



City of Bunnell Building Department

Mobile Home Permit Checklist

Contractors must be current with Business Tax Receipt (BTR) for permitting

- ☐ **Permit Application**
- ☐ **Authorization from Property Owner** (Required when mobile home is placed in the mobile home park)
- ☐ **Notice of Commencement** (Required when value of labor and materials is over \$2,500.00) _Recorded and certified by the Flagler County Clerk of Court **FS sec 713.135**
- ☐ **Bunnell Product Approval Information Form**
- ☐ **Tie Down Specifications / Wind Zone Rating**

Well and Septic Health Department Permit.

2 Set of Plans or Detailed Scope of Work

2 Survey/Site Plans (Including setbacks from roads, roadways and other structures, Proposed Finished Elevation)

- ☐ **Bunnell Electric Power Request Form**
- ☐ **Bunnell Supplemental Installation Information Form**

**APPLICANT MUST OBTAIN ALL REQUIRED
INSPECTIONS INCLUDING THE FINAL INSPECTION**

CITY OF BUNNELL, FLORIDA
BUILDING PERMIT APPLICATION

DATE: _____

PERMIT #

Owner's Name _____ Address _____ City/State/Zip _____

Telephone Number: _____ Property Location _____

City/State/Zip _____ Legal Description of the Property _____

Section _____ Block _____ Lot _____ Subdivision _____

PARCEL # (REQUIRED) _____

Parcel Width _____ x _____ Depth _____ Square Ft. _____

Description of Work: _____

Contractor: _____ Telephone Number _____ Fax _____

Address _____ City/State _____ Zip Code _____

State License # _____ **Bunnell Business Tax Number REQUIRED** _____

If owner is to be the builder, and occupy the home, then The Owner/Builder Affidavit must be signed with application.

Is main Floor Level less than 12" above the crown of the road? Yes ☐ No ☐

List area Totals in Square Feet:

Living Area _____ Garage _____ Carport _____ Screen Porch _____ Sidewalk _____

Open Porch _____ Accessory Bldg. _____ Patio _____ Driveway _____

Zoning Approval: _____ Date _____ Initials _____ Site Plan Approval: _____ Yes _____ No _____ Initials _____

Check One: Septic Tank _____ Tank # _____ City Sewer _____ City Water _____ Private Well _____

Check Equipment:

HEATING: Oil _____ Gas _____ ELECTRIC _____ ELECTRICAL SERVICE: Phase _____ Volts _____ Amps _____

KITCHEN RANGE: Gas _____ Electric _____ WATER HEATER: Gas _____ Electric _____

AIR CONDITIONING: Yes _____ No _____ WASHING MACHINE _____ DRYER _____ DISHWASHER _____ EX. FAN _____

RANGE HOOD _____ FIREPLACE _____

Type of Floor Construction: Concrete _____ Wood _____ Other _____

Number of Bathrooms _____ Total amount of floor drains and plumbing _____ Number of stories _____

Type of Exterior Walls:

Block _____ Stucco _____ Wood _____ Brick _____ Brick Veneer _____ Shingles _____ Aluminum Siding _____ Stone _____ Metal _____ Other _____

Type of Interior Walls:

Lath & Plaster _____ Drywall _____ Paneling _____ Unfinished _____ Other _____

Kind of Roof Construction:

Common _____ Trusses _____ Gable _____ Flat _____ Shed _____ Hip _____ Metal _____ Tile _____ Tar & Gravel _____ Shingles _____ Roll _____ Other _____

Plumbing Contractor _____ Occ Lic# _____ Electrical Contractor _____ Occ Lic# _____

Mechanical Contractor _____ Occ Lic# _____ Roofing Contractor _____ Occ Lic # _____

Other _____ Occ Lic # _____

Cost of Improvement \$ _____

To be Installed, But Not

Included in the Above Price \$ _____

Electrical \$ _____

Heating/Air Conditioning \$ _____

Other \$ _____

TOTAL COST OF IMPROVEMENT \$ _____

x _____

APPLICANT Must Sign Here

Owner _____ Contractor _____

**"FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN
RESULT IN THE PROPERTY OWNER PAYING TWICE FOR
IMPROVEMENTS."**

