



Development Services
Floodplain Management
9000 Town Center Parkway
Lakewood Ranch, FL 34202
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Mobile Home Scope of Work Breakdown

Purpose

This form is used to document the scope and cost associated with any improvement or repair to a manufactured home. Please provide a brief description of the scope of work, provide details for each of the project components and indicate the total project cost.

Project Information

Permit:		Address:	
Owner:		Phone:	

Scope of Improvement/Repair (Narrative)

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Foundation	Anchors & Tie-Downs
Chassis/Frame	Floor System
Wall Framing	Wall Sheathing/Siding
Roofing/Trusses	Roofing System
Insulation	Electrical System

VACANT
District 1

AMANDA
BALLARD
District 2

TAL
SIDDIQUE
District 3

MIKE
RAHN
District 4

DR. BOB
MCCANN
District 5

JASON
BEARDEN
At Large

GEORGE W.
KRUSE
At Large

Plumbing System	HVAC System
Windows and Doors	Vents
Utility Connections	Skirting
Decks/Porches	Other

Total Job Cost \$ _____

Certification

I attest and certify that the above information is a complete and accurate representation of the cost of the full scope of the intended work and the total cost of all labor and materials necessary to complete that scope. I acknowledge that during construction, if the scope of work is modified, any change in the cost of work will be re-evaluated. Such re-evaluation may require revision of the permit and may subject the property to additional requirements.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized improvements/repairs that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

Signature of Contractor

Print Contractor's Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online

notarization, this ____ day of _____ 20____, by _____,

who is personally known to me () or has provided the following identification

_____. Expiration Date: _____ and who did/did not take an oath.

Notary Public Signature: _____ Notary Public Stamp Here