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 Heath 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 PARCEL NUMBER: JOB ADDRES			FL Bldg Code:							
II. CONTRACT / ESTIM Permit Fee = Const III. TOTAL SQUARE FO	truction value multipl	lied by .00394 up to \$50,76		(Total value of the unit in place) Minimum Permit Fee = \$200 # of Bedrooms:						
Water: City County Well Sewer: City County Septic Sq Ft Under Air # of Bathrooms: # of Garages: #										
(Circle one)	(Circle)	There Construction (Charle All That Apple)						
IV. PROPOSED USE (Chec	(Check All That Apply)		Type Construction (Check All That Apply)							
RESIDENTIALCOMMERCIAL		NEW CONSTRUCTIONADDITION		TYPE V – Combustible (All Wood Frame) 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:							
			Name:							
TITLE HOLDER (If Other Than Owner)			E-MAIL:							
			DAYTIME PHONE NUMBER:							
			Name:							
CONTRACTOR	LICENSE NUMB	ER:	E-MAIL:							
	COMP CARD NU	JMBER:	DAYTIME PHONE NUMBER: Fax:							
			E-MAIL:							
ARCHITECT			DAYTIME PHONE NUMBER:							
				E-MAIL:						
ENGINEER			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 subcontractor 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.

	And				
Signature of Owner or Agent To sign as an Agent for the Owner you must have a Florida I Power of Attorney signed by the Owner and Notarized with t additional witnesses other than the Notary}	wo				
Date:	Date:				
As to Owner:	As to Contractor:				
State of	State of				
County of	County of				
The foregoing instrument was acknowledged before me this day of, 20 by	The foregoing instrument was acknowledged before me this day of, 20 by				
this day of, 20 by who is personally known or who has produced identification. Type identification produced:	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.

Indian	River County C	Contractor (Certificate Numb	er:		_				
State	of Florida Certifi	cation Nu	mber (if applicabl	le):		_				
****	ination Permit N ******** mpany/individual	******	******			**************************************				
П	concrete		stucco		electric	☐ aluminum (in-fill only)				
	masonry		insulation		mechanical	` ,				
	carpentry	_	roofing*		irrigation	☐ fuel gas/propane				
	drywall		plumbing		burglar alarm/low voltage					
for for the project located at										
for _	Name of prime of	contractor)	for the proje	ect located	at(street	t address)				
		,			`	,				
It is understood that, if there is any change of status regarding our participation with the above mentioned										
projec	t. I will immedi	ately advis	e the Indian Rive	er County I	Building Departm	ent by personally filing a				
Chanc	ge of Contractor.									
			************** nal signatures rec		******	*****				
Signat	ture		Printed Name		Date					
NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}										
State of Count			-							
The fo	oregoing instrum	ent was ac	knowledged befo	ore me this	day of	, 20 by produced identification.				
Type	identification pro	oduced:	_ who is per		·	produced recinamenton.				
Offici	al Signature of N	lotary Pub	lic							
Notar	y's Name, Typed	l, Printed o	or Stamped							
Notar	y Seal:									