



# 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 REMOVAL PERMIT APPLICATION REQUIREMENTS

Please keep this coversheet for your convenience

**No construction activities may commence until an approved permit is issued**

### THE FOLLOWING INFORMATION MUST BE PROVIDED:

Insurance requirements:

1. Removal contractor must provide:
  - a) Certificate of workers compensation insurance, on either the State approved **C-105.2** form or the **U-26.3** form, or
  - b) Certificate of disability insurance, on either the State approved **DB-120.1** or **DB-155** form.
2. Site verification, by the Building Department, that **gas** and **electric** have been disconnected.

# MANUFACTURED HOME REMOVAL PERMIT APPLICATION

## Location Information

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

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

Cost of Removal \$ \_\_\_\_\_

MH Park \_\_\_\_\_

Reason \_\_\_\_\_

## Owner Information

Owners Name (print) \_\_\_\_\_

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

Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Applicant Information (if applicable)

Applicant (print) \_\_\_\_\_

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

Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Contractor Information (if applicable)

Applicant (print) \_\_\_\_\_

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

Address \_\_\_\_\_

Insurance # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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): \_\_\_\_\_

## Official Use Only

Received: \_\_\_\_\_ Issued on: \_\_\_\_\_ Permit #: \_\_\_\_\_

Permit Fee: **\$25.00** Expires on: \_\_\_\_\_

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