

CITY OF LYNN HAVEN

Building Department

PLAN REVIEW SUBMITTAL CHECKLIST FOR MANUFACTURED HOMES

Date: _____

Parcel Number: _____

JOB ADDRESS: _____

Zip Code: _____

___ Completed Plan Review Submittal Checklist

___ Completed Application **must be notarized*

___ Site Plan of Property (2 copies) showing the following:

___ - Placement of Manufactured Home with dimensions to each property line

___ - Wetlands (if applicable) showing the 30' buffer

___ - All other structures on the property; car ports, sheds, pole barns

___ - Flood Zone line (if applicable)

___ Block and Tie Down Plan (2 copies)

___ Flood Zone designation for the property

X

AE (If property is located in a flood zone, an engineered foundation and elevation certificate will be required)

___ Septic Tank permit or Sewer Approval (Required for New Manufactured Homes)

___ or letter from the Health Department (if applicable)

___ Water / Sewer impact fees receipt (if applicable)

___ Driveway permit - Can be obtained through the Building Department

___ Copy of recorded Deed or Authorization letter from property owner

___ Recorded Notice of Commencement **must be notarized*

___ DCA Approval Number _____

NOTE: Effective 10/1/96 F.S. 320.8249 requires permits for all manufactured home installations to be obtained by licensed contractors, dealers or their agent. All new manufactured homes will have to be installed by the dealer or the installer/set-up contractor.

- Reviewed site plan must be posted on job site for inspection.
- All Manufactured Homes must meet Zone II Exposure D requirements.
- A final approval for septic tank from Bay County 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 Signature: _____ Date: _____

Printed Name: _____

Phone Number: _____ Email: _____

817 Ohio Avenue
Lynn Haven, FL 32444
850-265-2121 ext. 2134

buildingdepartment@cityoflynnhaven.com

CITY OF LYNN HAVEN

Building Department

MANUFACTURED HOME SET UP PERMIT APPLICATION

Date: _____ Master Permit #: _____
JOB ADDRESS: _____ Zip Code: _____

Installer Information	
Licensed Installer Name: _____	
Company Name: _____	
Address: _____	
Phone Number: _____	Email: _____
License Number: _____	

Owner/ Tenant Information	
Name: _____	
Address: _____	
Phone Number: _____	
Email: _____	

Home Information		
Parcel Number: _____	Lot Number: _____	Block Number: _____
Size: _____	Color: _____	
Make: _____	Model: _____	Year: _____
Is this replacing a previous mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

X

_____ by (Print Name) _____
Signature of Applicant

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me _____
 Notary Name/Seal

this _____ day of _____, 20____, Personally known or I.D. _____

817 Ohio Avenue
 Lynn Haven, FL 32444
 850-265-2121, ext. 2135

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CITY OF LYNN HAVEN

Building Department

BLOCKING PLAN

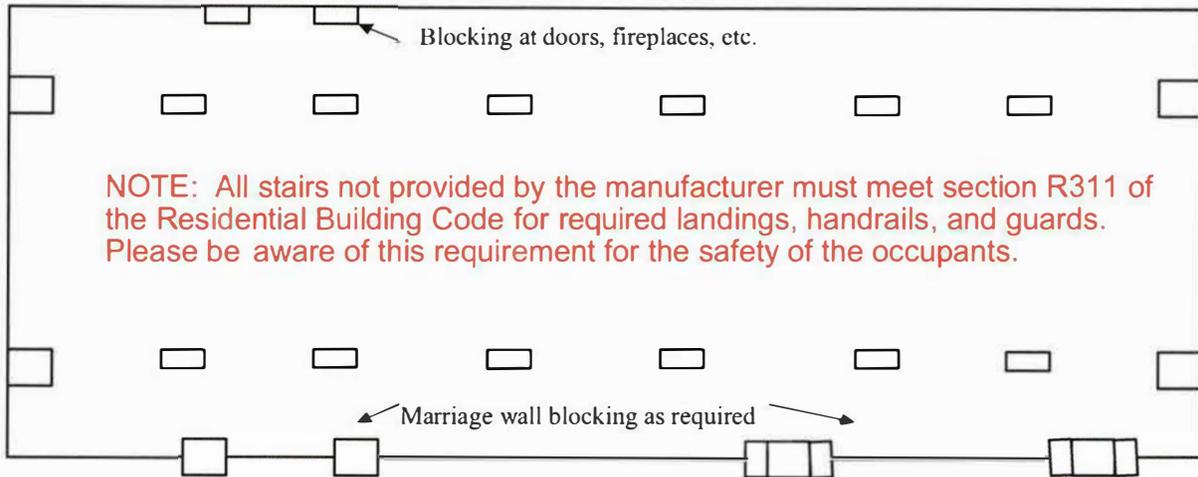
Date: _____

Permit #: _____

JOB ADDRESS: _____

Zip Code: _____

Single wide or one unit of double or triple wide



Complete All:	Check One:	Check One Below:
Year and Make _____	<input type="checkbox"/> Single-Wide <input type="checkbox"/> Double-Wide <input type="checkbox"/> Additional Units	Torque test for anchors: 276 in/lbs or more <input type="checkbox"/> (4ft anchors) 275 in/lbs or less <input type="checkbox"/> (5ft anchors)
Size of Home _____		
Tested Soil psf _____		
Footer (pad) size _____		
Block Spacing _____		

