



# 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 REMOVAL APPLICATION REQUIREMENTS

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

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY** - Name, address, contact information and signature of the property owner, applicant, or contractor is required.
  
- 2) **INSURANCE FROM REMOVAL CONTRACTOR** – Insurance required:
  - a. Certificate of workers compensation insurance, on either 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** or **DB-155** form
  
- 3) **SITE VERIFICATION** – The Building Inspector will verify the gas, and electric utilities have been disconnected
  
- 4) **NOTICE OF INTENT** –**IF** intending to construct, enlarge or convert on property a Notice of Intent will need to be sent to DOH for review, The Building Department will need that approval prior to an new installation.

# MANUFACTURED HOME REMOVAL PERMIT APPLICATION

## LOCATION Information

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

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

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

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

- SIZE of Manufactured Home: \_\_\_\_\_ Ft X \_\_\_\_\_ Ft **or** \_\_\_\_\_ SqFt
- Number of Bedrooms: \_\_\_\_\_
- Reason for removal : \_\_\_\_\_

## OWNER Information

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

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

Address \_\_\_\_\_

Email \_\_\_\_\_

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

## CONTRACTOR or AGENT Information (if applicable)

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

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

Address \_\_\_\_\_

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

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



I affirm the information I have 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): \_\_\_\_\_

## OFFICIAL USE ONLY

Received: **\$50.00** Issue Date: \_\_\_/\_\_\_/\_\_\_ Expire Date: \_\_\_/\_\_\_/\_\_\_ Permit #: \_\_\_\_\_

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

