



CITY OF MIDWAY

50 MARTIN LUTHER KING BOULEVARD • P.O. Box 438 • MIDWAY, FL 32343 • (850) 574-2355 • FAX: (850) 574-0633 • WWW.MIDWAYFL.COM

MOBILE HOME PERMIT APPLICATION

Date _____
Owner _____
Owners Address _____
Owners Phone # _____ Fax # _____

ZONING

MOBILE HOME WILL BE SET AT _____

PARCEL # _____

TOTAL COST OF THE MOBILE HOME \$ _____

CONTRACTOR THAT WILL BE MOVING THE HOME OR SETTING THE HOME: _____

CONTRACTORS ADDRESS _____

CONTRACTORS TELEPHONE NUMBER _____

UTILITIES

SEPTIC TANK PERMIT NUMBER _____

SEPTIC TANK WAIVER NUMBER _____

CITY SEWER _____ UTILITIES _____

APPLICATION APPROVED BY: _____ PERMIT OFFICER

I, _____ an requesting a permit from the Gadsden County Building Inspection Department to setup a used mobile home for occupancy and agree to the following conditions set forth by the Mobile Home Ordinance and this agreement of conditions as listed below:

Condition 1: I have read and received the standards as set forth in the Mobile Home Ordinance and agree to bring the mobile home into compliance with these standards.

Condition 2: I agree to have all zoning and septic tank/sewer approvals before the Code Compliance and Set Up permit can be issued.

Condition 3: I agree to call the Inspection Division and request a Code Compliance inspection the day the mobile home is placed on the approved property.

Condition 4: I agree to make the list of repairs to the mobile home within 45 working days and request re-inspection. I also understand if the repairs are not made in the 45-day time period, I will surrender all permits and move the mobile home out of Gadsden County.

Condition 5: Electrical service will not be released until the mobile home passes the code compliance and setup inspection. The owner must furnish a generator or other means of electrical power to make the repairs to the unit.

Condition 6: I agree to skirt the mobile home within 60-days after release of electrical service. DO NOT SKIRT THE MOBILE HOME BEFORE THE FINAL INSPECTION.

Condition 7: Mobile homes manufactured prior to January 1, 1992 are not permitted into Gadsden County.

Owner's signature

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's Signature _____

Seal:

Printed Notary's Name _____

STAFF USE ONLY

Application Date	Application No.	Issue Date
Permit Clerk		Review Date
Inspector Reviewer		
Permit Cost		

NOTICE OF COMMENCEMENT

Permit No. _____

Tax Folio No. _____

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 property): _____
a) Street (job) Address: _____
- 2. General description of improvement(s): _____
- 3. Owner or Lessee information (Lessee as owner only if contracted for improvements)
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than owner): _____
- 4. Contractor Information
 - a. Name and address: _____
 - b. Phone number: _____ Fax No. (Opt.) _____
- 5. Surety Information
 - a. Name and address: _____
 - b. Amount of bond \$ _____
 - c. Phone number: _____ Fax No. (Opt.) _____
- 6. Lender
 - a. Name and address: _____
 - b. Phone number: _____
- 7. Persons within the State of Florida designated by Owner upon who notices or other documents may be served as provided by Section 713.13(l)(a)7., Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
- 8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____

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 1, 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.

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Signatory's Title/Officer: _____

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or has produced _____, and who did/did not take an oath.

(Driver's License #)

