



MOBILE/MANUFACTURED HOME INSTALLATION SET-UP FORM

PERMIT # _____

Mobile Home Owner Name _____
Site 911 Address _____
Manufacturer's Name _____
Roof Zone _____
Number of Sections _____ Width _____ Length _____ Year _____ Serial # _____
_____ Manual or _____ 15C-1

Site Preparation:

Debris and Organic Material Removal _____ 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 Mainrail 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 _____ Page # _____
Ridge Beam Support Footer Size: Column #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ Page # _____
#6 _____ #7 _____ #8 _____
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 Yes _____ No _____ Typed 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 _____ Degrees _____ 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 # _____
Vents Required for Underpinning (1SF/150SF of Floor Area) Number _____ Page # _____

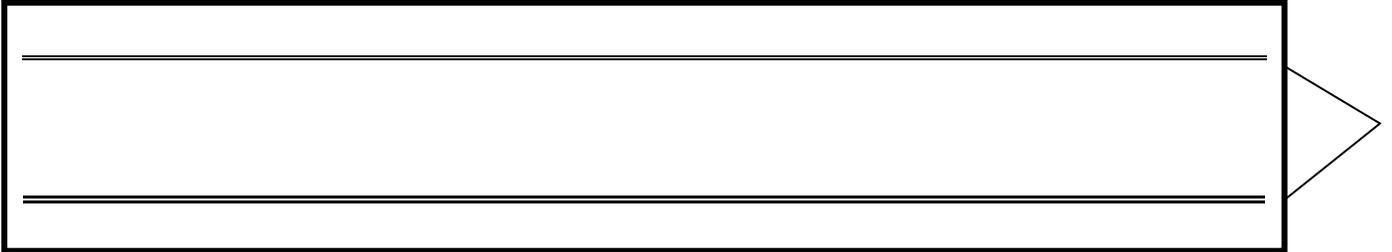
MOBILE/MANUFACTURED HOME PIER AND ANCHOR PLAN

(Must be submitted with Manufacturer's Specifications for all new homes and those used homes where the manufacturer's specifications are to be used.)

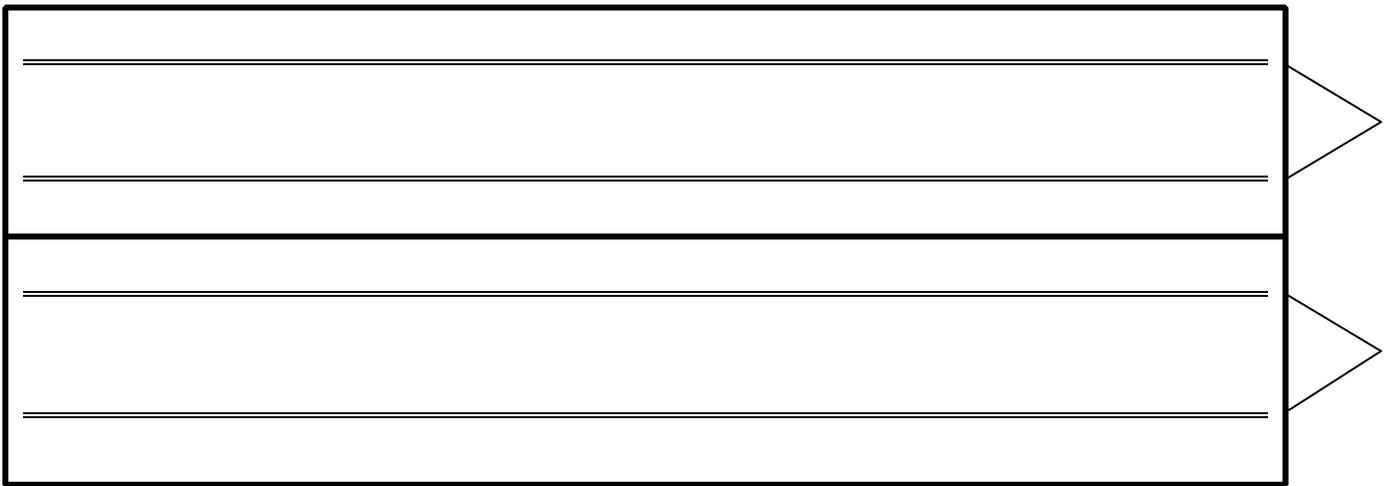
Plans/Specifications Submitted By _____ Date _____

Make _____ Year _____ Box Length _____ Model _____ Box Width _____

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, whether required by Ordinance 92-13, manufacturer's specifications or by preference, must be inspected by the Building Division prior to pouring.

To the best of my knowledge, the information provided hereon, and the manufacturer's specifications provided herewith, represent the latest information available from the manufacturer for the home identified above.

PRINT NAME INSTALLER/DEALER _____ INSTALLATION DECAL # _____

LICENSE # _____ ADDRESS _____

SIGNATURE _____ PHONE# _____

BUILDING DIVISION:

REVIEWED

BY _____ DATE _____

Note: Homeowners must personally appear at the Building Department to complete Exemption.

ST. JOHNS COUNTY PLUMBING PERMIT APPLICATION

Sewer: New Replaced or Repaired Septic Tank

Plumber's Name (print) _____

Signature _____ Phone # _____

License: State Certification # _____ County # _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20 _____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY ELECTRICAL PERMIT APPLICATION

Service Provided by: FPL JEA JAX BCH

Supply will be (check one): Underground Overhead

Electrician's Name (print) _____

Signature _____ Phone # _____

License: State Certification # _____ County # _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20 _____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY MECHANICAL PERMIT APPLICATION

New Installation of Heating/Air Conditioning Units.

Total Value of Contract \$ _____

Mechanical Contractor's Name (print) _____

Signature _____ Phone # _____

License: State Certification #: _____ County #: _____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20 _____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.