



Mobile Home Permit Worksheet

Installer: _____

License # _____

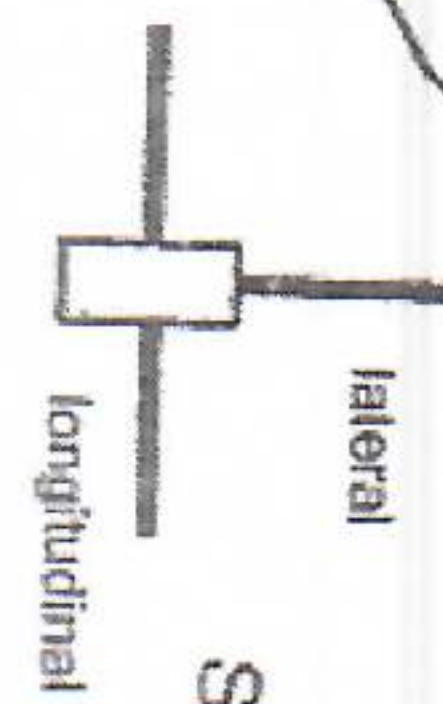
Address of home being installed

SW Ontario Terr
Fort White 3A038

Manufacturer AWCO Destiny Length x width 28x56bx

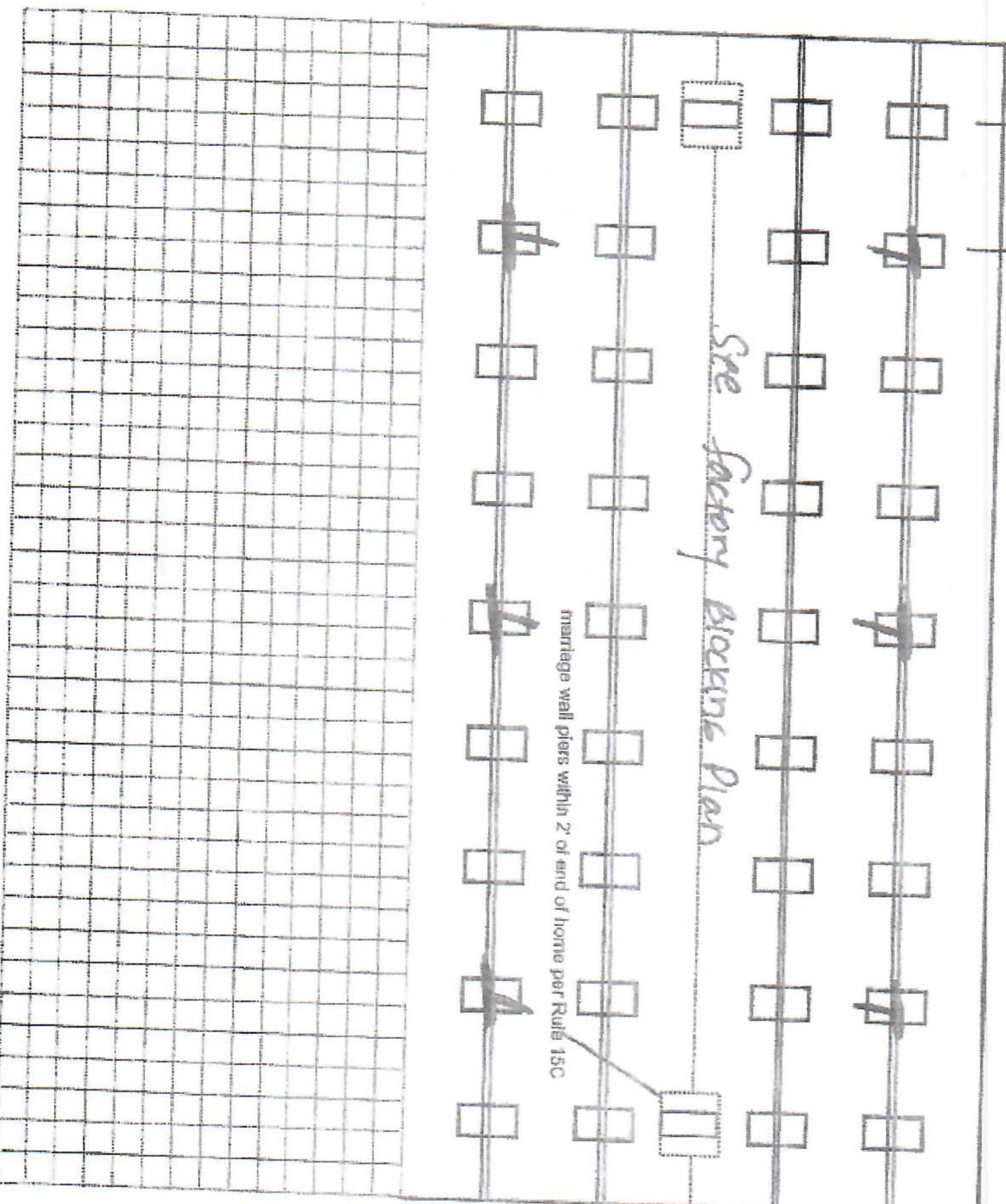
NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad wide sketch in remainder of home. I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

