

PERMIT WORKSHEET

page 1 of 2

PERMIT NUMBER

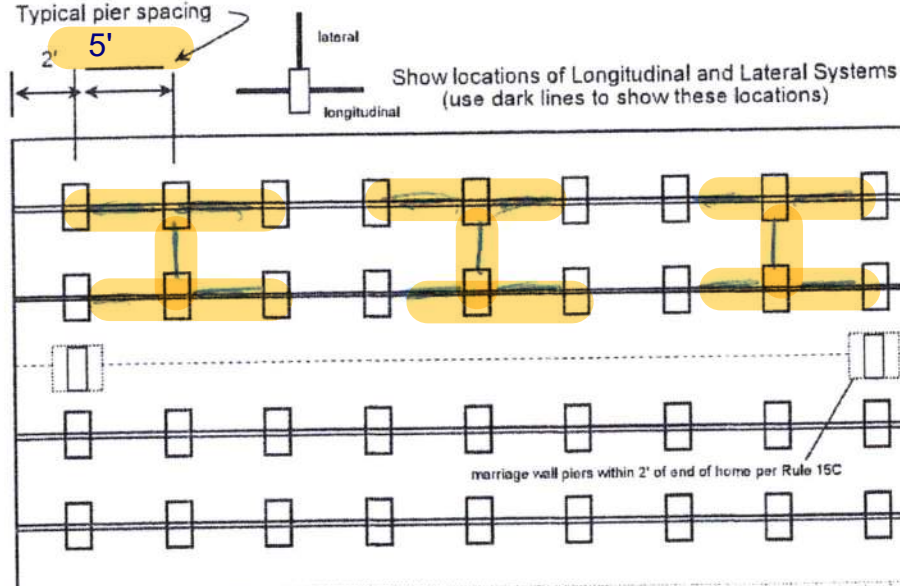
Installer Brent Strickland License # IH 1104218
 Installer Mobile Phone # 386-365-7043
 Address of home being installed 174 SW CR 242A Lot 2
Lakeland, FL 32025
 Manufacturer Homette Corp. Length x width 60x14

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.

Installer's initials BS

Typical pier spacing



Anthony Islam

10-17-2022

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 # 93828

Triple/Quad ☐ Serial # 3361-10944

Roof System: ☒ Typical ☐ Hinged

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16' x 16' (256)	18 1/2' x 18 1/2' (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'	9'	10'
2000 psf		6'	8'	9'	10'	11'	12'
2500 psf		7' 6"	9'	10'	11'	12'	13'
3000 psf		8'	10'	11'	12'	13'	14'
3500 psf		8'	10'	11'	12'	13'	14'

* Interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

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

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)

Manufacturer _____

Longitudinal Stabilizing Device w/ Lateral Arms

Manufacturer DRIVER HOLD

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☒ 5 ft _____

FRAME TIES

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

OTHER TIES

Number
 Sidewall 20
 Longitudinal 4
 Marriage wall 8
 Shearwall 9

PERMIT NUMBER

POCKET PENETROMETER TEST

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

X 1000X 1000X 1000

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 1000X 1000X 1000

TORQUE PROBE TEST

The results of the torque probe test is 290 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

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

BS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Drent Strickland

Date Tested

10/11/2022

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. 39

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 29

Site Preparation

Debris and organic material removed ☒
Water drainage: Natural Swale Pad Other

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
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 _____

Type gasket
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard 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 ☒ No _____
Dryer vent installed outside of skirting. Yes _____ N/A ☒
Range downflow vent installed outside of skirting. Yes _____ N/A ☒
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes ☒
Other: _____

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 Signature

Drent Strickland

Date

10/11/2022

Stackland
Proposed

56'

784 SQ

14'




10/11/22



Manufacturer Data Report

State of Florida
Department of Highway Safety & Motor Vehicles
Division of Motor Vehicles

Neil Kirkman Building, 2900 Apalachee Parkway, (Room A 130) Tallahassee, FL 32301

