



Town of Moreau

Building Department
351 Reynolds Road
Moreau, NY 12828-9261
Phone: (518) 792-4762
Fax: (518)792-4615

Matt Dreimiller
Building Inspector/CEO
Kathy Perez
Building Department Clerk

MANUFACTURED HOME INSTALLATION PERMIT APPLICATION REQUIREMENTS

No construction activities may commence until an approved permit is issued

TWO COPIES OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY):

- 1) **APPLICATION MUST BE FILLED OUT COMPLETELY & CLEARLY.** Name and address must be on each document submitted. The signatures of the property owner, applicant, or contractor is required.
- 2) Manufacturer's installation manual – which includes:
 - a. The specified pier location
 - b. Footing and foundation system
 - c. Tie down locations and all dimensions
- 3) Plot plan including:
 - a. All setbacks from lines
 - b. Location of septic/sewer hookup
 - c. Location of waterline/well
 - d. Location of decks/porches
- 4) Approved Electrical Inspection Agency selected
- 5) Document Requirements:
 - a. Certification as an installer as per the Manufactured Housing Unit of the New York State Department of State
- 6) Insurance requirements:
 - a. **Owner, Applicant, and Contractor:**
 - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
 - ii. Certificate of Disability insurance: **Form DB-120.1 or DB-155**
 - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: **Form CE-200 found at www.wcb.state.ny.us**

ACORD forms are not an acceptable proof of Workers Compensation or Disability Insurance Coverage

- 7) An inspection of the home must be conducted if the home is being relocated to the Town of Moreau
- 8) Fee as per fee schedule (Collected when application is approved)

TOWN OF MOREAU MANUFACTURED HOME
INSTALLATION PERMIT APPLICATION

Location Information

Job Site Address _____

Tax Map # _____

Estimated Cost of Construction \$ _____

MH Park _____

Property Owner's Information (Park Approval)

Name (Print) _____

Phone # _____

Address _____

Email _____

Owner's Signature _____ Date _____

Applicant or Contractor Information (if applicable)

Name (Print) _____

Phone # _____

Address _____

Email _____

Signature _____ Date _____

Installer Certification

Name (Print) _____

Phone # _____

Address _____

Certification # _____

Signature _____ Date _____

Person Responsible for code compliance: _____

Name (Print)

Permit Type - Please Check Appropriately:

Residential: New _____ Relocation _____

Official Use Only

Received: _____ Issued on: _____ Permit #: _____

Fee: **\$ 100.00** Expires on: _____

Building Inspector: _____ Date Approved: _____

NAME _____

ADDRESS _____

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



I affirm that, 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 (signed): _____

Office Use Only

CHECKLIST – MANUFACTURED HOME INSTALLATION PERMIT

Name: _____

REQUIRED – 2 Sets of the following documents (One original and one copy)	YES	NO	N/A
1. Manufactured Home Install Permit Application Completed			
2. Drawings			
a. Floor Plan			
b. Footing/Foundation Plan			
c. Pier Location Plan			
d. Tie Down Location and Dimension Plan			
3. Plot Plans: Indicating Proposed Structure and Setback Dimensions from all Property Lines			
a. Show location of all existing and proposed structures on the property			
b. Show location of the water supply (well or water lines)			
c. Show location and layout of septic system or sewer line			
4. Electrical Inspection Agency Selected			
5. Installer Certification			
6. Workman’s Compensation (C105.2/U26.3)			
7. Certificate of Disability Insurance (DB-120.1/DB-155)			
8. Certification of Attestation of Exemption From New York State Worker’s Compensation and/or Disability Benefits Insurance Coverage (Form CE-200)			

Address Inspected: _____ Inspected by: _____

Date of Inspection: _____ MH Park: _____

Description	Pass	Fail	N/A	Date	Comments
Footings					
Pier/Runners					
Sized per plan/setbacks					
Tie down as per plan/NYS Code					
Plumbing					
Drains supported and pitched					
Working water test					
Heat/Air Conditioning					
Type of system					
Efficiency					
Working test					
Electrical Inspection					
C.O. / C.C.					

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)**
 - Relocation of an existing manufactured home must be inspected prior to relocating to the Town
- Footings/Runner **(before pouring concrete)**
- Slab **(before pouring concrete)**
- Framing of porches, decks and/or ramps **(prior to applying decking)**
- Electrical Inspections **(done by a third party electrical inspector)**
- Fuel Burning Appliances
- Septic System **(if applicable, before covering any work)**
 - An as built must be received before Certificate of Occupancy can be issued
- 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