



# Town of Moreau

Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518) 792-4615

## MANUFACTURED HOME INSTALLATION APPLICATION REQUIREMENTS

**\*No construction activities begin until an approved permit is issued\***

**TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (2 PHYSICAL COPIES)**

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
  - 2) **MANUFACTURER'S INSTALLATION MANUAL** – including (but not limited to):
    - a. Specified Pier Location
    - b. Footing and Foundation system
    - c. Tie Down locations and all dimensions
  - 3) **DETAILED DRAWINGS** - including (but not limited to):
    - a. Foundation
    - b. Floor and wall framing
    - c. Cross Sections
    - d. Elevations
  - 4) **ENERGY CODE compliance path:**  
Prescriptive mandatory provisions, REScheck or COMcheck
  - 5) **DETAILED PLANS:** If project makes the structure 1,500 sq. ft or above provide 2 **signed and stamped Engineered Plans.**
  - 6) **PLOT PLAN**
    - a. Proposed structure(s), showing setback dimensions from all property lines
    - b. Location of all structure(s) on property (decks, porches, sheds ect)
    - c. Location of (well or water lines)
    - a) Location of on-site wastewater system or sewer line.
  - 7) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
  - 8) **INSTALLER CERTIFICATION** – As per the Manufacturing Housing Unit of the New York State Department of State
  - 9) **INSURANCE:** REQUIRED by Homeowner or Contractor
    - a. **Homeowner:**
      - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (**form CE-200** found at [https://www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](https://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp))
      - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
    - b. **Contractor:**
      - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
      - ii. Certificate of Disability: **Form DB-120.1 or DB-155**
      - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits: **Form CE-200**
- ACORD forms are not acceptable proof of Workers Compensation or Disability Insurance Coverage**
- 10) **FEES** as per fee schedule -Collected when application is approved.



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## MANUFACTURE INSTALL STRUCTURE APPLICATION

### LOCATION Information

Job Site Address \_\_\_\_\_

Tax Map # \_\_\_\_\_

Aprox Cost of Construction \$ \_\_\_\_\_

Zoning District \_\_\_\_\_

- Site is within a Flood Plain (Circle one) **YES** or **NO**

### OWNER Information

Name (Print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONTRACTOR or Architect Information

Name (Print) \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PERMIT TYPE: NEW \_\_\_\_\_ RELOCATION \_\_\_\_\_

Person Responsible for code compliance: (PRINT) \_\_\_\_\_

### OFFICIAL USE ONLY

Permit Fee: \$ **150.00** Issue Date: \_\_\_/\_\_\_/\_\_\_ Expire Date \_\_\_/\_\_\_/\_\_\_ Permit #: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

ADDRESS \_\_\_\_\_

<b>MOBILE HOME INFO</b>			
<b>Size of Manufactured Home</b>	_____ ft. x _____ ft.	<b>Size of Property</b>	_____ ft. x _____ ft.
Foundation		Setbacks	Front: _____ ft. Rear: _____ ft. Sides: _____ ft. _____ ft.
<b>Year</b>			
<b>Make</b>		Name of Park	
<b>Model</b>			
<b>Number of Bedrooms/bathrooms</b>			
<b>Heating System/Fuel</b>			
Porch Size (if applicable)	Front:	Back:	
Deck Size (if applicable)	Front:	Back:	
Electrical Inspection Agency			



I affirm, the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

Applicant  
Name (PRINT): \_\_\_\_\_

Applicant  
Name (SIGN): \_\_\_\_\_

## **REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED**

\*\*\*\*Please do **NOT** leave requests for inspections on voicemail.  
Inspections requested via voicemail may not be scheduled. \*\*\*\*

- SITE Inspection (**prior to issuing a permit**)
- FOOTING / PIERS (**before pouring concrete**)
- SLAB (**Before pouring concrete**)
- FRAMING of porch, deck, ramp
- ELECTRICAL Inspections (**performed by NYS Certified Electrical Inspector**)
- SEPTIC System (**before covering any work**)
- FINAL Inspection (All required work must be completed before a Certificate of Occupancy can be issued)

**No building is to be occupied without the approval of the Building Inspector**