HUID LABEL # **FLA- 420595**M.H. ID # **3361-1094Y**DATE MANUFACTURED **3/3/89**MODEL # **BSP-4309A** YEAR **89**MFR. NAME **HOMETTE CORPORATION**ADDRESS **P. O. Box 2648
Ocala, Florida 32678**

City State Zip

DESTINATION (State) **Florida** ☒ Single ☐ Double ☐ TripleSIZE **60X14** Unit A Unit B Unit C☐ EXCLUDE HITCH ☒ INCLUDE HITCHDEALER'S NAME **Wilson Mobile Home Sales**ADDRESS **PO Box 428****Trenton, FL 32693**

City State Zip

DAPIA NAME **Underwriter's Laboratories**ADDRESS **333 Pfingsten Road****Northbrook, Illinois 60062**

City State Zip

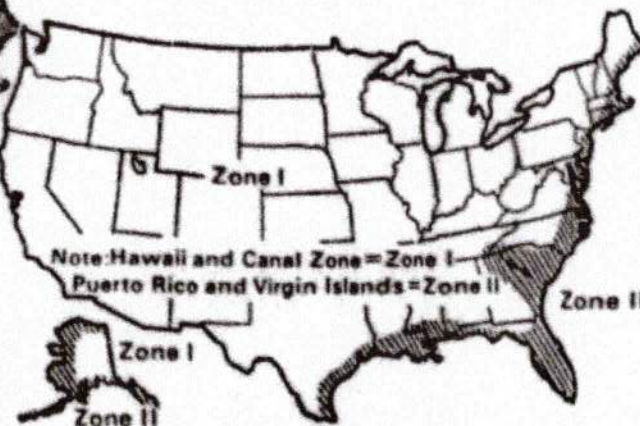
STRUCTURAL DESIGN BASIS CERTIFICATE



Roof Load

☐ North 40 PSF☒ South 20 PSF☐ Zone I 15 PSF Horizontal & 9 PSF Uplift☐ Middle 30 PSF☐ Other _____☐ Other _____

Wind Load

☒ Zone II (Hurricane) 25 PSF Horizontal & 15 PSF Uplift

HEATING AND COOLING DESIGN BASIS CERTIFICATE



Design Winter Climate Zone

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic

☒ ZONE I ☐ ZONE II ☐ ZONE III

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of **-33° F**.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2 %) is not higher than **-2° F**.

The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.

The supply air distribution system installed in this home is sized:

☒ Not designed for A/C ☐ A/C Ready ☐ A/C Installed

Equipment	Manufacturer	Model Designation	Equipment	Manufacturer	Model Designation
Air Conditioning (____ BTU/hr.)	None installed		Clothes Washer	None	
Comfort Heating (____ BTU/hr.)	Coleman	7956A-856	Clothes Dryer	None	
Cooking Range	Magic Chef	31FA7	Dishwasher	None	
Built-In Oven	None		Food Waste	None	
Counter-Top Cooking Unit	None		Water Heater	State	SCI-201BT6K
Refrigerator	G. E.	TBF14SJ	Smoke Detector	BRK	2839ACW1

Manufacturer shall provide the minimum BTU requirements for heating and cooling or the "U" factors as designated below.

Walls (with shut windows & doors)	"U" = 0.099	Floors	"U" = 0.132	Air ducts installed outside the home	"U" = none
Ceilings & roofs of light color	"U" = 0.090	Air ducts in floor	"U" = 0.132	Heat transfer area to outside of home from air ducts	
Ceilings & roofs of dark color	"U" = 0.087	Air ducts in ceiling	"U" = none	Located: Inside Home Sq Ft _____ Outside Home Sq Ft = none	

This mobile home is designed to comply with the Federal Mobile Home Construction and Safety Standards in force at the time of manufacture.

SIGNED

Authorized Representative of Manufacturer

Vaughn Houseworth - Div. Mgr.

Type or Print Name

3/31/89

Date

APR 12 1989

** FOR TALLAHASSEE CENTRAL OFFICE USE ONLY **

RED TAG # _____ DISTRICT _____
COMPLAINANT'S NAME _____
ADDRESS _____ City _____ State _____ Zip _____
DISTRICT _____