

# MODULAR BUILDING CHECKLIST

## COMMERCIAL MODULAR

1. Provide sign-off or site plan from **IRC OR CVB Planning Division**.
2. Submit 4 sets of the modular building plans from the manufacturer. The building must comply with the wind speed for the proposed location. The plans must be reviewed and stamped by a third party review agency.
3. Submit a copy of a soils investigation for the site.
4. Submit 4-foundation plans specific for the local site.
5. If the modular will be located on a site with other structures, provide information to show compliance with FBC-Building Code Chapters 6 and 7 for fire separation distance and fire protection of exterior walls for the modular and existing buildings.
6. Submit a copy of the **Florida Energy Code** form for the central climate zone.
7. Submit a copy of the approval letter from the **Department of Community Affairs** to the manufacturer.
8. Submit 4 sets of plans for any site built construction (i.e. ramps, stairs, decks, etc.) these plans must be under an architect or engineer's seal.
9. Fire Department sign-off required prior to release on commercial modular.
10. Provide information on sewage disposal; either a utility connection or Health Department approval.

## RESIDENTIAL MODULAR

### **SAME AS ABOVE EXCEPT:**

In lieu of a soils investigation, a soils penetrometer test showing the soil bearing capacity may be submitted.

NOTE: This is only required if a pier-type foundation system is being used. If a conventional foundation system (i.e. a stemwall) is proposed and the foundation meets the IRC minimums then neither a soils investigation nor a penetrometer test is required. If the structure will be located in an area with known questionable soil conditions, then a soils investigation will be required.

The site built stairs, ramps, etc., DO NOT need to have an architect or engineer's seal.

**MODULAR COMBINATION BUILDING PERMIT APPLICATION (Page 1 of 2)**  
**INDIAN RIVER COUNTY / CITY OF VERO BEACH**

**I. LEGAL DESCRIPTION:** LOT \_\_\_\_ BLOCK \_\_\_\_ SUBDIVISION \_\_\_\_\_ App. Date: \_\_\_\_\_  
 PARCEL NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ FL Bldg Code: \_\_\_\_\_  
 Supplements: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

**II. CONTRACT / ESTIMATED CONSTRUCTION COST:** \$ \_\_\_\_\_ (Total value of the unit in place)  
 Permit Fee = Construction value multiplied by .00394 up to \$50,765 Minimum Permit Fee = \$200

**III. TOTAL SQUARE FOOTAGE UNDER-ROOF:** \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

**Water:** City County Well **Sewer:** City County Septic Sq Ft Under Air \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ # of  
 Garages: \_\_\_\_\_

(Circle one) (Circle one)

IV. PROPOSED USE (Check All That Apply)	(Check All That Apply)	Type Construction (Check All That Apply)
____ RESIDENTIAL	____ NEW CONSTRUCTION	____ TYPE V – Combustible (All Wood Frame)
____ COMMERCIAL	____ ADDITION	____ TYPE III – Exterior Non-Combustible/ Interior Any Material
____ MULTI-FAMILY	____ ALTERATION	____ TYPE I or II All Non-Combustible (Specify)
____ ACCESSORY Specify: _____	____ DEMOLITION	____ OTHER (Sprinkler, Timber Const) Specify: _____

	NAME & ADDRESS	CONTACT INFORMATION
OWNER		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER: Fax:
TITLE HOLDER (If Other Than Owner)		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER:
CONTRACTOR	LICENSE NUMBER:	Name:
	COMP CARD NUMBER:	E-MAIL:
		DAYTIME PHONE NUMBER: Fax:
ARCHITECT		E-MAIL:
		DAYTIME PHONE NUMBER:
ENGINEER		E-MAIL:
		DAYTIME PHONE NUMBER:

Application is hereby made to obtain a permit to do the work and installations 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, insurance, and worker's compensation. I understand that sub-contractor affidavits must be obtained for electrical, plumbing, air-conditioning, roofing, insulation, pools, irrigation systems, wells, or any other work that is allowed to be included in this permit.

Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion.

**Owner's Affidavit:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**MODULAR HOME COMBINATION BUILDING PERMIT APPLICATION (Page 2 of 2)**  
**INDIAN RIVER COUNTY / CITY OF VERO BEACH**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
**Signature of Owner or Agent**  
{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}  
**Date:** \_\_\_\_\_

**And** \_\_\_\_\_  
**Signature of Contractor**  
**Date:** \_\_\_\_\_

**As to Owner:**  
State of \_\_\_\_\_  
County of \_\_\_\_\_

**As to Contractor:**  
State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

Notary Seal:

**INDIAN RIVER COUNTY/CITY OF VERO BEACH  
COMBINATION PERMIT  
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT**

**\*Note: Roof coverings other than shingles require licensed roofing contractor.**

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Indian River County Contractor Certificate Number: \_\_\_\_\_

State of Florida Certification Number (if applicable): \_\_\_\_\_

Combination Permit Number (if known): \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ has agreed to be the subcontractor (type of construction trade indicated below)  
(company/individual name)

- |                                    |                                     |  |  |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> concrete  | <input type="checkbox"/> stucco     | <input type="checkbox"/> electric                  | <input type="checkbox"/> aluminum (in-fill only) |
| <input type="checkbox"/> masonry   | <input type="checkbox"/> insulation | <input type="checkbox"/> mechanical                | <input type="checkbox"/> garage door             |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> roofing*   | <input type="checkbox"/> irrigation                | <input type="checkbox"/> fuel gas/propane        |
| <input type="checkbox"/> drywall   | <input type="checkbox"/> plumbing   | <input type="checkbox"/> burglar alarm/low voltage |  |

for \_\_\_\_\_ for the project located at \_\_\_\_\_.  
(Name of prime contractor) (street address)

It is understood that, if there is any change of status regarding our participation with the above mentioned project. I will immediately advise the Indian River County Building Department by personally filing a Change of Contractor.

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**BUSINESS QUALIFIER (original signatures required):**

\_\_\_\_\_  
Signature Printed Name Date

**NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}**

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal: