



**MOBILE HOME CHECK LIST  
GUIDE FOR PERMITTING**

**INSTALLATION REGULATED BY THE DIVISION OF MOTOR VEHICLES UNDER CHAPTER 15C-1  
FLORIDA ADMINISTRATIVE CODE**

**Electrical, Plumbing, Gas, and Mechanical – 2007 Florida Building Codes**

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1. **COMPLETED MOBILE HOME PERMIT APPLICATION \*\* PARCEL I.D. NUMBER REQUIRED\*\***  
**\*\*\* (Only licensed Mobile Home Installers may purchase Mobile Home Block & Tie-Down Permits) \*\*\***
2. **2 SETS OF (signed & sealed) FOUNDATION PLANS SHOWING BLOCK & TIE- DOWNS**  
**Completed by a licensed installer or Manufactures specification plans.**
3. **1 SET OF REDUCED SIZE SCALED SITE PLAN SURVEY SHOWING the FOOTPRINT & SETBACKS.**  
**(LDC SECTION 2.13.00)**
4. **WATER & SEWER APPROVAL LETTER REQUIRED FOR ALL BUILDING PERMITS TO INCLUDE ADDITIONS.**  
**A. DESTIN WATER USERS (837-6146)**
5. **PRODUCT APPROVAL MODEL NUMBERS REQUIRED ON PERMIT APPLICATION for Anchors & Tie Downs**
6. **ALL APPLICABLE CITY, STATE AND FEDERAL PERMITS (ROW, DEP, DOT, ARMY COE., ETC.)**
7. **DESTIN FIRE CONTROL DISTRICT APPROVAL LETTER REQUIRED (837-8413).**
8. **RECORDED COPY OF "NOTICE OF COMMENCEMENT" (Florida Statutes 713) NOC must be recorded with Okaloosa County Clerk of the Circuit Court, posted at the job site and at the building department PRIOR to first inspection.**
9. **PROOF THAT THE MANUFACTURED HOUSING UNIT HAS MET THE REQUIREMENTS OF EITHER THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MANUFACTURED HOME CONSTRUCTION AND SAFETY STANDARDS AND [OR] THE FLORIDA MANUFACTURED BUILDING ACT.**
10. **STORMWATER/ DRAINAGE REQUIREMENTS**
11. **FLOOD ELEVATION CERTIFICATE WILL BE REQUIRED (FEMA Form #81-31) before final inspection.**  
**ALL AE & V ZONES and DESIGN & CONSTRUCTION CERTIFICATION FORM WILL BE REQUIRED IN V ZONES (FEMA MAP) (LDC SECTION 11.04.00).**  
**\*\*\*SLAB ELEVATION FOR ALL STRUCTURES SHALL BE A MINIMUM OF 12" ABOVE CROWN OF ROAD\*\*\***  
**(LDC SECTION 10.03.02(A)(5))**
12. **MAINTAIN EROSION AND SEDIMENT CONTROL PER LDC 10.03.2(B) DURING CONSTRUCTION OF PROJECT.**
13. **OTHER PERMITS THAT MAY BE REQUIRED ARE, PLUMBING, ELECTRICAL, MECHANICAL & GAS.**
14. **SKIRTING, STAIRS, HANDRAILS AND/OR GUARDRAILS MUST BE INSTALLED PRIOR TO FINAL INSPECTION.**

**\*\*\*CITY IMPACT FEES MUST BE PAID PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY\*\*\***



# Community Development Department Building Division

4200 Indian Bayou Trail, Destin, Fl. 32541  
Ph: (850) 654-1119 Fax: (850) 837-7949

## Mobile Home Installation Permit Application

DATE: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

CONTRACTOR CO. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ COMP#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FEE SIMPLE TITLEHOLDER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

(If other than owner)

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_

NEW HOME  USED HOME  TYPE: SINGLE  DOUBLE  TRIPLE  QUAD

MANUFACTURE NAME: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL # \_\_\_\_\_ YEAR: \_\_\_\_\_

HOME DESIGNED FOR WIND ZONE: II or III LENGTH X WIDTH: \_\_\_\_\_ HUD # \_\_\_\_\_ STATE DECAL# \_\_\_\_\_

### INSTALLATION INFORMATION

NEW MOBILE/MANUFACTURED HOME SET UP  DMV RULE 15C-1  ANCHOR SIZE: 5FT  4FT

SOIL BEARING CAPACITY \_\_\_\_\_ or 1,000 PSF ASSUMED  ANCHOR TYPE: 6,000  4,725

Main rail frame blocks: Size \_\_\_\_\_ Spacing OC \_\_\_\_\_ Angle of strap \_\_\_\_\_ degrees

