

BUILDING PERMIT APPLICATION

MANUFACTURED HOME

Office Use Only
PERMIT NO. _____

CODE ENFORCEMENT OFFICE
6 SOUTH PARK STREET
CLYDE, NY 14433

Office Use Only
PERMIT FEE: _____

(315) 923-3971 (Village of Clyde)

(315) 923-7259 (Town of Galen)

INFORMATION NECESSARY FOR APPLICATION. There shall be submitted with all applications for building permits at least two copies of a layout or plot plan drawn to scale, showing all actual or proposed lot lines, buildings, setbacks, and other information as may be necessary to determine compliance and provide for proper review. There shall also be submitted appropriate building and site plans and construction documents as required by State and / or Local regulations. **Detailed instructions for completing this application can be found on Page 4.**

PROPERTY LOCATION: _____
(Street Address)

PARCEL TAX ID#: _____ - _____ - _____

DIMENSIONS OF PROPERTY: _____ **X** _____ **AREA (in sq. ft. or acres):** _____

YEAR OF MOBILE HOME: _____ ☐ **NEW** ☐ **USED**

TYPE OF MOBILE HOME: ☐ **Single-wide** ☐ **Double-wide** ☐ **Triple-wide**

DIMENSION OF MOBILE HOME OR ADDITION: _____ **X** _____

TOTAL SQUARE FOOTAGE OF ALL FLOORS: _____ **SNOW LOAD:** _____

PRINCIPAL HEATING FUEL: ☐ **Natural Gas** ☐ **Propane** ☐ **Fuel Oil** ☐ **Other:** _____

METHOD OF WATER SUPPLY: ☐ **Public Water** ☐ **Drilled Well** ☐ **Dug Well** ☐ **Other:** _____

METHOD OF SEWAGE DISPOSAL: ☐ **Public Sewer** ☐ **Septic System** ☐ **Other:** _____

SPECIAL MECHANICALS: ☐ **Central Air** ☐ **Generator** ☐ **Elevator / Lift** ☐ **Other:** _____

NUMBER OF VEHICLE PARKING SPACES (Indicate indoor AND outdoor): _____

NUMBER OF BEDROOMS: _____ **NUMBER OF BATHROOMS (Indicate half baths as ½):** _____

TOTAL COST OF ALL WORK (including labor): \$ _____ **(See Note Below)**

Total cost includes all structural, electrical, plumbing, mechanical, interior finish and normal site preparation. If no cost is given, the cost will be estimated for you.

PROPERTY OWNER (Name, Address, Phone): _____

APPLICANT (Name, Address, Phone): _____

INSTALLER (Name, Address, Phone): _____

INSTALLER'S NYS CERTIFICATION #: _____

I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Village of Clyde and / or Town of Galen to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.

APPLICANT SIGNATURE: **X** _____ **DATE:** _____

OFFICE USE ONLY
APPROVED BY: _____ APPROVAL DATE: _____

SITE LOCATION STREET ADDRESS: _____

TAX PARCEL ID #: _____ - _____ - _____

Office Use Only

FLOOD HAZARD AREA:

☐ Yes ☐ No

ADDITIONAL PROPOSED WORK

(Check all that apply)

☐ Solid Fuel Appliance (_____) **NOTE: The appliance must be listed & approved for mobile home installation**
(Coal, Wood, Pellet)

☐ Accessory Structure (_____) ☐ Addition _____
(detached) (Swimming Pool, Fence, Shed, Garage, etc.) (Deck, Sunroom, Bedroom, etc.)

☐ Structural Alteration ☐ Electrical ☐ Plumbing ☐ HVAC / Mechanical

☐ Fuel Gas ☐ Septic System ☐ Well (_____)
(Dug, Drilled, etc.)

☐ Fire Protection System (_____)
(Complete separate application for a Fire Protection Systems Permit)

FOUNDATION AND ANCHORING

(Check all that apply)

TYPE OF FOOTINGS and FOUNDATION:

- | | |
|---|--|
| ☐ Individual pier footings | ☐ Engineered concrete pad |
| ☐ Parallel ribbon footings | ☐ Perpendicular ribbon footings |
| ☐ Perimeter foundation with footings | ☐ Engineered gravel pad |

TYPE OF ANCHORING SYSTEM:

- | | | |
|---|--------------------------------------|---|
| ☐ 48" Ground Anchor | ☐ Slab Anchor | ☐ Proprietary Foundation System ¹ |
| ☐ Other Engineered System: _____ | | |

TIE-DOWNS:

- | | |
|---|--|
| ☐ Galvanized Steel Strapping | ☐ Galvanized Steel Cable (i.e. 1/4" aircraft cable) |
| ☐ Other: (min. breaking strength of 4,750 lbs.): _____ | |

SKIRTING

TYPE OF SKIRTING TO ENCLOSE UNDERSIDE OF HOME:

- | | | |
|--------------------------------|---|---------------------------------------|
| ☐ Vinyl | ☐ Concrete Block | ☐ Other: _____ |
|--------------------------------|---|---------------------------------------|

¹ A product manufactured and approved as an alternative anchoring system for mobile homes. A common proprietary system is the All Steel Foundation System (ASFS) manufactured by Oliver Technologies, Inc.

PLOT PLAN

(Use separate sheet if necessary)

SITE LOCATION STREET ADDRESS: _____

TAX PARCEL ID #: _____ - _____ - _____

REAR PROPERTY LINE



FRONT PROPERTY LINE

Scale: _____ = _____ ft.

1. Draw all lot lines.
2. Show all existing and proposed structures, buildings and additions (including eaves, cornices, porches, chimneys, decks, sheds, etc.).
3. Show dimensions of all buildings.
4. Show distance from all sides of buildings to all property lines in feet.
5. Draw any ponds, streams and wetlands on your property.
6. Indicate location of wells, septic systems, and overhead electric wires.
7. Draw NORTH arrow.
8. Indicate SCALE in feet.

WILL THIS PROJECT DISTURB MORE THAN ONE (1) ACRE OF LAND?

☐ Yes

☐ No

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the Code Enforcement Office. