



# HOLMES COUNTY

## Building Department

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### MOBILE HOME SET UP PERMIT REQUIREMENTS

The following are guidelines set forth by the state of Florida and/or the Holmes County Board of County Commissioners for policies and procedures prior to obtaining permits for construction.

- Land Development Approval:** (In the Building Department) 850.547.1119
- 911 Address:** Verification Required. (911 office) 850.547.1112
- Septic Tank Permit:** (Health Dept.) 850.547.8500 option 4. (take copy of plans)
- Driveway Permit:**
  - **County Roads:** (Holmes County Road Department) 850.547.1408
  - **State Roads:** Hwy 79, 90, 81, 2 – (Florida Dept. of Transportation) 850.836.5790
- Florida Energy Form**
- Legal Description of Property/Deed:** (Property Appraiser Office) 850.547.1113
  - Website: [www.qpublic.net](http://www.qpublic.net)
- An elevation certificate:** Any mobile home on property located in a flood zone. (From a licensed surveyor).
- Blocking Plan** from a State Licensed Mobile Home installer, detailing mobile home set up. (Homeowners can not set up their mobile home)
- Notarized authorization form** from the mobile home installer if he mobile home owner is pulling the mobile home permit.
- Notarized Affidavit** from the land owner, if the mobile home owner is setting up a mobile home on someone else's property.
- If constructing within city limits** a letter is required from them for city compliance.
  - Please call:
    - **Bonifay:** 850-547-4238
    - **Esto:** 850-263-6521
    - **Noma:** 850-263- 3449
    - **Ponce De Leon:** 850-836-4361
    - **Westville:** 850-548-5858

- \* Mobile Home set ups are regulated by the Division of Highway Safety & Motor Vehicles.
- \* Electrical requirements are from the National Electrical Code.

**Inspections:** No inspections will be made prior to the issuance of a building permit. A 24 hour notice is required prior to each inspection. Permit becomes void if no inspection is called for within six months. Any construction commenced prior to being permitted will be subject to double fees. (Florida Building Code)

**Set-back guidelines:** County Ord. #88-02 requires all construction in Holmes County:

- Minimum of at least 15 feet from the front & rear property lines.
- Minimum of at least 10 feet from either side of the property lines.
- \* This includes septic tanks, all additions, and storage buildings.

**Note:** Only Zone II or Zone III Mobile Homes with Hud labels are allowed to be set up in Holmes County. All mobile homes must be skirted, as per LDR 5.06.02.

**Fees:** Mobile Home Set Up: \$104.00 Electrical (200amp service): \$49.00  
Mechanical (Air Condition) to be pulled by licensed contractor.



# HOLMES COUNTY

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### MOBILE HOME SET UP PERMIT APPLICATION

OWNER INFORMATION	MOBIEL HOME INSTALLER INFORMATION
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____	Name: _____ Phone: _____ Cell: _____ Contact Person: _____
ELECTRICIAN INFORMATION	UTILITIES + LAND INFORMATION
Name: _____ Service Size: _____ Phone: _____  Mechanical: _____ Contract Amount: _____ Phone: _____	Power: _____ Proposed Use: _____ Water/Well: _____ City Sewage/Septic Tank: _____ Parcel ID No: _____ Acres: _____ Flood Zone: _____ Mobile Home Zone: _____
Directions to Property: _____	
<b>NOTICE:</b> THE HOLMES COUNTY BUILDING DEPARTMENT <i>DOES NOT</i> HAVE THE AUTHORITY TO ENFORCE DEED RESTRICTIONS FOR COVENANTS. YOU ARE ADVISED TO CHECK FOR ANY RESTRICTIONS THAT MAY AFFECT YOUR PROPERTY.	
<b>BUILDING DEPARTMENT USE ONLY</b>	
Building Fee \$ _____ Plan Review Deposit \$ _____ Surcharge \$ _____  <b>ON FILE:</b> <input type="checkbox"/> Septic <input type="checkbox"/> Driveway <input type="checkbox"/> Legal <input type="checkbox"/> 911 <input type="checkbox"/> Elevation Certification <input type="checkbox"/> Landowner Affidavit <input type="checkbox"/> Plans <input type="checkbox"/> License Contractor <input type="checkbox"/> Other	<b>REVIEWED FOR CODE COMPLIANCE</b>
<b>PERMIT #:</b> _____ <b>APPLICANT NAME:</b> _____	<b>TOTAL FEE</b> \$ _____
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 and National Electric Code. Separate permits must be secured for Electrical, Mechanical, Plumbing, Gas and Roofing. <div style="text-align: right;"><b>Setback County Ordinance #88-02. 15' Front &amp; 10' Either Side</b></div>	