Perimeter Blocking: Size \_\_\_\_\_ Number \_\_\_\_\_ Number of ties \_\_\_\_\_ Spacing OC \_\_\_\_\_

Ridge beam support Size \_\_\_\_\_ Number \_\_\_\_\_ Number of sidewall anchors \_\_\_\_\_

Center line blocking Size \_\_\_\_\_ Number \_\_\_\_\_ Number of centerline anchors \_\_\_\_\_

Special supports YES \_\_\_ NO \_\_\_ Size \_\_\_\_\_ Number \_\_\_\_\_ Number of stabilizers \_\_\_\_\_  
(Bay Window, Fireplace)

ANCHORS: Size \_\_\_\_\_ Mfg \_\_\_\_\_ Model # \_\_\_\_\_

STABILIZER: Size \_\_\_\_\_ Mfg \_\_\_\_\_ Model # \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Building Div. - Permit Officer) Date: \_\_\_\_\_

Applicants Printed Name: \_\_\_\_\_

Received By: \_\_\_\_\_ (initials) Date: \_\_\_\_\_

**CITY OF DESTIN - BUILDING DIVISION**

**PERMIT APPLICATION**

**NOTICE TO OWNER / CONTRACTOR**

JOB SITE ADDRESS: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

PAECCEL ID: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION**, etc.

**OWNER / CONTRACTOR AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning per State and City of Destin.

**If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.**

**“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.”**

**FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.**

Must be signed in presence of a Notary

\_\_\_\_\_  
Signature Date  
Owner or Agent (including contractor)

\_\_\_\_\_  
Signature Date  
Contractor

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

STATE OF FLORIDA  
COUNTY OF OKALOOSA  
Sworn to (or affirmed) and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is known  
to me or has produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Signature as to Owner Date

\_\_\_\_\_  
Notary Signature as to Contractor Date

SEAL:

SEAL:



**Community Development Department**  
**Planning Division**  
 4200 Indian Bayou Trail, Destin, FL 32541  
 Phone: (850) 837-4242 Fax: (850) 837-7949 or  
 (850) 650-0693

Planning Div. Date Received Stamp

**MOBILE HOME INSTALLATION**

**Building/Construction Permit Application Supplement**

**JOB SITE ADDRESS:** \_\_\_\_\_

**PARCEL ID(S):** \_\_\_\_\_

**FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.-** \_\_\_\_\_ **-** \_\_\_\_\_

**DESCRIPTION OF WORK (Related to Permit Type):** \_\_\_\_\_

**ZONING DISTRICT :** \_\_\_\_\_ **REQUIRED SETBACKS: FRONT:** \_\_\_\_\_ **SIDE:** \_\_\_\_\_ **REAR:** \_\_\_\_\_

**IS THE MOBILE HOME BEING PLACED ON AN EXISTING MOBILE HOME SITE? (Y/N)**

**IF YES, DATE PREVIOUS MOBILE HOME REMOVED:** \_\_\_\_\_

(Note: Attached site plan of previous and proposed manufactured home location including dimensions of previous and replacement manufactured home)

**IS THE MOBILE HOME BEING PLACED IN A FLORIDA LICENSED MOBILE HOME PARK? (Y/N)**

**IS THE MOBILE HOME BEING PLACED ON AN INDIVIDUALLY OWNED PARCEL OR LOT OF RECORD? (Y/N)**

**IF YES, HOW LONG HAS IT BEEN SINCE A MOBILE HOME WAS LOCATED ON THAT PARCEL:** \_\_\_\_\_

**CONSTRUCTION WITHIN CITY RIGHT-OF-WAY ? (Y/N)**

(If YES, provide a copy of the ROW permit)

**SOUTH OF COASTAL CONSTRUCTION CONTROL LINE? (Y/N)**

(If YES, provide a copy of the FDEP permit)

**WHITE SAND ZONE:** ZONE I / ZONE II / NONE      **FEMA FLOOD ZONE(S) & BASE FLOOD EL.:** \_\_\_\_\_

**ADDED IMPERVIOUS AREA:** \_\_\_\_\_ **SQ. FT.**

- Added area is 250 sq. ft. or less, eligible for one event exemption. Refer to Building Division file for event exemption status.
- Greater than 250 and less than 750 sq. ft., applicant must meet the requirements of LDC, Article 10, Section 10.03.02.I.2.b.
- If 750 sq. ft. or more, applicant must provide a Stormwater Management Plan (See applicable Permit Checklist)

**Planner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater Specialist/Floodplain Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_