



Dixie County Building & Zoning Department

387 SE 22nd Ave
P.O. Box 2610
Cross City, FL 32628
(352)498-1236
(352)498-1286 fax

RESIDENTIAL

MANUFACTURER/MOBILE HOME PLAN REVIEW SUBMITTAL FORM (For HUD approved structures only)

AVOID PROCESSING DELAYS

Please provide all applicable items listed below. This form is **NOT** for Planning Division submittals.

Parcel Number (Property ID #) _____

1. ___ Completed Application Packet.
2. ___ Scaled Site Plan of Property showing the following:
 - Placement of Mobile Home with dimensions to each property line.
 - All other structures on the property; car ports, sheds, pole barns.
 - Wetlands (if applicable) showing the 30' buffer.
 - Flood Zone line (if applicable).
3. ___ Blocking Plan (If property is located in a flood zone. an engineered foundation and elevation certificate will be required) (2 sets).
4. ___ What is the flood zone for the property? ___ X ___ AE.
5. ___ Septic Tank permit (Required for New Mobile Homes) or letter from the Health Department (if applicable).
6. ___ Utilities receipt (water and/or sewer) (If applicable) (Suwannee & Horseshoe Bch).
7. ___ Driveway permit. Alt driveways on County maintained roads need to be inspected by roads Department New Driveways, contact (352) 498-1239.
8. ___ Copy of recorded Deed or Authorization letter from property owner.
9. ___ Recorded Notice of Commencement.
10. ___ Will the Mobile Home be located within 1,500 feet of the Gulf of Mexico?
 ___ Yes ___ No
 If Yes, the Mobile Home must meet Zone II Exposure D requirements.
11. ___ Replacement Mobile Home ___ New Mobile Home
12. ___ Power Company: ___ CFEC ___ DUKE ___ TRI COUNTY

Notes:

- If the property is undeveloped, there will be an additional charge based on square footage for the Dixie County Impact fees.
- Reviewed site plan must be posted on job site for inspection.
- A final approval for septic tank from Florida State Health Department is required before the power can be released.
- Your electric power cannot be turned on until the driveway final inspection is approved and filed.

Applicant's Signature

Telephone Number

Cell Phone # _____

Email: _____



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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: _____

Is this replacing a previous mobile home or structure? Yes ___ No ___ Pre-inspect attached (used home)

Sub-contractors: Electrical: _____ Lic # _____

 HVAC: _____ Lic # _____

 Plumbing: _____ Lic # _____

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 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 DIXIE

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

By _____ Signature of Notary _____

Personally know _____ produced ID _____ Type of ID produced: _____

Application Approved: _____ Date: _____



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OWNER/BUILDER AFFIDAVIT DISCLOSURE STATEMENT F.S. 489.103 (7) EXEMPTIONS

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must provide direct, on-site supervision of the construction yourself. You may build or improve farm outbuildings, a one-family or two-family residence for your use and occupancy. You may also build or improve a commercial building at a cost not exceeding \$75,000.00 as long as it is for your own use or occupancy. You may not build or improve said structures for the purposes of selling or leasing that building. If you sell or lease a building you have built or improved within one year after construction is complete, then a presumption is created that it was built or improved for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building; it is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

Initial _____

I understand that the building official and inspectors are not there to design or give advice on how to meet the minimum code.

Initial _____

I understand that as an owner-builder that any contract disputes with sub-contractors and T. must be handled in a civil court with the advice of an attorney. This department -will not mitigate any contract disputes.

Initial _____

I understand that if I compensate any person or company for work performed they are required to be licensed in this jurisdiction. If for some reason they do not possess a license, I may be responsible and liable for the cost of the license.

Initial _____

I understand that if any person that is unlicensed and. uninsured gets injured on my construction project - they may be entitled to workmen's compensation. I could be held liable for al] doctor, lawyer and related medical cost, which could include loss of wages during recovery from their injury.

Initial _____

To qualify for this exemption under this subsection, an owner must personally appear and sign the building permit application and initial the above.

Initial _____

I hereby acknowledge that I have read and understand the above disclosure statement and that I further understand that any violation of the terms of the owner/builder exemption shall be reported by me Building and Zoning Department to the Florida State Department of Professional Regulation. Signed and acknowledged on this ____ day of _____, 20__.

Owner/Builder Signature

STATE OF FLORIDA
COUNTY OF

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is personally known____ to me, or who has produced _____ as identification.

