures shall be high-efficacy lamps.	

OFFICE USE

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