Installer's initials ef



Permit Number: _____

Date: _____

New Home Used Home

Home installed to the Manufacturer's Installation Manual
Home is installed in accordance with Rule 15-C

Single wide Wind Zone II Wind Zone III
Double wide Installation Decal # 128934
Triple/Quad Serial # AW2906A26-1514AB

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'		4'	5'	6'	7'	8'
1500 psf	4'6"		6'	7'	8'	8'	8'
2000 psf	6'		8'	8'	8'	8'	8'
2500 psf	7'6"		8'	8'	8'	8'	8'
3000 psf	8'		8'	8'	8'	8'	8'
3500 psf	8'		8'	8'	8'	8'	8'

PIER PAD SIZES

I-beam pier pad size 23.5x31.5

Perimeter pier pad size or 17.5x25.5
Oliver 1055-11 outrigger on doors windows
(required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening _____ Pier pad size _____

See factory Blocking Plan

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) _____
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms _____
Manufacturer Oliver 1101V

OTHER TIES

Sidewall _____ Number _____
Longitudinal Marriage Wall _____
Shear Wall _____

ANCHORS

FRAME TIES

within 2' of end of home spaced at 5' 4" oc



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POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil without testing.

X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is _____ inch pounds or check here if you are declaring 5' anchors without testing Assumed. A test showing 275 inch pounds or less will require 5' anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. 1 understand 5' anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

Installer's initials _____

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Kyle Johnson

Date Tested Assumed Oliver 10/1/25 uses 4 5' anchors

ELECTRICAL

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

PLUMBING

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

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Date: _____

Site Preparation

Debris and organic material removed Swale Pad Other _____

Fastening multi wide units

Floor- Type Fastener:	<u>1495</u>	Length:	<u>7</u>	Spacing:	<u>20</u>
Walls- Type Fastener:	<u>1495</u>	Length:	<u>4</u>	Spacing:	<u>10</u>
Roof- Type Fastener:	<u>1495</u>	Length:	<u>7</u>	Spacing:	<u>20</u>

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials KJ

Type gasket: Factory

Installed: _____

Between Floors: _____ Yes

Between Walls: _____ Yes

Bottom of ridge beam: _____ Yes

Weatherproofing

The bottom board will be repaired and/or taped. _____ Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. _____ Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. _____ Yes _____