Zoning Approval: _____ **Date** _____ **Initials** _____ **Site Plan Approval required:** _____ **Yes** _____ **No** _____ **Initials** _____

Fire Review Needed: _____ **Yes** _____ **No** _____ **Fire Review Completed:** _____ **Yes** _____ **No** _____ **Initials** _____

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of _____
County of _____

The undersigned hereby gives notice that improvement 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: (legal description of the property, and street address if available) _____
2. General description of improvement: _____
3. Owner information:
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than Owner): _____
4. Contractor:
 - a. Contractor name and address: _____
 - b. Contractor's phone number: _____
5. Surety
 - a. Surety name and address: _____
 - b. Phone number: _____
 - c. Amount of bond: _____
6. Lender:
 - a. Lender's name and address: _____
 - b. Lender's phone number: _____
7.
 - a. 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: (name and address) . _____
 - b. Phone numbers of designated persons: _____
8.
 - a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - b. Phone number of person or entity designated by owner: _____
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

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.

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

(Signatory's Title/Office)

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

(Signature of Notary Public - State of Florida)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Verification pursuant to Section 92.525, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

(Signature of Natural Person Signing Above)



**PRODUCT APPROVAL
 SPECIFICATION SHEET**

Permit Number		Project Address	
<p>As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org.</p>			
<p>If the product approval has more than one method of installation highlight or circle the method being used.</p>			
Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
EXTERIOR DOORS			
Swinging			
Sliding			
Sectional			
Roll Up			
Other			
WINDOWS			
Single Hung			
Double Hung			
Horizontal Slider			
Fixed			
Other			
PANEL WALL			
Siding			
Soffits			
Other			
ROOFING PRODUCTS			
Asphalt Shingles			
Metal			
Modified Bitumen			
Underlayment			
Other			
SHUTTERS			
Accordion			
Bahama			
Storm Panels			
Roll-up			
Other			
SKYLIGHTS			
Skylight			
Other			
STRUCTURAL COMPONENTS			
Wood Connector/anchor			
Truss plates			

Product Affidavit

Approved copy of the applicable manufacturer's installation requirements shall be on the jobsite at time of inspection.

I _____, as the contractor/owner/builder, attest the work to be performed at _____ will comply with the current Florida Building Code as well as established standards for performance of products and materials set forth by the product approval guidelines as required by Florida Statutes.

I understand that information and approval numbers of the building components will be required to be available to the building inspector on the jobsite at time of inspection. Including but not limited to:

1. Sealed plans
2. The performance characteristics which the product was tested and certified to comply with
3. Copy of product approval information
4. Copy of the applicable manufacturer's installation requirements

Further, I understand that any installed products may have to be removed if approval cannot be demonstrated during inspection. The above information must be provided for the building components listed below:

1. Exterior Doors
2. Windows **Note:** FBC: Florida Building Code, Chapter 10, Section 1026.2 (If bedroom windows are to be replaced the city will inspect for emergency egress)
 - a. Sill height shall not exceed 44 inches above the floor
 - b. Minimum net clear opening shall be 5.7 square feet; exception – grade level windows may have a minimum clear opening of 5 square feet.
 - c. Minimum net clear opening height shall be 24 inches
 - d. Minimum net clear opening width shall be 20 inches
3. Roofing Products
4. Shutters
5. Skylights
6. Structure Components
7. New exterior Envelope product
8. H.V.A.C. Stand

Signature

Date

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____ who is personally known to me or who has produced _____ as identification.

Notary Public

SEAL

ELECTRIC POWER REQUEST

To: Building Official
City of Bunnell

RE: Request for electric power necessary to check out equipment prior to all final inspections and occupancy of the building

BUILDING PERMIT #: _____

ADDRESS: _____

The undersigned hereby requests that the electric current to the above named building/address be connected prior to all City final inspections in order to assure that electrical equipment is in operable condition.

