

HOLMES COUNTY BUILDING DEPARTMENT

107 E Virginia Ave, Bonifay, FL 32425

Building Official

Telephone: 850-547-1110 Fax: 850-547-4134

Mike Gordon

MOBILE HOME SET UP PERMIT APPLICATION

DATE: _____ POWER COMPANY: _____ PROPOSED USE: _____

OWNER'S NAME: _____ PHONE # _____ CELL # _____

ADDRESS: _____ CITY, STATE, ZIP: _____

MOBILE HOME INSTALLER: _____ PHONE # _____ CELL # _____

ELECTRICIAN: _____ SERVICE SIZE: _____ PHONE #: _____

MECHANICAL: _____ CONTRACT AMOUNT: _____ PHONE #: _____

DIRECTIONS TO PROPERTY: _____

PARCEL ID # _____ ACRES: _____ ZONE OF MOBILE HOME: _____

WATER/WELL PROVIDER: _____ CITY SEWAGE/ SEPTIC TANK # _____ FLOOD ZONE: _____

NOTICE!!! The Holmes County Building Dept. **DOES NOT** have the authority to enforce deed restrictions or covenants. You are advised to check for any restrictions that may affect your property.

******* I Certify that the information stated on this application is true and correct. Work will be done in compliance with Florida Mobile Home Set Up Regulations and National Electrical Code. Failure to comply may result in a Stop Work Order for the construction and / or Electrical Disconnection.

Signature of Owner or Agent

DATE : _____

Sworn To and Subscribed Before Me

By: _____

Who is Personally Known or Has Produced

As Identification and who Did / Did Not Take an Oath

This: _____ Day Of _____ 20 _____

Notary Signature: _____

Commission Expiration: _____

SEAL:

Signature of Contractor

DATE: _____

Sworn To and Subscribed Before Me

By: _____

Who is Personally Known or Has Produced

As Identification and Who Did /Did Not Take an Oath

This: _____ Day Of _____ 20 _____

Notary Signature: _____

Commission Expiration: _____

SEAL:

FOR OFFICE USE ONLY

BLDG. FEE: _____ PLAN REVIEW: _____ SUR CHG: _____

Elec. : _____ Sur-Chg.: _____ Mech. : _____ Sur-Chg. _____

Plumbing: _____ Sur chg. _____ Gas: _____ Sur Chg. _____

Roofing: _____ Sur Chg. _____ Other: _____ Sur Chg. _____

Total Charges: _____

On File: Septic: _____ Driveway: _____ Legal: _____ 911: _____ Discl: _____

Not. Comm: _____ Elev. Cert. _____ Landowner Affid: _____ Plans: _____

License Contractor on File : _____ Other: _____

Application is hereby made to obtain a permit to do the work as indicated. I certify that no work or installation has commenced prior to the issuance of this permit and all work will be performed to meet the Florida Building Code & National Electrical Code. Sub permits must be secured for Elec. Mech. Plumbing, Gas, Roofing.

County Setback Ordinance # 88-02 Applicable To All Buildings.
15' Front & Back 10' Each Side

Permit # _____

Applicant Name: _____

