



POST OFFICE BOX 458 \* 80 EUCLID PLACE \* LABELLE, FLORIDA 33975 \* (863) 675-0492

**MOBILE/MANUFACTURED HOME PERMIT APPLICATION  
CITY OF LABELLE**

**\*STAFF USE ONLY**

Received by:\* \_\_\_\_\_ Date Received:\* \_\_\_\_\_ Zoning Approval:\* \_\_\_\_\_ Date:\* \_\_\_\_\_ **PERMIT#:**\* \_\_\_\_\_

**\*ZONING:** \_\_\_\_\_ **\*SETBACKS: FRONT** \_\_\_\_\_ **ft/ SIDE** \_\_\_\_\_ **ft/ REAR** \_\_\_\_\_ **ft \*FLOOD ZONE:** \_\_\_\_\_

**PROJECT PHYSICAL ADDRESS:** \_\_\_\_\_ City: \_\_\_\_\_ County: HENDRY

Subdivision: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_

Parcel I.D. #: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_  
(Mobile Home Single/ Double Triple Wide, Etc.)

**PROPOSED USE:** \_\_\_\_\_

**Applicant: Contractor OR Owner Builder (Circle One)**

**Contractor Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ License : \_\_\_\_\_  
(Prime Contractor)

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

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Installer Contractor/ Company Name:** \_\_\_\_\_ **License:** \_\_\_\_\_

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

**Electrical Contractor/Company Name:** \_\_\_\_\_ **License:** \_\_\_\_\_

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

**Plumbing Contractor/Company Name:** \_\_\_\_\_ **License:** \_\_\_\_\_

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

**Mechanical Contractor/Company Name:** \_\_\_\_\_ **License:** \_\_\_\_\_

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

Fee Simple Titleholder's Name (if other than owner) \_\_\_\_\_

Fee Simple Title holder's Address: \_\_\_\_\_

Property Status: \_\_\_\_\_ New Residential \_\_\_\_\_ Replacement Unit \_\_\_\_\_ Other ( \_\_\_\_\_ )

**Contract Price:** \$ \_\_\_\_\_ **(Contractor's must submit copy of contract)** **Value of completed Project** \$ \_\_\_\_\_

Design Floor Load (PSF) 40 Min **Square Footage:** \_\_\_\_\_ **Number of Stories:** \_\_\_\_\_

Occupancy Type: Residential **MH SERIAL #:** \_\_\_\_\_

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**Impact Fee (When Applicable) Payer:** \_\_\_\_\_

**Flood Zone Designation:** If your property is located in a flood zone (**except Zone X**), the First Floor Elevation must be certified to be in compliance with City of LaBelle Code of Ordinances by a State of Florida Registered/Licensed Surveyor or Engineer. This Certificate must be on file in the City of LaBelle Building Department prior to requesting the final inspection or a Certificate of Occupancy.

- [ ] Zone "X" – First Floor must be held 12" above the highest adjacent grade.
- [ ] Zone "A" – First Floor must be held 36" above highest adjacent grade.
- [ ] Zone "AH" – First Floor must be held \_\_\_\_\_ inches above NGVD (MSL), FEMA Map No. \_\_\_\_\_
- [ ] Numbered "A" Zone – First Floor must be held \_\_\_\_\_ inches above NGVD (MSL), FEMA Map No. \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_ **Bonding Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

.....  
Application is hereby made to obtain a permit to do 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 a separate permit must be secured for electrical work, plumbing, , air conditioning systems, etc., unless properly licensed contractors under the provisions of Chapter 489 of Florida Statutes, City of LaBelle Code of Ordinances, and/ or as the Owner/Builder Exemption have been accepted for construction.

**Warning – Work in the right-of-way:** This permit does not authorize construction or installation of any structure or utility, above or below ground, within any right-of-way or easement reserved for access, drainage or utility purposes. This restriction specifically prohibits fencing, sprinkler systems, landscaping other than sod, signs, water, sewer, cable and drainage work therein. If such improvements are necessary, a separate permit(s) may be required from the City of LaBelle Building Department and/or City of LaBelle Public Works Department or agency responsible for easement.

