



**Marion County
Board of County Commissioners**

Building Safety ♦ Permitting

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2401

MANUFACTURED HOME SETUP CERTIFICATION

BUILDING PERMIT NO.: _____

Owner name: _____

Site address: _____ Wind Zone: 2 or 3

Location of WIND ZONE CERTIFICATE in mobile home (e.g. bedroom): _____

Name/model of manufactured home: _____

Mobile home serial no.: _____ Manufactured date: _____

Length: _____ Width: _____ Number of units: _____

SETUP REQUIREMENTS PER SETUP MANUAL AND 15C-1: _____ DMV SPECS _____ USED ONLY

- | | |
|---|--------------------------------|
| 1) SOIL DENSITY _____ per square foot | TORQUE TEST _____ |
| 2) FRAME BLOCKING SPACING c/c _____ feet | Per page no. _____ |
| 3) PERIMETER BLOCKING SPACING c/c _____ feet | Per page no. _____ |
| 4) SPECIAL BLOCKING REQUIREMENTS _____ | Per page no. _____ |
| 5) FRAME TIE DOWN SPACING c/c _____ feet | Per page no. _____ |
| 6) OVER ROOF TIE DOWNS, NUMBER REQUIRED _____ | Per page no. _____ |
| 7) LONGITUDINAL TIES _____ | LONGITUDINAL STABILIZERS _____ |

I HEREBY CERTIFY THAT THIS MANUFACTURED HOME HAS BEEN SET, BLOCKED, TIED DOWN, AND JOINED, IF APPLICABLE, PER THE MANUFACTURERS SPECIFICATIONS FOR MANUFACTURED HOMES AND THE DEPARTMENT OF MOTOR VEHICLES SPECIFICATIONS AS INDICATED ABOVE FOR THIS GEOGRAPHICAL LOCATION AND SOIL CONDITIONS.

LICENSE NO.: _____ DATE: _____

SIGNATURE: _____ PRINT NAME: _____

THIS FORM SHALL BE AT JOB SITE ALONG WITH SETUP MANUAL FOR FINAL INSPECTION. INSPECTIONS SHALL BE PERFORMED TO VERIFY COMPLIANCE. ALL TIE-DOWNS REQUIRE STABILIZERS. ALL HARDWARE MUST BE GALVANIZED. ANY DEVIATION FROM THE SPECIFICATIONS SHOWN REQUIRES PLAN REVISION PRIOR TO FINAL INSPECTION.

PLAN 2 – REV
0117

“Meeting Needs by Exceeding Expectations”