



# MOBILE HOME PERMIT APPLICATION

## FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

Phone: 850-653-9783 Fax: 850-653-9799

<https://www.franklincountyflorida.com/county-government/planning-building/>

### **Property Owner Information:**

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Home Dealer: \_\_\_\_\_

Mobile Home Installer: \_\_\_\_\_

Mobile Home Installer's State License Number: \_\_\_\_\_

Contact person for permit - name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Property Information:**

911 Address/Construction Location: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Property is Zoned: \_\_\_\_\_ Other: \_\_\_\_\_

Waterfront Property: Gulf Bay Other: \_\_\_\_\_

**ZONE III REQUIRED. NOT ALLOWED IN VELOCITY ZONES.**

**NOTE TO APPLICANTS AND PERMIT HOLDERS: VIOLATIONS OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY WARRANT A STOP WORK ORDER OR REVOCATION OF THIS PERMIT. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. CONSTRUCTION MUST COMMENCE WITHIN SIX MONTHS OF DATE ISSUED.**

**Owner/Contractor Signature**

**Date**

FLOOD Panel #: \_\_\_\_\_ Firm Zone: \_\_\_\_\_

Elevation Requirements: \_\_\_\_\_

Critical Shoreline District: \_\_\_\_\_

Critical Habitat Zone: \_\_\_\_\_

**Permit Fee: Single Wide \$125.00**

**Double Wide \$250.00**

**Triple Wide \$375.00**

\_\_\_\_\_  
**FLOODPLAIN MANAGER      DATE**

\_\_\_\_\_  
**BUILDING OFFICIAL      DATE**



## **MOBILE HOME MOBILE HOME PERMIT CHECKLIST**

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**Zone III Documentation** - The mobile home dealer must provide written documentation to verify the mobile home is built to Zone III specifications, including the date of construction, and the serial numbers for the unit.

**Zone III Exposure D Documentation** if the property is within 1,500 feet of the Bay or Gulf of Mexico.

**Legal description of the property**- a copy of the deed or other document which gives property description.

**A site plan** showing the location of the mobile home, septic system, well, driveway and other cleared areas (site plan must indicate the distance of the mobile home from the property lines and that the setbacks will be met.)

**A mobile home blocking plan**- a blocking plan for 1000 P.S.I. soil bearing capacity OR copy of the mobile home site soil test results and the required blocking plan for the soil bearing capacity indicated by the soil test. (Required by Mobile Home Installer)

**A valid septic take permit** or a letter stating the existing septic system is approved for use by the Franklin County Health Department. If the lot is serviced by sewer and water, you must have a letter from the local sewer and water district verifying service to the property.

**Topographical survey** - required for all areas located in rated flood zones.

By signing below, I attest that all information in this permit application is accurate and complete. I have utilized the checklist to verify that I have included all required documentation. I understand that incomplete applications will not be accepted. I understand that the standard permit processing time is 7 - 10 business days and that a permit clerk will contact me when my permit is ready to be issued.

**Owner/Contractor Signature**

**Date**

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# INSPECTION CHECKLIST FOR MOBILE HOMES

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### Required Inspections:

1- Power Pole

2- Final -

Mobile Home Blocking Must Be Completed

Flood Inspection (In Flood Zones)

Tie Downs Entirely Installed

Steps & Handrails at ALL exits

The Wiring ran in conduit from the Mobile Home to Meter Box

All Plumbing is connected

911 Numbers Posted Permanently (4" Letters)

Septic System MUST be connected and have final approval from Environmental Health

AC Unit must be connected and level.

**DO NOT INSTALL SKIRTING UNTIL AFTER FINAL INSPECTION.**

**IF THE INSPECTION FAILS OR IS NOT READY THERE WILL BE A \$50.00 RE-INSPECTION FEE TO BE PAID BEFORE THE NEXT INSPECTION WILL BE SCHEDULED.**

Owner/Contractor Signature

Date

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## FRANKLIN COUNTY BUILDING DEPARTMENT

### STATEMENT FOR WATER

Site Address: \_\_\_\_\_

Public Utilities Water is available and will be utilized for water to the structure. A letter from the public water utility company is attached to verify availability.

Well: A working potable water well located on the site will be used to supply water to the structure.

Public Utilities Sewer is available and will be utilized for sewer to the structure. A letter from the public sewer company is attached to verify availability.

Septic Tank – A new or existing septic system located on this site will be used. A current septic permit or existing septic system letter from the Franklin County Health Department is attached to application.

**Owner/Contractor Signature**

**Date**

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