# Owner's Affidavit

I certify that all foregoing information is accurate and that all work will be done in compliance with applicable laws regulating construction and zoning. I have researched Federal, State and local regulations related to this project, and I have received permits from other agencies claiming jurisdiction over this project as required by law. I further understand that any omissions in content of this application or failure to provide additionally required information or to construct to Code may render this permit immediately void and a new permit will be required.

I further acknowledge the following:

- Issuance of a permit is subject to conditions and to time limitations or constraints (90 day to complete permit).
- Issuance of a permit is not authorization to violate public or private restrictions, laws or regulations.
- Failure to comply with applicable construction regulations may result in with holding of future permits and a STOP WORK ORDER.
- I will comply with all the requests and requirements contained within this application to place this mobile home structure.

**Signature:** \_\_\_\_\_  
(Owner or Agent including Contractor)

**Signature:** \_\_\_\_\_  
( Owner/Builder)

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**State of Florida, County of** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means  of physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the contractor, their agent, who is personally known to me or who has produced \_\_\_ Drivers License or \_\_\_\_\_ as identification and who did not take an oath.

Notary Stamp

\_\_\_\_\_  
Signature of Notary Taking Acknowledgement

Application reviewed and approved by \_\_\_\_\_ Permit Officer

# **PERMIT AUTHORIZATION FORM**

**ORIGINAL FORM TO BE SUBMITTED WITH PERMIT APPLICATION**

License Holder: \_\_\_\_\_ License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Additional Contact #: \_\_\_\_\_

I authorize the following individual(s)/agencies to act as my agent in all permitting procedures with the City of LaBelle Building Department.

Authorized Person(s)/Agencies (PLEASE PRINT CLEARLY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is ONLY for:

**Job Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

I understand I remain fully responsible and liable for all construction performed under my license.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**County of** \_\_\_\_\_,

Signed and acknowledged before me by means of  physical presence or  online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. He/she has produced \_\_\_\_\_ as proof of identification or is personally known to me.

Notary Stamp

\_\_\_\_\_  
Notary Signature

**TORQUE TEST AFFIDAVIT**

I, \_\_\_\_\_, have personally performed the Torque Test at the following property location:

\_\_\_\_\_  
Legal Address

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

I have made the following determination as follows:

Torque Value: \_\_\_\_\_ Inch Pounds      \_\_\_\_\_ FT. Anchors

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**PENETROMETER TEST AFFIDAVIT**

I, \_\_\_\_\_, have personally performed the Penetrometer Test at the following property location:

\_\_\_\_\_  
Legal Address

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

I have made the following determination:

Soil load bearing capacity: \_\_\_\_\_, or assumed 1000 PSF. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

1100 OLYMPIA \* CLEWISTON, FLORIDA 33440 \* PHONE (863) 983-1463 \* FAX: (863) 983-1467

**MOBILE/MANUFACTURED HOME INSTALLATION WORKSHEET**

Name of Licensed Dealer/Installer: \_\_\_\_\_ License #: \_\_\_\_\_  
Installation Decal#: \_\_\_\_\_ Manufacturer Name: \_\_\_\_\_  
Roof Zone: \_\_\_\_\_ Wind Zone: \_\_\_\_\_

Number of Sections: \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Year: \_\_\_\_\_ Serial#: \_\_\_\_\_  
Installation Standard Used: (Check One)  Manufacturers Manual or  15C-1

**SITE PREPARATION:**

Debris & Organic Material Removal \_\_\_\_\_ Compacted Fill \_\_\_\_\_  
*Water Drainage:*  Natural  Swale  Pad  Other \_\_\_\_\_

**FOUNDATION:**

Load Bearing Soil Capacity \_\_\_\_\_  Assumed 1000 PSF \_\_\_\_\_

*Footing Type:* Poured in Place \_\_\_\_\_ Portable \_\_\_\_\_ Size & Thickness \_\_\_\_\_

