St. Johns County, FL

74 mi from Folkston

BUILDING & PERMITTING OFFICE

Department: St. Johns County Building Services (Building Department)
Address: 4040 Lewis Speedway, St. Augustine, FL 32084
Phone: 904-827-6800
Permits website: https://www.sjcfl.us/departments/building-department/
Code of ordinances: https://library.municode.com/fl/st._johns_county/

MANUFACTURED HOME NOTES

- Permits are required before most work begins; the county runs online permit application and search through its WATS web portal.
- Mobile/manufactured home zoning and placement in the unincorporated county are governed by the St. Johns County Land Development Code (posted at sjcfl.us/land-development-code/).

> Florida: installations follow FS 320 and Rule 15C-1/15C-2 (DHSMV) with licensed installers and installation decals; county building permits, tie-down and wind-zone compliance apply. Coastal counties may require Wind Zone II/III homes.

ST. JOHNS COUNTY BUILDING DEPARTMENT MOBILE HOME SUFFICIENCY CHECK LIST

CLEARANCE SHEET #: (R) _____

SITE ADDRESS_____**CONDITIONAL SUBMITTAL YES/NO** **DATE RECEIVED**_____

CONTRACTOR _____**CONTACT**_____**DEPOSITORY ACCOUNT#**_____

PHONE_____**EXT#**_____**FAX**_____**EMAIL**_____

DATE ROUTED_____**By**_____**RESUBMITTED**_____

NOTIFIED PENDING COMMENTS:_____**NOTIFIED PERMIT STATUS:** _____

Item	Rec'd By	N/A
Completed Clearance Sheet with Approved Site Plan (must have Zoning stamp)		
Completed Mobile/Manufactured Home Permit Application		
Two (2) copies Mobile/Manufactured Home Set up form		
Water / Sewer Availability Letter or Paid Water / Sewer Receipt		
Septic Tank Permit / Environmental Health Department Approved Site Plan and Floor Plan		
Well Permit		
Verification of Ownership: Property Appraiser / Deed / NAL		
Signature for Impact Fee		

Contractor Verification:

Installer	License _____				
Electrician	License _____	Workers Comp _____	Liability _____		
Plumber	License _____	Workers Comp _____	Liability _____	QB License _____	
Mechanical	License _____	Workers Comp _____	Liability _____	QB License _____	

Comments:

For Questions Please Contact Our Office at (904) 827-6800, Fax: (904) 827-6849

When calling or faxing please reference the contractors name, job address, and clearance sheet number.

_____ _____

Plans Examiner **Date**

MOBILE/MANUFACTURED HOME INSTALLATION SET-UP FORM

PERMIT #_____

Mobile Home Owner Name_____
Site 911 Addres_____
Manufacturer's Name_____
Roof Zone_____
Number of Sections_____Width_____Length_____Year_____Serial # _____
_____Manual or _____15C-1

Site Preparation:

Debris and Organic Material Removal_____Compacted Fill_____ Page #_____
Water Drainage: Natural_____Swale_____Pad_____Other_____Page #_____

Foundation:

Load Bearing Soil Capacity:_____or Assumed 1000 PSF_____ Page #_____
Footing Type: Poured in Place_____Portable_____Size and Thickness_____ Page #_____
I-Beam or Mainrail Piers: Single Tiered_____ Double Interlocked_____Page #_____
Size of Piers_____Placement O/C_____Page #_____
Perimeter Pier Blocking: Size_____Placement O/C_____ Page #_____
Ridge Beam Support Blocking: Size_____Number_____ Page #_____
Ridge Beam Support Footer Size: Column #1_____#2_____#3_____#4_____#5_____ Page #_____
#6_____#7_____#8_____
Center Line Blocking: Number_____Size_____Location(s)_____ Page #_____
Special Pier Blocking: Required (Fireplace, Bay Window, Etc.) Yes _____No_____ Page #_____
Mating of Multiple Units: Mating Gasket Yes_____No_____Typed Used_____ Page #_____

Fasteners:

Roofs Type and Size #_____Spacing_____O/C Page #_____
Endwalls Type and Size #_____Spacing_____O/C Page #_____
Floors Type and Size #_____Spacing_____O/C Page #_____

Anchors:

Type 3150 Working Load_____4000 Working Load_____ Page #_____
Height of Unit: (Top of Foundation or Footer to Bottom of Frame)_____ Page #_____
Number of Frame Ties_____Spacing_____O/C Angle of Strap_____Degrees Page #_____
Number of Over Roof Ties: (If Required)_____ Page #_____
Number of Sidewall Anchors_____Zone II_____Zone III_____ Page #_____
Number of Centerline Anchors_____Number of Stabilizer Devices_____ Page #_____
Vents Required for Underpinning (1SF/150SF of Floor Area) Number_____ Page #_____

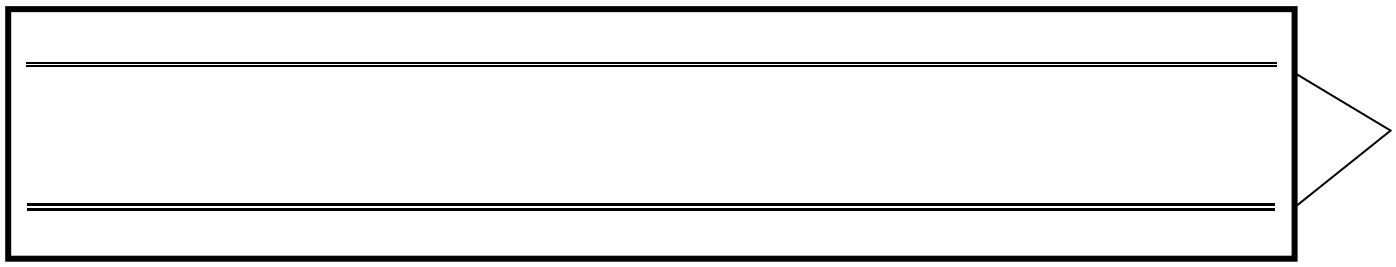
MOBILE/MANUFACTURED HOME PIER AND ANCHOR PLAN

(Must be submitted with Manufacturer's Specifications for all new homes and those used homes where the manufacturer's specifications are to be used.)

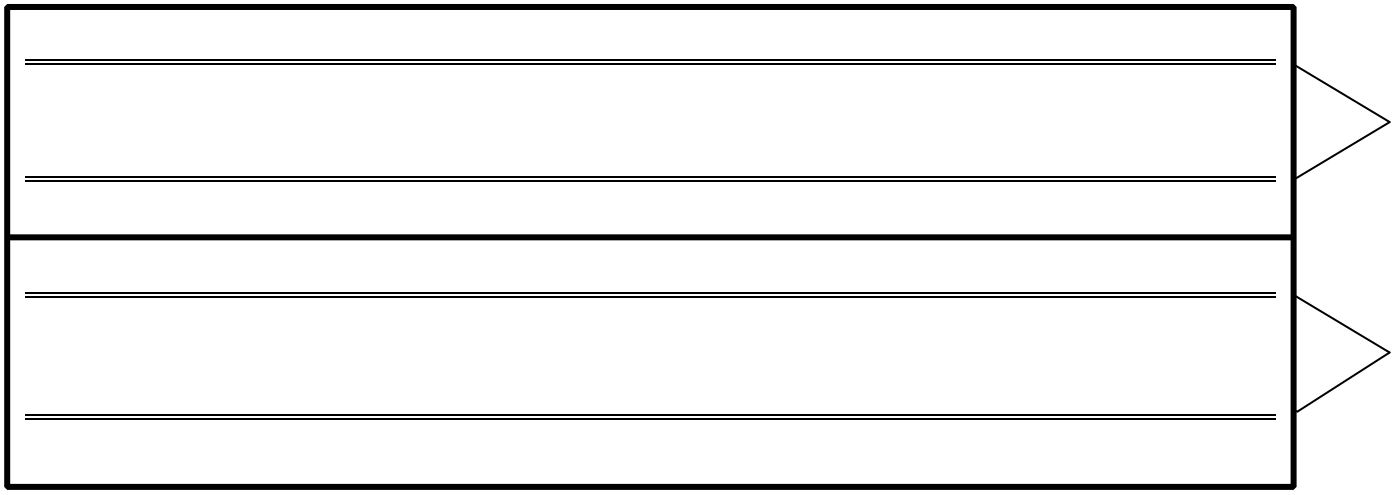
Plans/Specifications Submitted By_____Date_____

Make_____Year_____Box Length_____Model_____ Box Width_____

SINGLEWIDE



DOUBLEWIDE



ANCHOR ! PIER X

Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the Manufacturer's Specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a maximum soil bearing capacity of 1,000 lbs/sq. ft. shall be used. Pier footings to be poured-in-place, whether required by Ordinance 92-13, manufacture's specifications or by preference, must be inspected by the Building Division prior to pouring.