Signature of Notary
Title: Notary Public

Type or Print Name of Notary
Commission Number _____

(SEAL)

Notice of Commencement

Permit Number _____
Parcel Number _____

State of Florida
County of Dixie

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: _____
 - a. Street (job) Address: _____
2. General description of improvement(s): _____
3. Owner information or lessee information if the lessee contracted for the improvement:
 - a) Name and address: _____
 - b) Interest in Property: _____
 - c) Name and address of Fee Simple Titleholder (if other than owner listed above): _____
4. Contractor Information:
 - a) Name and Address: _____
 - b) Phone: _____ Fax (optional): _____
5. Surety (if applicable, a copy of the payment bond is attached)
 - a.) Name and address: _____
 - b) Amount of bond \$: _____
 - c) Phone: _____
6. Lender
 - a) Name and address: _____
 - b) Phone: _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:
 - a) Name and address: _____
 - b) Phone: _____ Fax (optional): _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - a) Name and address: _____
 - b) Phone: _____
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) _____, 20____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ (year) by _____ (name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Notary Signature: _____

Personally Known: _____

Print Name: _____

ID Produced: _____

PERMIT WORKSHEET

PERMIT NUMBER _____

Installer _____ License # _____

Owner Name & Address of home being installed _____

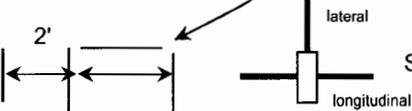
Manufacturer _____ Length x width _____

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

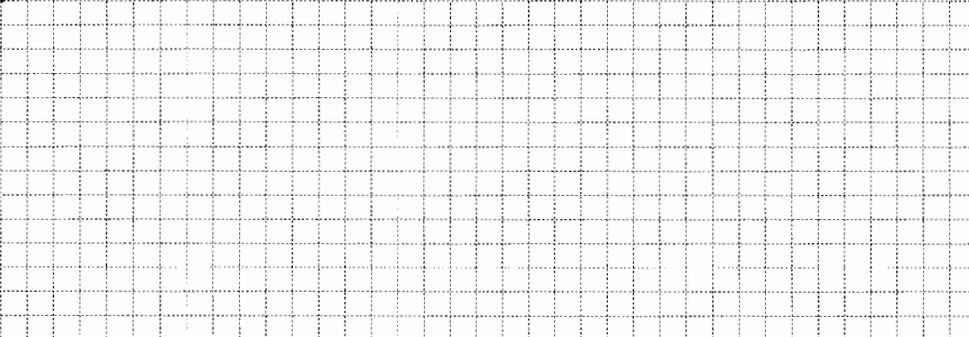
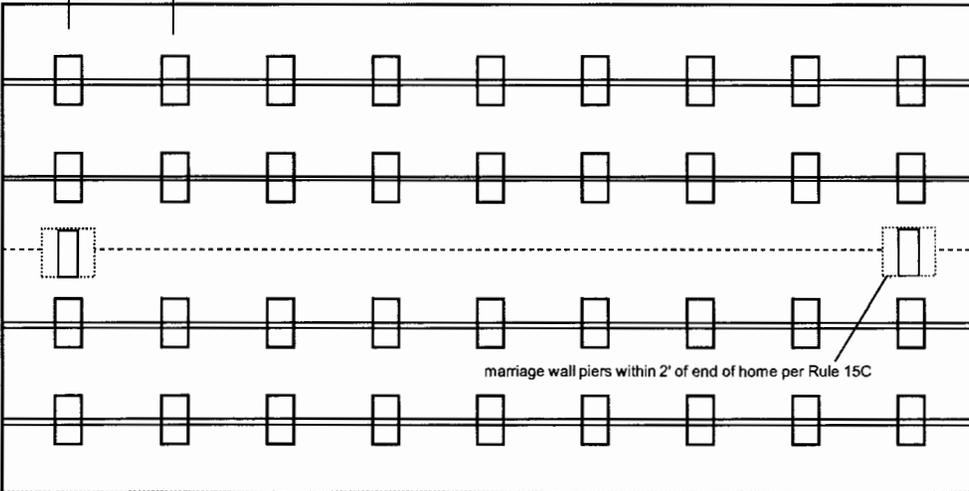
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials _____

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



New Home Used Home Year Model _____

Home installed to the Manufacturer's Installation Manual

Home is installed in accordance with Rule 15-C

Single wide Wind Zone II Wind Zone III

Double wide Installation Decal # _____

Triple/Quad Serial # _____

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table

PIER PAD SIZES

I-beam pier pad size _____

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
_____	_____
_____	_____
_____	_____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer _____

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 1/2 x 22 1/2	432
17 3/16 x 25 3/16	441
24 x 24	576
26 x 26	676

ANCHORS

4 ft _____ 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

	Number
Sidewall	_____
Longitudinal	_____
Marriage wall	_____
Shearwall	_____

PERMIT NUMBER _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf
or check here to declare 1000 lb. soil _____ without testing.