Signature of Notary
Public - State of Florida

Print, Type, or Stamp
Commissioned Name of Notary Public

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

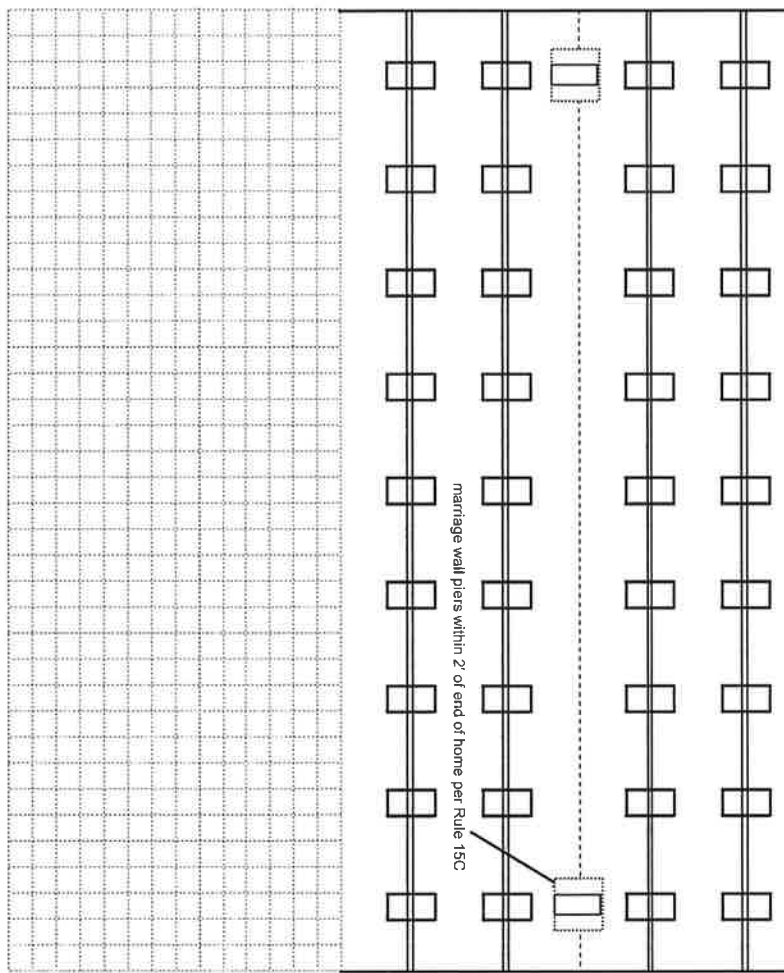
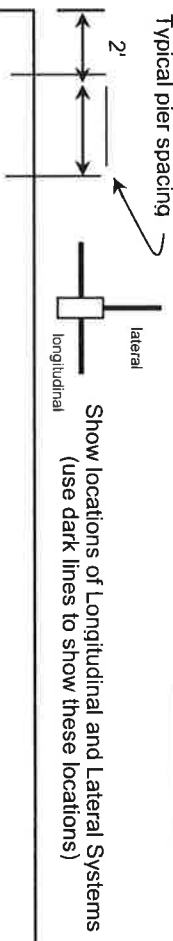
Installer: _____ License # _____

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 _____



New Home Used Home

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)	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.) _____

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 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

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 _____

4 ft 5 ft

FRAME TIES

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

OTHER TIES

Number _____

Longitudinal Stabilizing Device (LSD) _____

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms _____

Manufacturer _____

Sidewall _____

Longitudinal Marriage wall _____

Shearwall _____

Mobile Home Permit Worksheet

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. _____

Application Number: _____ Date: _____

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 manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature _____ Date _____

CITY OF MIDWAY

NORTH FLORIDA'S GATEWAY CITY

ELECTRICAL PERMIT APPLICATION

Property owners name _____
 Address _____ City _____ State _____ Zip _____
 Ph. # _____ Mobile _____ Fax _____
 Job address (if different) _____ City _____ FL Zip _____
 Property Parcel ID # _____
 Contractor: _____ License: _____
 Address _____ City _____ State _____ Zip _____
 Ph No (Office) _____ Cell/Home _____ Fax _____

FOR ALL JOBS THAT ARE \$2,500 OR MORE IN VALUE, A NOTICE OF COMMENCEMENT IS REQUIRED.

CHECK ALL THAT APPLY () COMMERCIAL () RESIDENTIAL () AGRICULTURAL

- *Residential New/Addition/Renovations \$107.00 per Dwelling Unit
- *Motels, hotels or multifamily units \$107.00 per Dwelling Unit
- Commercial/Industrial: New/Add/Renov. (Plans may be required) \$ 72.00 plus .04 per square foot
- Temporary Service \$ 72.00
- Service Change/Repair/Upgrade \$ 72.00
- Special Permit i.e. alarms, fire detection, Signs, etc. \$143.00
- Pool (Electric only) (new/addition/renovation) \$107.00
- Generator (full house) \$ 72.00

(60 AMPS ONLY FOR THE FOLLOWING. EXCEPTIONS APPROVED BY BUILDING OFFICIAL)

- Well Service with Pumps \$ 72.00
- Utility (Storage building, sheds etc., on less than ten acres) \$ 72.00
- Farm and Agriculture Use \$ 72.00

**** Reinspection fee (for failed inspections) \$36.00 (Paid before inspection can continue)****

Total Permit Fee \$ _____ Estimated Electrical Job Cost: \$ _____

I hereby attest that all information is true and agree to install this electric in accordance with the NEC & 2010 Florida Building Code.

