



Citrus County Building Division

3600 W Sovereign Path

Lecanto, FL 34461

P: 352-527-5310 Permit@citrusbocc.com

Manufactured/Mobile Home Installation Information

Date: _____ Building Permit # _____

Site Address: _____
Street City State Zip

Manufacturer's Name: _____

Date Manufactured: _____

Model: _____ Year: _____ Serial Number: _____

Wind Zone Design of M/H: _____ Number of Sections: _____ Width: _____ Length: _____

Site Preparations Information:

Debris and organic material removal _____ compacted fill _____ **Mfg. Manual Pg.** pg. # _____

Water drainage: natural _____ swale _____ pad _____ other _____ pg. # _____

Foundation Information:

Soil load bearing capacity: _____ (or assumed 1000 psf) pg. # _____

Footing type: poured in place _____ portable _____ pg. # _____

Footing size and thickness: _____

I-beam or main rail piers: single tiered _____ double interlocked _____ pg. # _____

Size of piers: _____ placement: _____ o.c. pg. # _____

Perimeter blocking size: _____ placement: _____ o.c. pg. # _____

Ridge beam/center line support blocking: size/#: _____ pg. # _____

Ridge beam support footer: size _____ number _____ pg. # _____

Special pier blocking required: (fireplace, bay window, etc) yes/no _____ pg. # _____

Fasteners:

Roofs: type and size _____ spacing _____ o/c pg. # _____

End walls: type and size _____ spacing _____ o/c pg. # _____

Floors: type and size _____ spacing _____ o/c pg. # _____

Mating of multiple units: mating gasket _____ type used _____ pg. # _____

Anchoring:

Test probe torque value _____ (275 in. lbs. or less = 5 ft. anchor)

Anchors: type: 4725 ultimate load _____ 6000 ultimate load _____ pg. # _____

Height of unit: (top of foundation or footer to bottom of frame) _____ pg. # _____

Number of frame ties: _____ (each beam) spacing: _____ o/c pg. # _____

Number of sidewall/over roof anchors: _____ pg. # _____

Number of centerline anchors: _____ number of stabilizer devices: _____

Number of end wall anchors: _____ pg. # _____

Vents and Access are required for solid skirting: (1 s.f. per 150 s.f. of floor area)

Number of vents: _____ Size of vents: _____ Size of access: _____ pg. # _____

I certify that the information provided above meets the minimum requirements of Rule 15C-1.

Installer's License # _____ Installer's Name: _____ (Print)

Installer's Signature: _____