I-Beam OR  Mainrail Piers: Single Tiered \_\_\_\_\_ Double Interlocked \_\_\_\_\_

Size of Piers: \_\_\_\_\_ Placement O/C \_\_\_\_\_ Perimeter Pier Blocking: Size \_\_\_\_\_ Placement O/C \_\_\_\_\_

*Ridge Beam Support Blocking:* Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_

*Ridge Beam Support Footer:* Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_

*Center Line Blocking:* Size \_\_\_\_\_ Number \_\_\_\_\_ Location(s) \_\_\_\_\_

Special Pier Blocking Required: (Fireplace, Bay Window, Etc.)  YES  NO

*Mating of Multiple Units:* Mating Gasket \_\_\_\_\_ Type Used \_\_\_\_\_

*Fasteners:* ROOFS: Type & Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C

ENDWALLS: Type & Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C FLOORS: Type & Size \_\_\_\_\_ Spacing \_\_\_\_\_ O/C

**ANCHORS:**

Type:  3150 Working Load OR  4000 Working Load Height of Unit: \_\_\_\_\_ (Top of Found/Footer to Bottom of Frame)

# of Frame Ties: \_\_\_\_\_ Spacing \_\_\_\_\_ O/C Angle of Strap \_\_\_\_\_ Degrees

# of Over Roof Ties: \_\_\_\_\_ (If Required) # of Sidewall Anchors: \_\_\_\_\_ Zone III \_\_\_\_\_

# of Centerline Anchors \_\_\_\_\_ # of Stabilizer Devices \_\_\_\_\_

# of Vents Required in Skirting (1 SF of vent per each 150 SF of Floor Area): \_\_\_\_\_

Longitudinal System Used

**SUB-CONTRACTORS LIST**

In accordance with Florida Statue 489 and/or City of LaBelle Code of Ordinances, a complete list of all persons contracting work on this project must be identified. These persons must be licensed as contractors, working within the scope of their licenses, unless working under the direct supervision of another licensed contractor, in which his license allows the use. All contractors must be either a state certified or state registered with City of LaBelle, or a hold a City of LaBelle Certificate of Competency as a Specialty Contractor (Same contractor may work in different areas, when scope allows).

**Please identify the following contractors working on this project AND their license #:**

Mobile Home Installer Contractor:	_____	_____
Building / General / Residential:	_____	_____
Air Conditioning/Mechanical:	_____	_____
Plumbing Contractor:	_____	_____
Electrical Contractor:	_____	_____
Aluminum Specialty Contractor:	_____	_____
Concrete / Masonry Contractor:	_____	_____
Excavation (Land Clearing) Contractor:	_____	_____
Fence Contractor:	_____	_____
Other Contractor:	_____	_____
Other Contractor:	_____	_____

If there are any questions as to who should be listed, please call the Building Department. Any person with whom a contract is made to perform construction services should be identified. Copies of signed contracts with names and licenses may be required for permit files.

## **REQUIRED ITEMS FOR MOBILE HOME PERMIT**

All items must be submitted to the Building Department at the time of this request for a permit. An incomplete application will not be accepted and may result in the delay of the construction / project. It is your responsibility to provide written authorization/approval for items requiring approval from Departments outside of the Building Department. It will be your responsibility to provide plans or specifications to these agencies, for their review and approval **PRIOR TO PERMITTING:**