Contractor/Owner Signature: _____ Date _____

Please Note: ELECTRIC FOR RV (RESIDENTIAL) USE IS NOT PERMITTED). RECREATIONAL VEHICLES (RV'S) ARE CONSIDERED COMMERCIAL USES AND AS SUCH, ARE LOCATED IN COMMERCIAL LAND USE CATEGORIES. THIS DOES NOT PRECLUDE THE PARKING OF RV'S ON PARCELS OF LAND, PROVIDED THAT THE RV IS OWNED BY THE PERSON WHO OWNS THE LAND AND THE RV IS NOT USED FOR RESIDENTIAL PURPOSES. (LAND DEVELOPMENT CODE, SUBSECTION 4202 (a))

Please provide directions to the job site _____

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PLUMBING PERMIT APPLICATION

PROPERTY OWNERS NAME: _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

EMAIL: _____

JOB SITE ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

PROPERTY PARCEL NUMBER (JOB SITE): _____

CONTRACTOR: _____

LICENSE NO: _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

EMAIL: _____

VALUATION OF THE JOB (ESTIMATE) \$ _____

CHECK ALL THAT APPLY

- COMMERCIAL** **RESIDENTIAL**
- RESIDENTIAL NEW/ADDITION/RENOVATION
- COMMERCIAL/INDUSTRIAL NEW/ADD./RENOV. (1ST GROUP)
- ANY ADDITIONAL GROUP, THEREAFTER EACH
- REPAIR/SEWER INSTALLATION/BACKFLOW
- SPECIAL INSTALLATIONS: SPRINKLER, CARWASH
- RE-INSPECTION
- MOTELS, HOTELS OR MULTIFAMILY UNITS MULTIPLY EACH UNIT BY
- OTHER. PLEASE EXPLAIN

PLUMBING FEES

\$107.00 PER DWELLING UNIT

\$143.00

\$72.00

\$72.00

\$72.00

\$36.00

\$107.00

I HEREBY ATTEST THAT ALL THE INFORMATION GIVEN IS TRUE AND AGREE TO DO THE INSTALLATION ACCORDING TO THE 2010 FLORIDA BUILDING CODE.

CONTRACTOR SIGNATURE

DATE

CITY OF MIDWAY

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MECHANICAL PERMIT APPLICATION

PROPERTY OWNERS NAME: _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

JOB SITE ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

PROPERTY PARCEL NUMBER (JOB SITE): _____

CONTRACTOR: _____

LICENSE NO: _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

**ANY MECHANICAL INSTALLATION GREATER THAN (\$7,500) IN VALUE WILL REQUIRE A NOTICE OF COMMENCEMENT.
MUST SUBMIT THE ENERGY CALCULATION FORM FOR A MECHANICAL CHANGE OUT PERMIT.**

CHECK THE BOXES THAT APPLY TO THIS PERMIT:

COMMERCIAL

CHANGE-OUT

NEW INSTALLATION

HEAT PUMP TONS _____

STRAIGHT COOL TONS _____

GAS HEAT _____

PACKAGE UNIT HEAT PUMP _____

PACKAGE UNIT STRAIGHT COOL _____

RESIDENTIAL

NUMBER OF UNITS _____

NUMBER OF UNITS _____

KW HEAT _____

KW HEAT _____

GAS TYPE _____

KW HEAT _____

KW HEAT _____

GAS TYPE _____ BTU _____

BTU _____

GAS TYPE _____ BTU _____

ELECTRICAL SERVICE UPGRADE NOTE: ALL SERVICE UPGRADES AND FEEDER WIRES TO DISCONNECT MUST BE PERFORMED BY A LICENSED ELECTRICAL CONTRACTOR.

GAS SERVICE UPGRADE: ALL GAS INSTALLATIONS REQUIRE PRESSURE TEST. THIS INCLUDES EXTENSIONS OF EXISTING SYSTEMS.

WOOD

GAS SPACE HEAT

KITCHEN EXHAUST SYSTEM

OTHER (IF YOU'RE INSTALLING A SYSTEM THAT IS NOT INDICATED ABOVE, PLEASE EXPLAIN BELOW AND PROVIDE TECHNICAL DATA TO SUPPORT THE SYSTEM. THIS MAY NEED TO BE REVIEWED BY THE PLANS REVIEWER.

