



Office of Planning and Development
 Building Division
 P.O. Box 9005, Drawer GM 02
 330 West Church Street
 Bartow, FL 33831
 Phone: (863) 534-6080

www.polk-county.net/aca

SKIRTING AFFIDAVIT

PERMIT NUMBER: _____ ADDRESS: _____

I am the installer or owner of a mobile home or park trailer which is being permitted for set up in Polk County. As installer or owner, I am assuming responsibility for providing the skirting required by the Polk County Land Development Code (LDC). I recognize that a separate skirting permit is required (Owner). Furthermore, I am aware that power will not be released to the permitted property until the skirting inspection is completed with a "passed" inspection result.

I, the installer, understand that the LDC requires that mobile homes and park trailers be skirted, and that this unit will be checked within sixty days after set up inspection approval to assure that this requirement has been met. If skirting, in conformance with the LDC, has not been installed at this time, code enforcement action may be taken (owner), including suspension of my permitting privileges (installer and owner) until the skirting has been provided and the Mobile Home Certificate of Occupancy has been issued.

Signed: _____
 Installer (Required) Print Installer Name

Signed: _____
 Owner (If Applicable) Print Owner Name

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____, by _____ who is personally known to me or who has produced _____ (Type of ID) as identification

 Signature of Notary Public Print, type or stamp name of Notary

State of Florida My Commission Expires: _____ Notary Seal