



Town of Queensbury

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 www.queensbury.net

MANUFACTURED HOME PERMIT APPLICATION

Office Use Only

Permit #: _____

Permit Fee: \$ _____

Rec Fee: \$ _____

Invoice #: _____

Flood Zone? Y N Reviewed By: _____

Project Location: _____

Tax Map ID #: _____

Name of Park (if applicable): _____

PROJECT INFORMATION:

- Proposed Date of Placement: _____
- Approximate Value of Home: \$ _____
- Is the home NEW ____ or a REPLACEMENT ____?
- Single-wide ____ or Double-wide ____; Size: ____ ft. X ____ ft. = _____ total square feet
- Foundation support (choose one):

	<u>Size</u>	<u>Depth</u>
____ Piers:	_____	_____
____ Slab:	_____	_____
- Is the home being placed on a private lot? No ____ Yes** ____
 (**if yes, you must provide **stamped engineered drawings of the permanent foundation plan**)
- Total # of rooms (exclude bathrooms): ____; # of bedrooms: ____; # of bathrooms: ____
- Additional heat source? No ____ Yes ____ Choose one, if yes: gas fp ____ woodstove ____ wood fp ____
- Are there any other/existing buildings on the property? No ____ Yes ____; Explain: _____
- What is the water source? PUBLIC ____ PRIVATE WELL ____
- What type of wastewater system is on the parcel? SEWER ____ PRIVATE SEPTIC ____
- Do you need a septic permit application? No ____ Yes ____

MANUFACTURED HOME INFORMATION:

(INFORMATION FOUND ON THE PLATE OR STICKER LOCATED IN THE HOME):

Insignia serial #: _____

Name of Manufacturer: _____

Place approval #: _____

Model or component designation (New Home Only): _____

Date of manufacture: _____

CONTACT INFORMATION: PLEASE PRINT LEGIBLY OR TYPE, PLEASE INCLUDE AN EMAIL

• **Applicant:**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: (_____) _____ Land Line: (_____) _____
Email: _____

• **Primary Owner(s):**

Name(s): _____
Mailing Address, C/S/Z: _____
Cell Phone: (_____) _____ Land Line: (_____) _____
Email: _____

Check if all work will be performed by the property owner only

• **Contractor(s):** (List all additional contractors on the back of this form)

Contact Name(s): _____
Contractor Trade: _____
Mailing Address, C/S/Z: _____
Cell Phone: (_____) _____ Land Line: (_____) _____
Email: _____

****Workers' Comp documentation must be submitted with this application****

Contact Person for Compliance in regards to this project: _____
Cell Phone: (_____) _____ Land Line: (_____) _____
Email: _____

- **Contractor(s):**

Contact Name(s): _____

Contractor Trade: _____

Mailing Address, C/S/Z: _____

Cell Phone: (_____) _____ Land Line: (_____) _____

Email: _____

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Contact Name(s): _____

Contractor Trade: _____

Mailing Address, C/S/Z: _____

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Contact Name(s): _____

Contractor Trade: _____

Mailing Address, C/S/Z: _____

Cell Phone: (_____) _____ Land Line: (_____) _____

Email: _____

REQUIREMENTS FOR SUBMITTAL:

1. Completed Manufactured Home permit application

THREE (3) COPIES (2 paper & 1 pdf OR 3 paper) OF THE FOLLOWING:

2. Structural drawings, which include:
 - a. Floor plan
 - b. Foundation plan (see 2015 IRC Appendix E Section AE502: foundation systems)
 - c. If the home is being placed on a private parcel (**not** in a manufactured home park or designated zone), you **MUST** provide **stamped engineered drawings** of the permanent foundation plan.
3. Plot plan, using a survey map if possible, which includes:
 - a. Drawn to scale (i.e. 1 inch = 30 feet)
 - b. Indicate proposed location, with setbacks
 - c. Include **all** structures on the property
 - d. Include location of water supply (well or water lines)
 - e. Include location & configuration of septic system or sewer line

ADDITIONAL SUBMITTAL INFORMATION:

1. Installer Warranty seal must be provided prior to issuing Certificate of Occupancy.
2. Any **changes to the approved plans prior to or during construction** will require the submittal of amended plans, additional reviews and re-approval.
3. If, for any reason, the building permit application is **withdrawn**, 30% of the fee is retained by the Town of Queensbury. After 1 year from the initial application date, 100% of the fee is retained.
4. Workers' Comp insurance information for **all** contractors involved– REQUIRED, EVEN FOR SOLE PROPRIETORS

DECLARATION:

I swear that, to the best of my knowledge and belief, the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises; and, that all provisions of the NYS Building Code, the Zoning Ordinance and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

I have read and agree to the above:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____