



City of High Springs

110 NORTHWEST FIRST AVENUE
HIGH SPRINGS, FLORIDA 32643
TELEPHONE: (386) 454-1416 Ext 230
FACSIMILE: (386) 454-5322

MOBILE HOME PERMIT APPLICATION

1. Date _____
 2. Property Owners Name _____
 3. Owners Address _____
 4. Job Site Address _____
 5. Licensed Installer _____ License# _____
- Installation Decal Number _____
- Mobile Home Manufacturer Name _____
- Wind Zone _____ Roof Zone _____ No. of Sections _____ Width _____ Length _____ Year _____
- Installation Standard Used: (Check one) Manufacturers Manual _____ 15C-1 _____
- Soil: Load Bearing Capacity _____ or Assumed 1000 PSF _____
- Footing Type: Poured in Place _____ Portable _____ Size and Thickness _____
- Anchors: Type 3150 Working Load _____ Type 4000 Working Load _____
- Ties: Number of Frame Ties _____ Spacing OC _____ No. of Wall Ties _____
- Number of Lateral Ties _____ Number and type of Lateral Stabilizers _____
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Permit Issuance Fee-\$250.00

Permit includes Setup; Water; Sewer; Electric and Mechanical Inspections.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not.

Signature of contractor or agent