

Mailing: 25440 W Newberry Rd Newberry, Florida 32669 Tel: 352-472-2161 Ext. 3 www.NewberryFL.Gov

STAFF USE ONLY

MANUFACTURED HOME INSTALLATION WORKSHEET

THIS WORKSHEET IS **TO <u>BE FILLED OUT BY THE INSTALLER</u>** OF THE MANUFACTURED OF THE BUILDING PERMIT INFORMATION. THE PERMIT, THIS WORKSHEET THE MANUFACTURER'S INSTALLATION BOOKLET AND THE SUBCONTRACTOR FORM MUST BE ON THE JOB SITE FOR THE MANUFACTURED HOME INSPECTION.

Applicant:	Model Name:	
Permit Number:	Roof Zone:	_
Address:	Wind Zone:	_
	Number of Sections:	_
Name of Licensed Dealer/Installer:	Width:	
	Length:	
License Number:	Year:	
Installation Decal Number:	Serial Number:	
Manufacturer's Name:	_	
Installation Standard Used: Manufacturer	's Manual 15c-1	
SITE PREPARATION:		
Debris and Organic Material Removal:	Compacted Fill:	Page #
Water Drainage: Natural Swale	Pad Other	Page #
FOUNDATION:		
Tested load Bearing Coil Capacity:	or Assumed 1000 PSF:	Page #
Footing Type: Poured in Place Portab	ble Size and Thickness:	Page #
I-Beam or Mainrail Piers: Single Tiered	Double Interlocked	Page #
Size of Piers:	Placement O/C:	Page #
Perimeter Pier Blocking: Size	Placement O/C:	Page #
Ridge Beam Support Blocking:		
Size: Number:	Location(s):	Page #



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Ridge Beam Support Footer Size: Number:_____ Location(s): Page #____ Size: Center Line Blocking: Number:_____ Page # Size: Location(s): Page #____ Yes No Special Pier Blocking: Required (Fireplace, Bay Window, Etc.) Page #_____ Mating of Multiple Units: Mating Gasket:_____ Type Used:_____ Spacing: O/C Page #____ Fasteners: ROOFS Type and Size: Spacing:____O/C ENDWALLS Type and Size:_____ Page #_____ Type and Size: Spacing:____O/C Page #_____ FLOORS **ANCHORS** Type 3150 Working Load: 4000 Working Load: _____ Page #_____ Page # Height of Units: (Top of Foundation or Footer to Bottom of Frame): Spacing:____O/C Angle of Strap:_____ Number of Frame Ties: Page #_____ Number of Over Roof Ties (if required): Page # Number of Sidewall Anchors:_____ Page # Number of Stabilizer Devices: Number of Centerline Anchors: Number of Stabilizer Devices: Page #_____ Vents Required for Underpinning (1 ST/150 SF of Floor Area) Number: Page#