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft 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

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are 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 _____ Installed: _____
Pg. _____ Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ Date _____

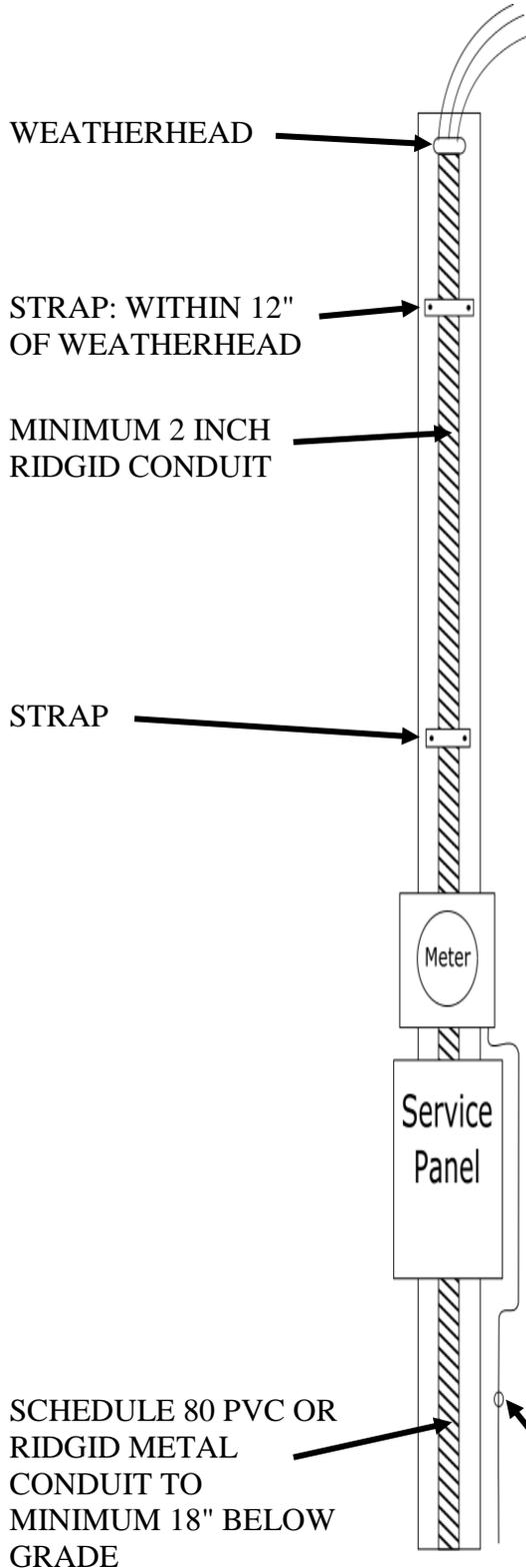
All information on this worksheet must be filled out completely to be accepted.



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Mobile Home Service Pole Wiring



TREATED POLE
AT LEAST 10' ABOVE GROUND. DRIP LOOP
SHALL BE MINIMUM 10' ABOVE GROUND.
POLE SHALL BE MINIMUM 4' IN GROUND

FEED FROM MAIN TO TRAILER REQUIRED
TO BE 4 INSULATED PROPER SIZE WIRES
TERMINATED IN MAIN OF TRAILER PANEL.

IF WELL IS NEEDED IT MUST BE WIRED FOR
INSPECTION SAME TIME TRAILER
ELECTRICAL IS CALLED FOR.

IF A/C IS PERMITTED IT MUST BE FINALED
WITH TRAILER FINAL.

