



FIRE AND BUILDING CODE  
ENFORCEMENT OFFICE

Department of Public Health  
COUNTY OFFICE BUILDING  
Norwich, New York 13815  
(607) 337-1796  
Fax: (607) 337-1720



APPLICATION FOR BUILDING PERMIT  
Manufactured Home

*This section to be completed by Code Enforcement Office*

FEE \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Permit No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Value \$ \_\_\_\_\_ Expires \_\_\_\_\_

Conditions \_\_\_\_\_

Inspections Required

- Foundation
- Electrical
- PHV
- Final

Date of work site Inspection prior to approval \_\_\_\_\_

Permit Approved Date \_\_\_\_\_

Signature of Code Official \_\_\_\_\_

- 1) This application must be completely filled in by typewriter or in ink (please print).
- 2) No building shall be occupied or used in whole or part for any purpose what so ever until the appropriate certificate has been issued by this office.

Town/Village of \_\_\_\_\_ Tax Map/Parcel Number \_\_\_\_\_

Job Site location (911/address) \_\_\_\_\_

Name of Job site Tenant (if not owner) \_\_\_\_\_

Phone# ( ) \_\_\_\_\_

If no 911 address give directions to site...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the owner of the Premises \_\_\_\_\_

911/Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Name of applicant (if different from above) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

(Please check all that apply)

<p><b>Placement of</b></p> <p><input type="checkbox"/> Single wide                      Size _____</p> <p><input type="checkbox"/> Double wide                      Size _____</p> <p><input type="checkbox"/> Triple wide                      Size _____</p> <p><b>Condition of unit(s)</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Used</p>	<p><b>Site Conditions</b></p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Some what flat</p> <p><input type="checkbox"/> Gradual slope</p> <p><input type="checkbox"/> Major slope</p> <p style="text-align: right;">_____ % of slope known</p> <p><b>Soil Conditions</b></p> <p><input type="checkbox"/> Well drained</p> <p><input type="checkbox"/> Poorly drained</p> <p><input type="checkbox"/> Mixture of both</p>	
<p><b>Foundation</b></p> <p><input type="checkbox"/> Full foundation</p> <p><input type="checkbox"/> Insulated Concrete pad</p> <p><input type="checkbox"/> Engineered Gravel pad</p> <p><input type="checkbox"/> Engineered Concrete pad</p> <p><input type="checkbox"/> 4' Deep Piers</p>	<p><b>Tie Downs</b></p> <p>Engineered system (Yes) (No) _____</p> <p>Type _____</p> <p>Location _____</p> <p>Spacing _____</p>	<p><b>Information from Data Plate</b></p> <p>Roof load _____</p> <p>Heating and Cooling zone _____</p> <p>Wind Zone _____</p> <p>Location of Data Plate _____</p> <p>_____</p>

Note: If Foundation is Engineers system must provide stamped drawing of that system.

Estimated Cost: \_\_\_\_\_ (cost of all work and construction; exclusive of the cost of the land)

Manufacturer \_\_\_\_\_

Manufacturer's NY State Certification # \_\_\_\_\_

Make of Unit \_\_\_\_\_ Model Number \_\_\_\_\_

Manufacturer's Serial Number \_\_\_\_\_

Date of Manufacture \_\_\_\_\_ HUD Number \_\_\_\_\_

Dealers Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_

Dealer's NY State Certification # \_\_\_\_\_

If Unit was manufactured before 1976 or if the above information is not provided a NYS licensed Engineer or Archetect must submit in writing as to the soundness of the unit.

**Name of Installer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Work \_\_\_\_\_

Installer's NY State Certification# \_\_\_\_\_

**Additional Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Work \_\_\_\_\_

Name & Address of Contractor's Compensation Insurance Carrier. (Include copy of Insurance)

---

---

---

PLOT DIAGRAM

Locate clearly and distinctly all building, whether existing or proposed, and indicate all set back dimensions from property lines. Show street names and indicate whether interior lot. Show location of proposed and/or existing wells and sanitation systems on the property.

Is this structure located within a Flood Plan: (circle one) YES NO

PLEASE MAKE SURE AUTHORIZED PERSONS SIGNATURE IS ON THIS APPLICATION

APPLICATION IS HERE BY MADE to the Chenango County Department of Code Enforcement for the Issuance of a Building Permit pursuant to the New York State Uniform Fire and Building Code. For the proposed work as herein described. The owner agrees to comply with all applicable laws, ordinances and regulations. **The owner** further agrees that any officer or employee of Chenango County Department of Code Enforcement, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon any building, structure or premises for which this building permit application has been filed, or a building permit or stop work order has been issued, without interference and upon reasonable notice and during reasonable hours.

\_\_\_\_\_, Date \_\_\_\_\_  
(Signature of Property Owner)

COMPLETE THIS SECTION IF APPLICANT IS NOT THE OWNER OF THE PROPERTY

\_\_\_\_\_  
(Name of Individual signing application)

States that he/she is the applicant above named and is duly authorized to represent the said owner and is going to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

\_\_\_\_\_, Date \_\_\_\_\_  
(Signature of Applicant)

**CERTIFICATE OF COMPLIANCE WITH LOCAL REGULATIONS**

THIS IS TO CERTIFY that the proposed construction described in this Chenango County Building Permit Application complies with all locally enforced land use regulations including but not limited to: Zoning Ordinances, Sanitary Regulations, Subdivision Regulations and Flood Hazard Regulations.

\_\_\_\_\_  
(Signature of Town Supervisor/Village Mayor or His Authorized Representative)

Date \_\_\_\_\_

**NOTES:**

**Manufactured Homes, (new and used). (R-3)**

This is to include ALL existing manufactured homes, which are being replaced or relocated, whether on private property, or in a mobile home park. Approved stabilizing devices and anchoring equipment are required.

**\*\*There will be a DOUBLE FEE accessed for projects started without permits.**

**Payment should be cash or check.**

**Checks should be made payable to CHENANGO COUNTY TREASURER**

**ITEMS REQUIRED FOR CERTIFICATE OF OCCUPANCY**

- 1) Home and all utilities installed properly including heat, water, electric and sewer.
- 2) Foundation per HUD standards.
- 3) Tie Downs installed according to manufacturers installation instructions.
- 4) Skirting in Place.
- 5) Stairs from each exit - any stairs over 3 risers are required to have handrails on each side.
- 6) Landings must extend the width of the door swing and if 30" or more above grade, handrails are also required.
- 7) Working Smoke Detectors.
- 8) Proof of electrical inspection by approved agency. Connection at meter and at breaker panel inside home must be inspected.
- 9) Water - must be provided to home (well, public or other approved source).
- 10) Septic system - or other approved means of sewage disposal (Public or private sewer etc.) Must be provided. Some municipalities require approval by sanitary officer.

**Complaints regarding Mobile Home Dealers or Manufacturers should be directed to:**

DEPARTMENT OF STATE  
 DIVISION OF CODE ENFORCEMENT AND ADMINISTRATION  
 41 STATE STREET, SUITE 1120  
 ALBANY, NEW YORK 12231-0001  
 ATTENTION: MANUFACTURED HOME COMPLAINT PROGRAM:  
 518-474-4073