Miscellaneous

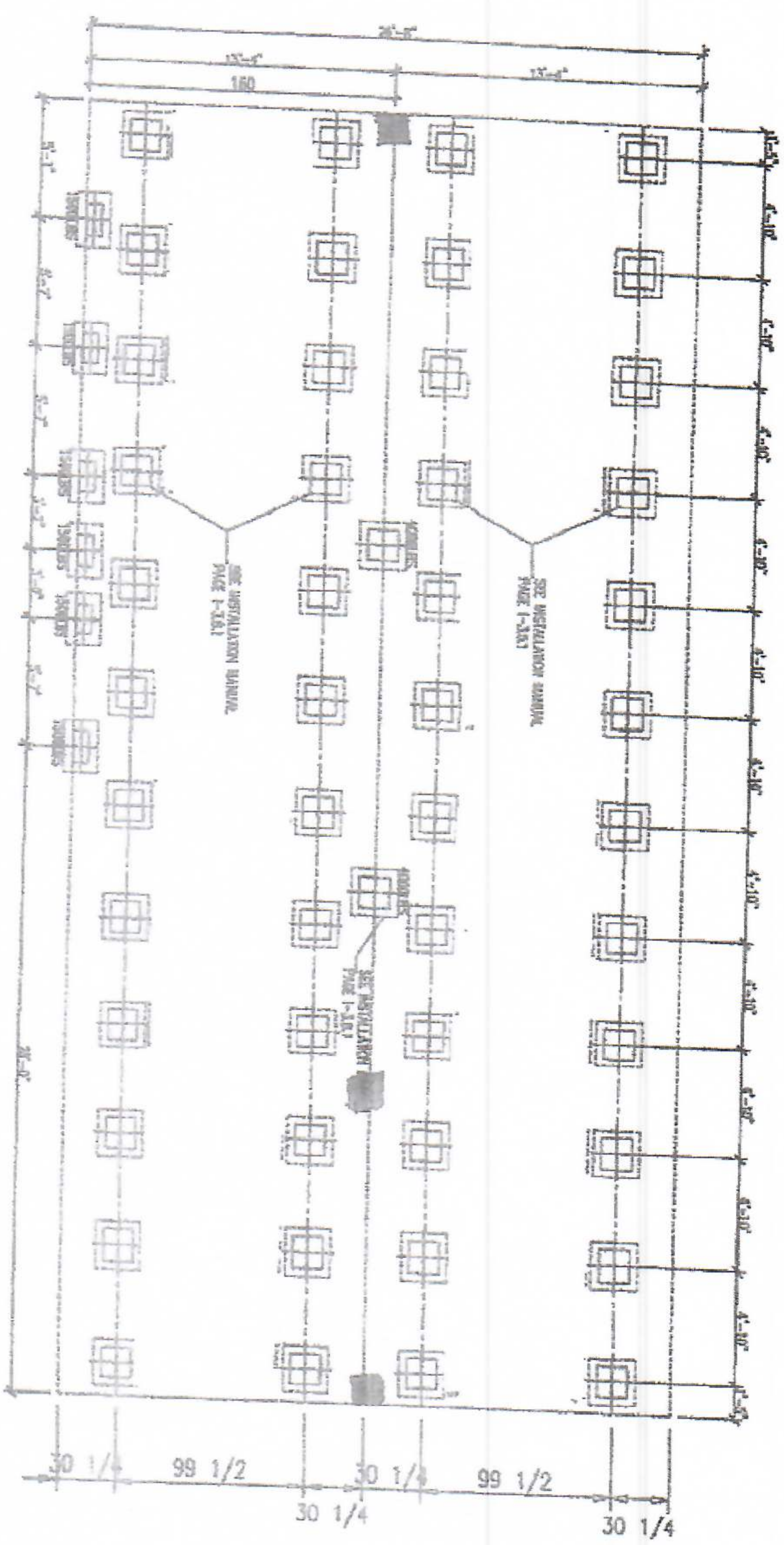
Skirting to be installed.	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A _____
Dryer vent installed outside of skirting.	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A _____
Range downflow vent installed outside of skirting.	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A _____
Drain lines supported at 4' intervals.	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A _____
Electrical crossovers protected.	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A _____
Other:	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer's Signature Kyle Johnson