PLEASE NOTE: It is mutually agreed by all parties signing this request that the electrical power will be discontinued without notice if the building is occupied by either the owner and/or tenant prior to the final inspections and approval by the City Building, Fire, and Zoning Departments.

This Connection is to terminate _____ DAYS from the date of approval.

The undersigned Master Electrician certifies that the wiring apparatus or fixtures of the entire building are in such condition that electric current may be safely connected in order to check out equipment, but is not certifying that the wiring apparatus or fixtures are in such condition for the building to be safely occupied by the owner and/or tenant.

Signature (General Contractor)

Name of Electrician Company

Signature (Master Electrician)

Signature (Owner)

Printed Master Electrician Name

Also, there will be a lock type door to the electrical room and sign posted of the Electrical Danger and Authorized Personnel Only.

Building Approval for electrical power:

Building Official

Date

FPL notified to disconnect power:

Date

Additional Permit Request Information:
Manufactured Home Installation

Permit # _____

Applicant _____
Address _____

Name of Licensed Installer _____
License # _____
Installation Decal # _____

Manufacturer's Name _____ Wind Zone _____ New home _____ Used home _____ Number of
Sections _____ Width _____ Length _____ Year _____ Serial # _____
Installation standard used: (check one) manufacturer's installation manual _____ Rule 15C-1 _____

SITE PREPARATION:

Site Graded and fill dirt compacted to 90% _____ - or - Page _____
Drain tile and sump pump to be installed _____ - or - Page _____
Describe any other site prep method to be used _____ Page _____
Organic material removed _____ Page _____
Site graded or prepared for adequate 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: plastic pad _____, 16 x 16 concrete footer _____, poured footer _____ Page _____
I-beam piers: 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 _____

***Additional Permit Request Information:
Manufactured Home Installation***

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. Page _____
Installer's initials _____ Type gasket _____

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
1 square foot for every 300 sq. ft.
of home (suggested with vapor
barrier) _____ Ventilated skirting

Additional Permit Request Information:
Manufactured Home Installation

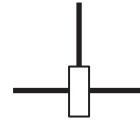
Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