IMPORTANT NOTES:

- 1) End blocking required within one (1) foot of ends.
- 2) Above blocking typical - number varies with length.
- 3) Home must have a HUD label and must be approved for wind zone II or III.
- 4) Marriage walls to be adequately supported.
- 5) Straps not to exceed 5' 4" o.c. homes manufactured after 3/29/99.
- 6) After 5/29/99, longitudinal ties required (two (2) straps and anchors per end of beams).
- 7) Torque test value of less than 276 in/lbs requires 4000 lb working load anchors (5 ft).

The above information and testing is in accord with Rule 15C of the Department of Highway Safety and Motor Vehicles.

x

Signature of Applicant

by (Print Name) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

Notary
Name/Seal _____

this _____ day of _____ 20 _____,

Personally known or I.D. _____

CITY OF LYNN HAVEN

Building Department

MANUFACTURED HOME SET UP

OFFICE USE ONLY:

Document File Checklist

- | | |
|---|---|
| <input type="radio"/> Complete Permit Application | <input type="radio"/> Water/Sewer Impact Fees receipt |
| <input type="radio"/> Address Verification <input type="checkbox"/> Verified | <input type="radio"/> Block and Tie Plan (2) |
| <input type="radio"/> Recorded Notice of Commencement | <input type="radio"/> Florida Energy Form (1) |
| <input type="radio"/> Department of Health Approval | <input type="radio"/> Energy Display Card (2) |
| <input type="radio"/> Driveway Permit | <input type="radio"/> Site Plans (2) |
| <input type="radio"/> Elevation Certificate Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> Planning Division Approval |

BUILDING DEPARTMENT

Approved By: _____	Date: _____
(Building Official Signature)	

Flood Section

<input type="radio"/> New Structure	<input type="radio"/> Renovation of existing	Lowest Floor Elevation _____	<input type="radio"/> Existing <input type="radio"/> Proposed
<input type="radio"/> Residential	<input type="radio"/> Non-Residential	Garage Floor Elevation _____	<input type="radio"/> Existing <input type="radio"/> Proposed
FIRM Zone _____	BFE _____	Panel _____	Proposed improvement value _____
Back of Sidewalk _____	Crown of Road _____	Existing Building Market value _____	
Minimum Required Elevation _____	Substantial Improvement		<input type="checkbox"/> Yes <input type="checkbox"/> No
Substantial Damage <input type="checkbox"/> Yes <input type="checkbox"/> No			

Planning / Building Information

Work Classification: _____	Zoning: _____	Variance: _____
<input type="radio"/> Residential <input type="radio"/> Multi-Family <input type="radio"/> Commercial <input type="radio"/> Industrial	Conditions: _____	
Code in Effect: _____	Occ. Load: _____	Area (sq.ft.) _____ Length (ft.) _____
Occupancy Type: _____	Construction Type: _____	Remarks: _____

NOTICE OF COMMENCEMENT

Permit No. _____

Parcel No. _____

State of Florida
County of Bay

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**.

Description of property (legal description of the property, and street address if available): _____

General description of improvement: _____

Owner Name: _____
Address: _____

Owner's interest in site of the improvement: _____

Fee Simple Titleholder Name: _____
Address: _____

Contractor Name: _____

Address: _____ Phone Number: _____

Payment Bond Surety: _____
Address: _____
Phone Number: _____ Amount of Bond: \$ _____

Lender Name: _____
Address: _____ Phone Number: _____

Person 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 _____
Address _____ Phone Number: _____

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. Phone Number: _____

Expiration date of **Notice of Commencement** is one (1) year from date of recording unless a different date is specified _____.

Signature of Owner: _____

STATE OF _____
COUNTY OF _____

Sworn to, Subscribed and Acknowledged before me by means of (____) physical presence or (____) online notarization, on this _____ day of _____, 20____ by _____, who (____) is personally known to me or (____) produced identification _____.

Notary Public
NOTARY SEAL

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROVER 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 ON RECORDING YOUR NOTICE OF COMMENCEMENT.