Date _____

SOIL BEARING LOAD 1000LBS
 1500LBS=16"x16" ABS FOOTER
 3000LBS=17.5"x25.5" ABS FOOTER



NOTE: SEE 1-3.2
 INSTALLATION MANUAL

PAD SIZE (SQ. FT.)	PAD AREA (SQ. FT.)	ANNUAL SPAN BETWEEN PERS UNDER I-BEAMS (FEET)			MINIMUM CLEAR SPAN FOR MAIN LINE SUPPORTS (FEET)			ONE PAD 1000 PSF 1500 PSF 2000 PSF	ONE PAD 3000 PSF	TOTAL AREA (SQ. FT.)	TOTAL CAPACITY (LBS)
		SINGLE BAY	DOUBLE BAY	TRIPLE BAY	SINGLE BAY	DOUBLE BAY	TRIPLE BAY				
16'x16.5"	263	1.30	2.60	3.90	1.30	2.60	3.90	1,000	1,500	2,000	2,630
17.5"x25.5"	448	1.30	2.60	3.90	1.30	2.60	3.90	1,500	2,000	3,000	4,480
21'x29"	609	1.30	2.60	3.90	1.30	2.60	3.90	2,000	3,000	4,000	6,090
24'x32"	768	1.30	2.60	3.90	1.30	2.60	3.90	3,000	4,000	5,000	7,680
16'x16.5"	263	1.30	2.60	3.90	1.30	2.60	3.90	1,000	1,500	2,000	2,630
17.5"x25.5"	448	1.30	2.60	3.90	1.30	2.60	3.90	1,500	2,000	3,000	4,480
21'x29"	609	1.30	2.60	3.90	1.30	2.60	3.90	2,000	3,000	4,000	6,090
24'x32"	768	1.30	2.60	3.90	1.30	2.60	3.90	3,000	4,000	5,000	7,680
16'x16.5"	263	1.30	2.60	3.90	1.30	2.60	3.90	1,000	1,500	2,000	2,630
17.5"x25.5"	448	1.30	2.60	3.90	1.30	2.60	3.90	1,500	2,000	3,000	4,480
21'x29"	609	1.30	2.60	3.90	1.30	2.60	3.90	2,000	3,000	4,000	6,090
24'x32"	768	1.30	2.60	3.90	1.30	2.60	3.90	3,000	4,000	5,000	7,680



ABS FOUNDATION PLAN

DESIGNER	DATE	PROJECT	GENERAL NO.
RYAN GOLDEN	10/06/2023	LIFESTYLE	DES2900A23-132B9AB
CLIENT	SHEET		MODEL NO.
RYAN GOLDEN	1-C17		2901.Y28563A
			SQ. FT.
			149333 SQ. FT.

1. THE ABS PADS MUST BE INSTALLED PER OLIVER TECHNOLOGIES INSTALLATION INSTRUCTIONS.
 2. THE PER LOADS APPLIED TO THE ABS PADS MAY NOT EXCEED THE VALUES LISTED IN THE CHART BELOW.
 3. THE ABS PADS MAY BE USED TO SUPPORT A CONTINUOUS FOUNDATION WALL. THE PADS MAY ONLY BE USED FOR SPANDED FOUNDATION PERS.
 4. ABS PADS MAY BE DOWNED TO COVER A LARGER AREA, IN THIS CASE THE MAX. ALLOWABLE LOADS WOULD BE COMPARED AS WELL.
 5. IF THE REQUIREMENTS OF TESTING AND INSTALLATION FROM OLIVER TECHNOLOGIES WITH THE REQUIREMENTS OF THE OLIVER TECHNOLOGIES INSTALLATIONS BE MORE STRINGENT REG. SHALL BE USED.

THE LETTER SHALL VERIFY THE ABS FOUNDATION PADS MANUFACTURED BY OLIVER TECHNOLOGIES, INC. MAY BE USED IN THE LAY OF POURED CONCRETE FOOTINGS AS A SUPPORT FOR SINGLE & DOUBLE SPANDED FOUNDATION PERS. PROVIDED THE FOLLOWING CRITERIA ARE MET:

License Number: IH / 1126657 / 1 Name: KYLE JOHNSON

Order #: 6984	Label #: 128934	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
City/State/Zip:		Type Longitudinal System:	Triple _____
Phone #:		Type Lateral Arm System:	HUD Label #:
Date Installed:		New Home: _____ Used Home: _____	Soil Bearing / PSF:
Installed Wind Zone:		Data Plate Wind Zone:	Torque Probe / in-lbs:
Note:			Permit #:

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

128934

LABEL #	DATE OF INSTALLATION
KYLE JOHNSON	
NAME	
IH / 1126657 / 1	6984
LICENSE #	ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.