Blocking Plan *typical single wide blocking plan*

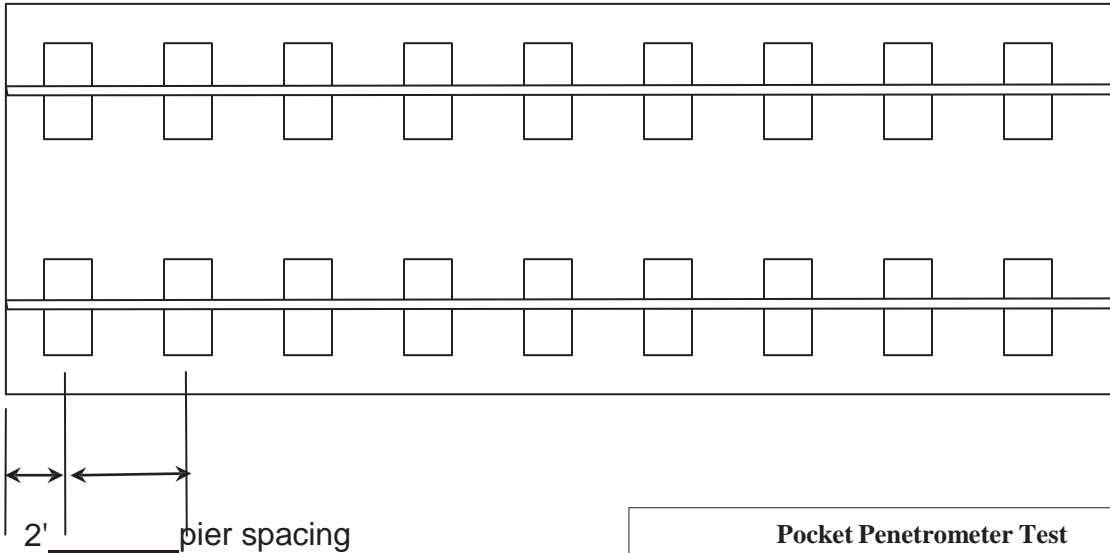
Manufacturer _____

Length x width _____

Lateral Arm



Longitudinal Stabilizing Devices



Pocket Penetrometer Test

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

Pocket Penetrometer test results _____

Soil torque probe test results _____

Anchor Length _____

I-beam pier pad size _____

Perimeter pier pad size _____

Other information

Additional Permit Request Information:
Manufactured Home Installation

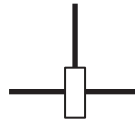
Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

Blocking Plan *typical double wide blocking plan*

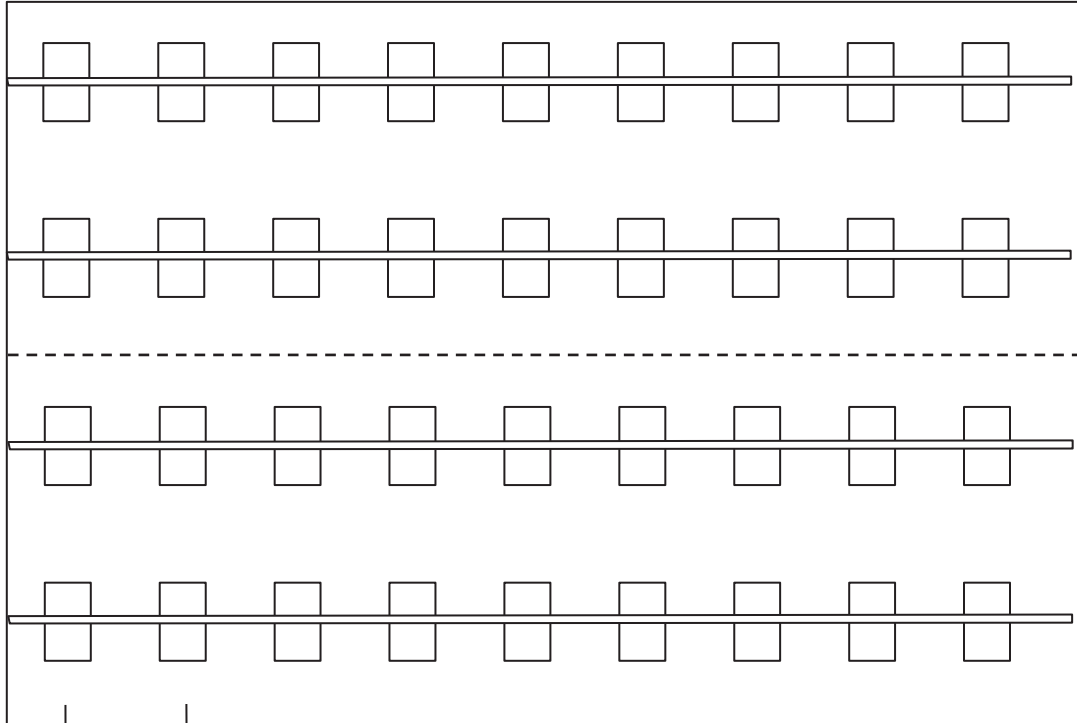
Length x width _____

Manufacturer _____

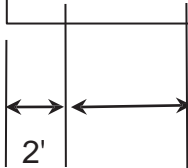
Lateral Arm



Longitudinal Stabilizing Devices



Marriage Wall
the location of
these piers will
vary with each
floor plan.



_____ pier spacing

Pocket Penetrometer Test

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

Soil Bearing _____

Soil torque probe test results _____

Anchor Length _____

I-beam pier pad size _____

Perimeter pier pad size _____

Marriage wall pier pad sizes – outline pad locations on the centerline and show sizes below

1 _____ 4 _____

2 _____ 5 _____

3 _____ 6 _____

Other information _____