**OWNER AFFIDAVIT:** I certify that the information stated on this application is true and correct. Work will be done in compliance with Florida Building Code/National Electric Code, County Ordinances and Zoning Laws. Failure to comply may result in a Stop Work Order for the construction and/ or electrical disconnect.

Print Name	Signature of Owner/Agent	Print Name	Signature of Contractor
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**State of Florida**  
 County of \_\_\_\_\_  
 Sworn to, subscribed and acknowledged before me by means of physical presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_  
 who  is personally known to me *or*  produced Identification \_\_\_\_\_  
 Signature of Notary \_\_\_\_\_  
**SEAL:**

**State of Florida**  
 County of \_\_\_\_\_  
 Sworn to, subscribed and acknowledged before me by means of physical presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_  
 who  is personally known to me *or*  produced Identification \_\_\_\_\_  
 Signature of Notary \_\_\_\_\_  
**SEAL:**



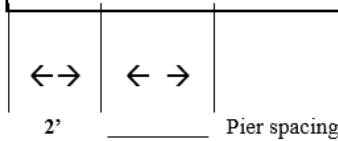
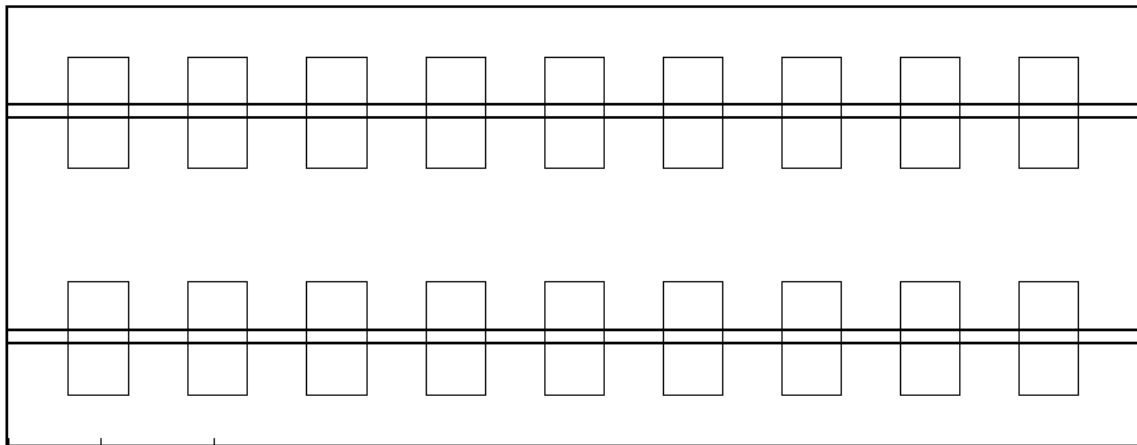
# HOLMES COUNTY

## Building Department

### BLOCKING PLAN

<b>BLOCKING PLAN</b>	Mobile Home Size: _____ <input type="checkbox"/> New <input type="checkbox"/> Used
	Zone of Mobile Home: <input checked="" type="checkbox"/> I (Not allowed in the state of Florida) <input type="checkbox"/> II <input type="checkbox"/> III
	Manufacturer: _____
	Length x Width: _____

**TYPICAL SINGLE WIDE BLOCKING PLAN**

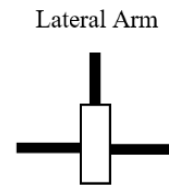


**Pocket Penetrometer Test**

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

Pocket Penetrometer Test Results:	
Soil Torque Probe Test Results:	
Anchor Length:	
I-Beam Pier Pad Size:	
Perimeter Pier Pad Size:	

Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.