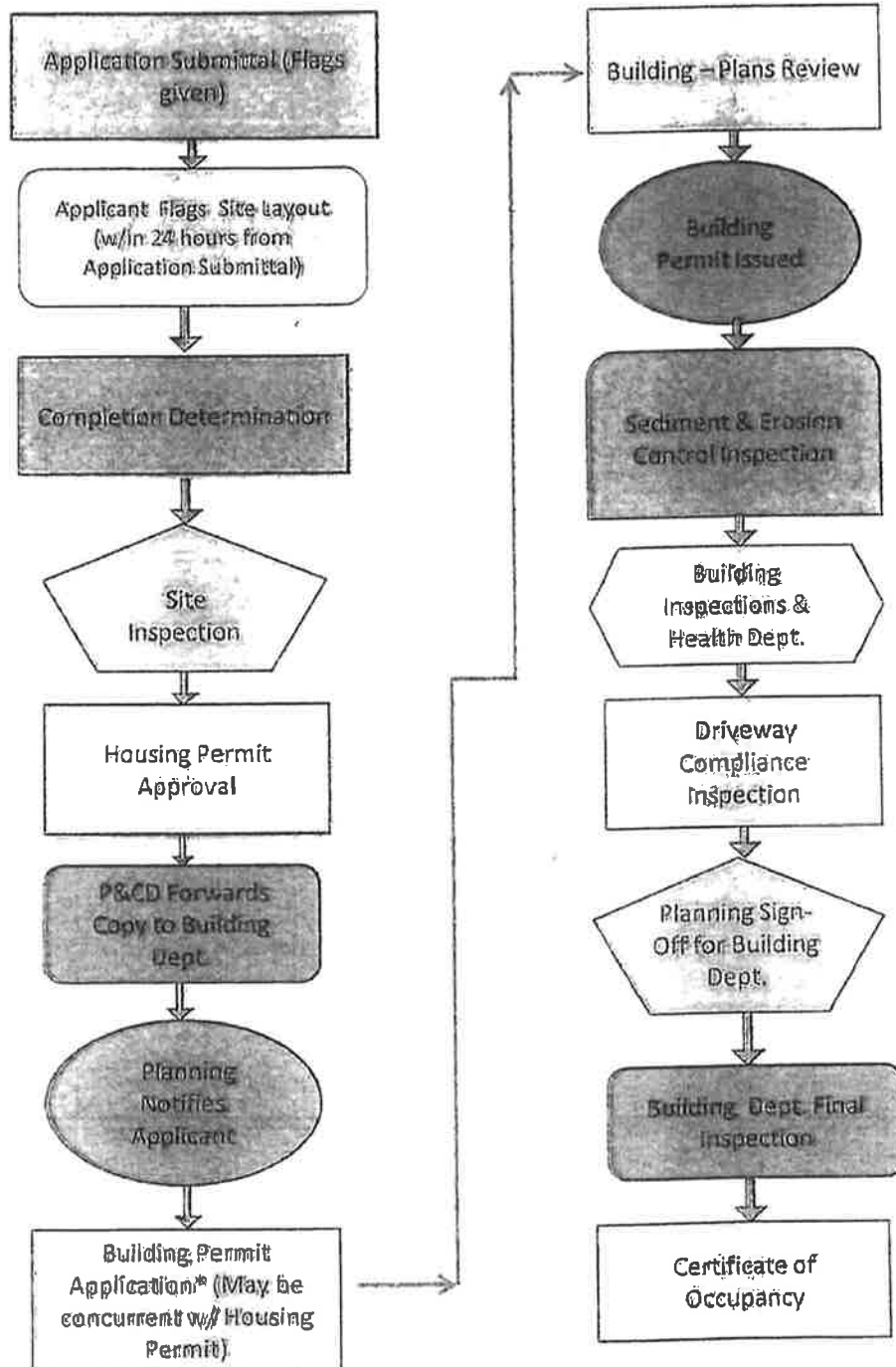
VALUATION \$ _____ (ESTIMATED JOB VALUE)

I HEREBY ATTEST THAT ALL THE INFORMATION IS TRUE AND AGREE TO INSTALL THE MECHANICAL SYSTEM IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS AND THE 2010 MECHANICAL CODE.

CONTRACTOR SIGNATURE

DATE

Housing Permit Process Summary*



*Summary Info Only. Assumes Complete Application & Approval. All applications must comply with the requirements of the Gadsden County Comprehensive Plan & Land Development Code.