1. Documentation of ownership as recorded in public records. Documentation may be a tax bill, or recorded deed (warranty, mortgage or recorded contract for deed). Note: If you are not the owner, as identified by public records, you must obtain written permission to make improvements. Mobile homes require the use of individual parcels, per unit unless permitted through a special exception by the City of LaBelle City Commission as a mobile home park.
2. Sewer connection and/or design authorization or approval of existing septic tank, new septic tank, (From City of LaBelle Public Works Department or Hendry County Environmental Health Unit).
3. Written authorization for the potable water connection to the local utility.
4. Zoning approval (if changes will be required from current classified or existing use) from the City of LaBelle Zoning Department.
5. Approval of driveway location and construction from the City of LaBelle Public Works Department. Please contact the Superintendent of Public Works at (863) 675-2872 for questions.
6. Prior to receiving permits from the building, licensing and code enforcement department, customers must provide proof to the special districts office that accounts have been established with contractor to provide services for solid waste, sludge and recyclable materials (As per City of LaBelle Code of Ordinances. A copy of this proof must also be submitted to the Building Department.
7. Site shall be kept clean at all times (to prevent debris from being blown throughout the area). A portable sanitary outlet (Example: Porta-John) will also be required on the job-site. Also must provide documentation of enrolling in mandatory trash pick-up.
8. A list of sub-contractors shall also be submitted at time of permitting. Any changes in sub-contractors will be immediately forwarded to City of LaBelle Building Department to ensure compliance with current licensure requirements. Sub-contractors are not permitted to work on this job unless properly licensed to perform the activities tasked to them. Must complete and return the attached Sub-Contractor sheet.
9. A boundary survey. Owner must locate all markers and stake property prior to first inspection. Survey shall show all easements and Flood Zone. (Engineered scale) Applies to all permits. (required to establish and verify flood zone and property corners for setbacks).
10. Site plan (2 copies) must show the following information within the submitted plans:
  - a. All existing structures. Also show proposed placement of mobile home;
  - b. Indicate all proposed or existing ponds, drainage systems, or retention ponds;
  - c. Identify the points of the compass, utilities, demolition;
  - d. Indicate names and locations of adjacent county, city and/or state or federal road systems. Indicate connections to these roads.
11. Manufacturer's and set-up plans (2 copies) to scale. Showing the following minimum information:
  - a. Floor plan with rooms named and dimensions shown for each floor level;
  - b. A copy of the data plate with identical information, as affixed to the mobile home;
  - c. Penetrometer results, identifying the soil bearing results;
  - d. Specific information identifying the method of set-up, per the Manufacturer's Manual.
  - e. Verification of Wind Zone III construction. Per Florida regulations, only Wind Zone III units may be installed within the City of LaBelle unless written authorization has been provided from DMV.

***NOTE: THESE ARE MINIMUM REQUIREMENTS. You should copy the completed permit application for your files prior to applying with the City of LaBelle Building Department.***



## MOBILE/MANUFACTURED HOME PERMIT CHECKLIST

- \_\_\_\_\_ 1. Documentation of ownership as **recorded** in public records?
- \_\_\_\_\_ 2. Written authorization for the potable water connection to the local utility?
- \_\_\_\_\_ 3. Are there any unique and /or special zoning regulations that will require the zoning department to approve this use? Is the use a conforming use to City of LaBelle Land Development Code?
- \_\_\_\_\_ 4. Driveway connection approval or construction authorization permit from City of LaBelle if required?
- \_\_\_\_\_ 5. Copy of a signed agreement or contractor for the removal of all construction debris or sludge from this project? Have you arranged to have a portable toilet provided, in the absence of other accessible sanitary facilities?
- \_\_\_\_\_ 6. Have you completed the list of sub-contractors? All applicable lines must be identified, even if provided by same contractor.
- \_\_\_\_\_ 7. Boundary survey with Flood Zone information with the application, signed and sealed by a Florida licensed surveyor or engineer.
- \_\_\_\_\_ 8. Does your site plan (2 copies) contain the following minimum information?
  - i. All existing structures with overall dimensions;
  - ii. Indicate all proposed or existing ponds, drainage systems, or retention ponds, utilities, demolition;
  - iii. Identify the points of the compass;
  - iv. Indicate names and locations of adjacent county, city and/or state or federal road systems. Indicate connections to these roads.
- \_\_\_\_\_ 9. Set-up information: pentrometer test sheet, foundation plan, setup manual (page) sheet, data plate sheet, floor plan and data plate with v.i.n. and compliance for wind zone III.
- \_\_\_\_\_ 10. Complete and signed contract.
- \_\_\_\_\_ 11. Signed affidavit for the removal of the replacement unit.