



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693
 Phone: (352) 463-3173 Fax: (352) 354-9113

Date Submitted: _____

Mobile/Manufactured Home Permit Application New or Used Set-Up, Replacement, and Remodel Compliance

Please print

Owner/Applicant Information	
Owner Name:	
Address:	
City, State, & Zip:	
Phone:	Electric Company: <input type="checkbox"/> CFEC <input type="checkbox"/> Duke <input type="checkbox"/> Clay
Authorized Agent Name:	<input type="checkbox"/> Affidavit on File <input type="checkbox"/> Affidavit Attached
Agent Contact:	Phone: _____ Cell: _____ E-mail: _____
Project Address:	
Parcel ID:	Proof of Ownership:

Project Information	
Job Value: \$ _____	N.O.C. Required if \$2,500 and over in value

Mobile Home Dimensions: _____ New Used (Must have pre-inspection) Replacement Mobile Home
 Compliance Permit Windows/Doors/Siding Framing Electrical Plumbing Demo Other:

Mobile/Manufactured Homes must be installed by a licensed Mobile Home installer. This application must be submitted with mobile home set-up worksheet and all other documents related to the establishment of a new, Used or Replaced home site.
Used Mobile Homes require a pre-inspection before permitting.
Mobile Home Compliance Permit – Compliance permits are used for the renovation of a mobile home, including framing, window/door/siding replacement, electrical, plumbing, and other repairs pertaining to mobile homes. The permit cannot be used for additions and roof-over systems. Those type of improvements must comply with Florida Building Code. See permit Clerk for permitting requirements.

CONTRACTOR INFORMATION				
TYPE	CONTRACTOR NAME	LICENSE #	ADDRESS	PHONE
M/H Installer				
Electrical				
Mechanical				
Building				
Plumbing				
Gas				

Signature of Owner of Mobile Home _____
Date

Printed Name of Owner of Mobile Home
 STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____
 by : _____

(Printed Name of Individual Acknowledging)
 Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____
 _____ Stamp:

 Signature of Notary Public - State of Florida

 Printed Name of Notary Public or Stamp

Approved or Denied _____

 Date
 Bob Zerbe, Building Official