



APPLICATION FOR MANUFACTURED/MOBILE HOME SET UP PERMIT

Date: Permit Number:

HOMEOWNER NAME: Phone #:

Address: City, State & Zip Code:

LICENSED INSTALLER'S NAME: Phone #:

State License Number: Decal Number:

ADDRESS OF PROPOSED SITE:
LOT NUMBER if applicable

Parcel ID Number (Required):

Description of Mobile Home: Size Color

Make: Model: Year: Serial/Model #

Is this replacing a previous mobile home or structure? Yes No

FOR NEW MOBILE HOMES, YOU MUST INCLUDE THIS INFORMATION FROM MANUFACTURER INSTALLATION MANUAL:

- Locate pages in setup manual for:
Marriage Wall block page is
Perimeter block page is
Frame block page is
Pad size chart page is
Identify Qty and location of LSD arms on blocking plan

AFFIDAVIT: I hereby certify that the information contained in this application is true and correct and that all work will be done in compliance with all applicable laws regulating construction and zoning. 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 and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits must be secured for electrical and mechanical work.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies.

(Print Contractor/Dealer or Agent)

(Signature Contractor/Dealer or Agent)

STATE OF FLORIDA
COUNTY OF BAY

Sworn to (or affirmed) and subscribed before me this day of, 20
by

(Signature of Notary Public - State of Florida)

Personally Known OR Produced Identification
Type of Identification Produced