Longitudinal Stabilizing Devices

**OTHER INFORMATION:**

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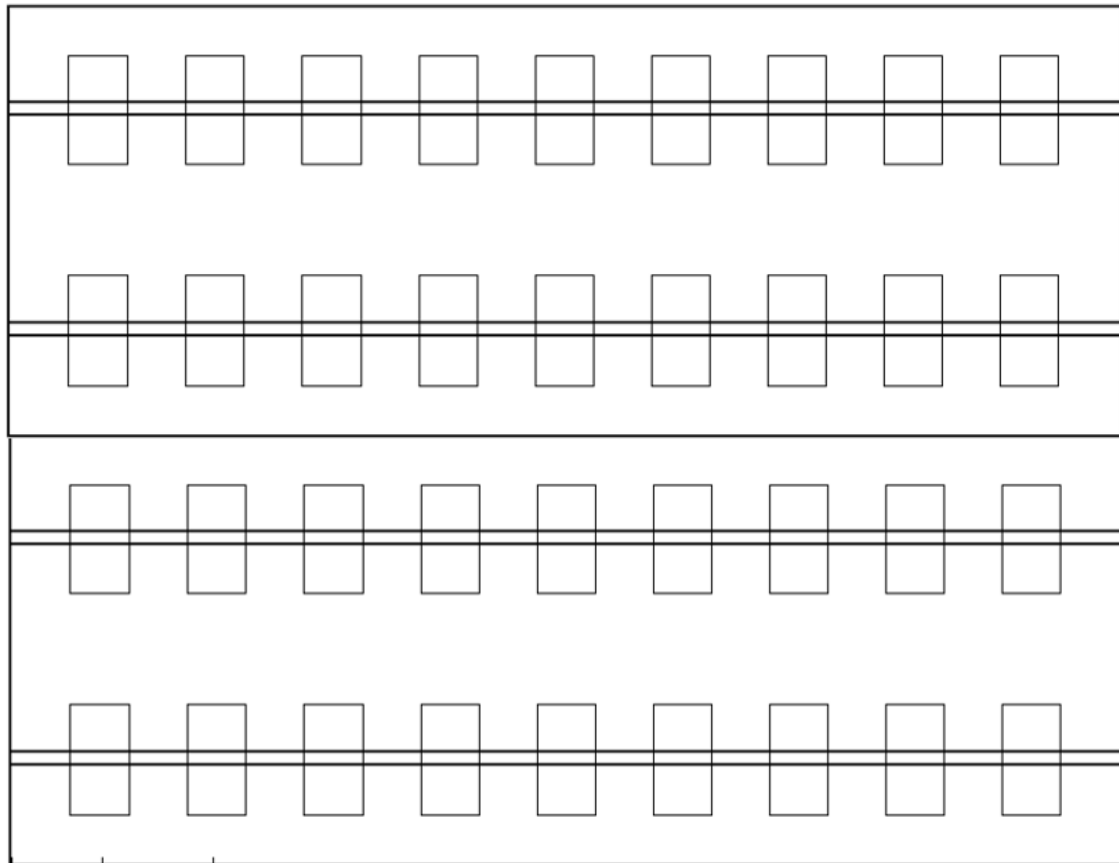
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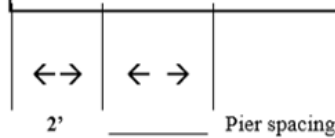
# HOLMES COUNTY

## Building Department

### TYPICAL DOUBLE WIDE BLOCKING PLAN



**Marriage Wall**  
The location of these piers will vary with each floor plan.

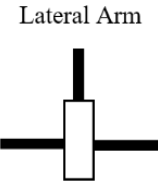


**Pocket Penetrometer Test**

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

Soil Bearing:		
Soil Torque Probe Test Results:		
Anchor Length:		
I-Beam Pier Pad Size:		
Perimeter Pier Pad Size:		
Marriage wall pier pad size – outline pad locations on the centerline and show sizes below.		
1.		4.
2.		5.
3.		6.

Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.



**OTHER INFORMATION:**

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Longitudinal Stabilizing Devices



# HOLMES COUNTY

## Building Department

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### AUTHORIZATION FORM FOR PERMIT APPLICATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Be advised \_\_\_\_\_ has my permission to apply for a Permit, on my property located at \_\_\_\_\_, Florida, providing that they comply with all current regulations and The Florida Building Code and National Electric Code.

\_\_\_\_\_  
Print Name / Signature of Landowner

**State of Florida**

County of \_\_\_\_\_  
Sworn to, subscribed and acknowledged before me by means of physical presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who  is personally known to me *or*  produced Identification \_\_\_\_\_.

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

SEAL:



# HOLMES COUNTY

## Building Department

### MOBILE HOME PERMIT AUTHORIZATION FORM

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I, \_\_\_\_\_, authorize the following property owner  
\_\_\_\_\_ to obtain the County Mobile Home Permit. I have  
attached a copy of my State Mobile Home Installer's License. This authorization is good only for said mobile home  
below:

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Size: \_\_\_\_\_ x \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Signature of Mobile Home Installer

\_\_\_\_\_  
State License Number

**State of Florida**

County of \_\_\_\_\_

Sworn to, subscribed and acknowledged before me by

means of physical presence on this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_

who  is personally known to me *or*  produced

Identification \_\_\_\_\_.

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

SEAL:



# HOLMES COUNTY

## Building Department

### ELECTRICAL / SECURITY ALARM PERMIT APPLICATION

Please check permit type and fill in any required information.  
 Building Permits must have been issued before a sub-permit will be issued.

#### CONTACT INFORMATION

Property Owner's Name: \_\_\_\_\_  
 Address of Job: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_

<b>ELECTRICAL</b>	<input type="checkbox"/> Service Upgrade	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
	<input type="checkbox"/> Service Repair	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
	<input type="checkbox"/> Temporary Construction Pole	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	AMPS:
	<input type="checkbox"/> Private Pool (Serves 4 or less living units)	No. residential units pool serves:		
	<input type="checkbox"/> Public Pool			
	<input type="checkbox"/> Pool Lift Grounding			
	<input type="checkbox"/> Mobile Home Pole	<b>Set-up Permit required to have been issued</b>		
	<input type="checkbox"/> Miscellaneous Service Pole	<b>Describe purpose:</b>		
	<input type="checkbox"/> Commercial Electrical	<b>Job cost:</b>		
	<input type="checkbox"/> New Residential Electrical			
	<input type="checkbox"/> Additions to Existing Dwellings without Service Change	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<b>Square Footage:</b>
	<b>Power Company:</b> _____			

<b>SECURITY ALARM</b>	<input type="checkbox"/> Residential	# Of Outlets _____
	<input type="checkbox"/> Commercial	Job Cost: _____

Application is hereby made to obtain a permit to do the work and installation 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, SIGNS, POOLS, AIR CONDITIONERS etc. NOTE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material face in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Owner/Contractor** **Date**



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### ELECTRICAL AFFIDAVIT

Property Owner Use Only

I, \_\_\_\_\_ do hereby certify that Electrical Permit # \_\_\_\_\_ is for the use of \_\_\_\_\_. I further understand that this electrical service is not to be used for any purpose other than the aforementioned. If a Structure, Mobile Home, Residential, or Commercial Permit is required, it must be obtained from the Holmes County Building Department prior to any construction. I also understand that if an R.V. is lived in more than 120 days, a septic tank permit/approval has to be issued by the Holmes County Health Department.

\_\_\_\_\_  
Print Name / Affirmant's Signature

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#### State of Florida

County of \_\_\_\_\_  
Sworn to, subscribed and acknowledged before me by  
means of physical presence on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
who  is personally known to me *or*  produced  
Identification \_\_\_\_\_.

SEAL:

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