To the best of my knowledge, the information provided hereon, and the manufacturer's specifications provided herewith, represent the latest information available from the manufacturer for the home identified above.

PRINT NAME INSTALLER/DEALER_____INSTALLATION DECAL #_____

LICENSE #_____ADDRESS_____

SIGNATURE_____PHONE#_____

BUILDING DIVISION:

REVIEWED
BY_____DATE_____

FOR ZONING APPROVAL
Zoning Class:_____FIA_____CT
Permit OK'd by:_____
Date of Approval:_____

MOBILE/MANUFACTURED PERMIT APPLICATION

DATE OF APPLICATION:_____

MOBILE HOME OWNER Name:_____

Phone #:_____

Present Address:_____

PROPERTY OWNER Name: _____**Phone #**_____

Present Address: _____

SITE 911 ADDRESS: _____

SITE LEGAL DESCRIPTION:_____

Tax Parcel Number:_____

Please Select: **Public Water** **or** **Private Well** **Septic Tank** **or** **Sewer Company**

☐ **New M/H Site, or** ☐ **Replacement M/H**

MOBILE HOME/MANUFACTURED HOME- MANUFACTURED DATE: _____
(Special rules apply if prior to July 1994). Only mobile homes manufactured as Replacement M/H Category II or III may be sited in St. Johns County per advisory DOT MH 04-01, 11/22/02.

I. SETUP REQUIREMENTS are to follow Manufacturer's manual or, if that manual is not available, the Florida DMV rules will apply. (DMV information available upon request.)

II. MINIMUM FINISHED FLOOR ELEVATION FOR THIS SITE (Check one):
The Minimum distance between finish grade and the bottom of the I-beam shall be 18" except on a sloped lot 25% of the I-beam may be 12" above grade.

A. X Zone

B. in an un-numbered A Zone. Frame, duct work and equipment are required to be 3 feet above grade and CERTIFIED on a FEMA Elevation Certificate.

C. Is _____ feet and MUST BE CERTIFIED by a surveyor on a FEMA Elevation Certificate.

III. SITE LOCATION & MANUFACTURER'S EMBLEMS

A. Within 1,500 feet of high tide line, "D" emblem required, or

B. in Coastal Building Zone, outside 1,500 feet strip, Wind Zone II emblem, or

C. outside Coastal Building Zone, Wind Zone II emblem required.

IV. DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTOR VEHICLES, CHAPTER 15 C-2 REQUIRES:

ACTUAL SETUP LABOR WILL BE PERFORMED BY STATE LICENSED INSTALLER/DEALER:

Installer's/Dealer's Name(print)_____ **License#**_____

Signature_____ **Date**_____

Address_____**Phone#**_____

Notary as to Contractor:
In St. Johns County, Florida
This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

_____
Notary Signature

Known Personally _____ or Identification _____

NOTICE: THE INSTALLER/DEALER IS RESPONSIBLE FOR CERTIFYING THAT THIS MOBILE HOME MEETS THE WIND LOAD REQUIREMENTS FOR SITING WITHIN ST. JOHNS COUNTY.

(THIS IS A TWO SIDED APPLICATION- COMPLETE REVERSE SIDE ALSO)

Note: Homeowners must personally appear at the Building Department to complete Exemption.

ST. JOHNS COUNTY PLUMBING PERMIT APPLICATION

Sewer: ☐ New ☐ Replaced or Repaired ☐ Septic Tank

Plumber's Name (print) _____

Signature_____ Phone #_____

License: State Certification #_____County #_____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY ELECTRICAL PERMIT APPLICATION

Service Provided by: ☐ FPL ☐ JEA ☐ JAX BCH

Supply will be (check one): ☐ Underground ☐ Overhead

Electrician's Name (print) _____

Signature _____Phone #_____

License: State Certification #_____County #_____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

ST. JOHNS COUNTY MECHANICAL PERMIT APPLICATION

New Installation of Heating/Air Conditioning Units.

Total Value of Contract $_____

Mechanical Contractor's Name (print)_____

Signature _____Phone #_____

License: State Certification #:_____County #:_____

Notary as to Contractor:

In St. Johns County, Florida

This foregoing instrument was acknowledged before me this _____ Day of _____ 20_____

_____

Notary Signature

Known Personally _____ or Identification _____

Type of Identification _____

NOTE: THESE PERMITS BECOME NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.