



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR' DEPARTMENT
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PERMIT APPLICATION/ MANUFACTURED HOME INSTALLATION

Permit #: _____
Applicant: _____ Name of Licensed Dealer/Installer: _____
Address: _____ License Number: _____
_____ Installation Decal #: _____

Manufacturer's Name: _____
Roof Zone: _____ Wind Zone: _____
Number of Sections: _____ WIDTH _____ LENGTH _____ YEAR _____ SERIAL # _____
Installation Standard Used: (Check One) MANUFACTURER'S MANUAL _____ 15C-1 _____

SITE PREPARATION:

Debris and Organic Material Removal: _____ Compacted Fill: _____
Water Drainage: Natural: _____ Swale: _____ Pad: _____ Other: _____

FOUNDATION:

Load Bearing Soil Capacity: _____ or Assumed 1000 PSF
Footing Type: Pound in Place: _____ Portable: _____ Size and Thickness: _____
I-Beam or Main Rail Piers: Single Tiered: _____ Double Interlocked: _____
Size of Piers: _____ Placement O/C: _____
Perimeter Pier Blocking Size: _____ Placement O/C: _____
Ridge Beam Support Blocking Size: _____ Number: _____ Location(s) _____
Ridge Beam Support Footer Size: _____ Number: _____ Location(s) _____
Center Line Blocking: Number: _____ Size: _____ Location(s) _____
Special Pier Blocking: Required: (Fireplace, Bay Window, Etc.) YES: _____ NO: _____
Matting of Multiple Units: Matting Gasket: _____ Type Used: _____
Fasteners: ROOFS Type and Size: _____ Spacing: _____ O/C
 END WALLS Type and Size: _____ Spacing: _____ O/C
 FLOORS Type and Size: _____ Spacing: _____ O/C

ANCHORS:

Type 3150 Working Load: _____ 4000 Working Load: _____
Height of Unit: (Top of Foundation or Footer to Bottom of Frame) _____
Number of Frame Ties: _____ Spacing: _____ O/C Angle of Strap: _____ Degrees: _____
Number of Over Roof Ties: (If Required) _____
Number of Sidewall Anchors: _____ Zone II _____ Zone III _____
Number of Centerline Anchors: _____ Number of Stabilizer Devices: _____
Vents Required for Underpinning (1 SF/150 SF of Floor Area) Number: _____