WIRE SIZED BY TRAILER PANEL SIZE

<u>AMP</u>	<u>CU</u>	<u>AL</u>	<u>WIRE TYPE</u>
60	6		COPPER ONLY – R/V & TEMP
100	4	2	RH-RHH-RHW
125	2	1/0	THW-THWN-THHN
150	1	2/0	XHHW
200	2/0	4/0	

SCHEDULE 80 PVC OR
RIDGID METAL
CONDUIT TO
MINIMUM 18" BELOW
GRADE

CONTINUOUS #4 SOLID COPPER WIRE
ATTACHED TO TWO (2) 8' GROUND RODS
AND CLAMPS MINIMUM 6' APART. MUST BE
CONNECTED IN METER CAN.



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MOBILE HOME REQUIREMENTS FOR FLOOD ZONES

Flood Zones VE, A, AE

The proposed location of the mobile home will be checked during plan review to determine if it is located in a Special Flood Hazard Area (SFHA) on the current Flood Insurance Rate, Map (FIRM). If the home is to be installed in a SFHA, a Proposed Elevation Certificate will be required prior to permitting, and a Final Elevation Certificate will be required prior to the Final Inspection. This is required to document compliance with the NFIP, FEMA P-85, Dixie County's Flood Damage Prevention Ordinance, and State of Florida standards. The **bottom of the frame** and all utilities, including ductwork, must be located at or above BFE (base flood elevation level).

FOUNDATIONS

The home must be placed on a permanent foundation, designed in accordance with the Florida Building Code, Residential Section R322 with a reinforced cast-in-place pier or piling system that is designed to withstand the hydrostatic and hydrodynamic forces of a 100-year base flood event, and signed and sealed by a Florida registered Architect or Engineer. Dry stacked block piers do not meet the provisions for a permanent foundation.

FILL

If compacted fill is used to elevate the existing grade to the BFE, or if the existing natural grade is at or above the BFE, a Letter of Map Revision based on Fill (LOMR-F) from FEMA can remove the property out of the flood zone and a conventional dry stack block foundation may be acceptable. The LOMR-F must be granted prior to permitting to allow a dry stack block foundation.



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GENERAL GUIDELINES WHEN APPLYING FOR A RESIDENTIAL PERMIT

Zoning Letter \ Zoning Permit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Application	Proof of Ownership	Notice of Commencement	Site Drawing & Certified Survey (2)	Construction plans (2 sets)	Energy Calculations	ACCA Manual "J" – "S" & "D"	Product Approval Sheet	Floor/Roof Truss Drawings (2)	Prime & Subcontractor List	Driveway Permit	Health Dept. or Utility Permit	Manufacturers' Specifications	Property Appraiser Form	Mobile Home / Inspection	Mobile Home Set-up Sheet	Impact Fee	FEMA Elevation Certificate	
SINGLE FAMILY DWELLING - SFD	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X
SFD – ADDITION (attached)	X	X	X	X	X	X	X	X	X	X			X	X					X
SFD – ALTERATION	X	X	X	X		X	X	X	X	X	X			X					X
SFD – MODULAR HOME	X	X	X	X	X	X	X		X		X	X	X	X				X	X
MOBILE HOME – NEW	X	X	X	X	X	X	X				X	X	X	X			X	X	X
MOBILE HOME – USED	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
DET. GARAGE/SHED/CARPORT	X	X	X	X	X	X			X	X	X	X		X					X
ALUMINUM STRUCTURE	X	X	X	X	X	X	X	X	X		X			X					
RE-ROOF		X	X	X					X		X			X					
POOL / SPA / HOT TUB	X	X	X	X	X	X					X			X					X
SHED (Pre-Manufactured – DCA)	X	X	X	X	X	X					X			X					X
WOOD DECK/STAIRS/LANDINGS	X	X	X	X	X	X			X		X								
SLAB (for future structure)	X	X	X	X	X	X					X								
WINDOWS / DOORS		X	X	X		X			X		X			X					
BOAT HOUSE	X	X	X	X	X	X			X	X	X			X					
BULKHEAD / RETAINING WALL	X	X	X	X	X	X					X								
DEMOLITION		X	X	X	X						X				X				
HVAC (heating & cooling new)		X	X				X	X			X			X					X
HVAC (heating & cooling replaced)		X	X								X			X					
PLUMBING		X	X	X							X		X	X					X
ELECTRICAL		X	X	X							X			X					X
GAS – LP or NATURAL		X	X	X			X				X			X					X

This chart is provided as an informational guide. Other specific requirements may apply to your project.

Some of the requirements may not apply to your project. Staff can help you with specific questions.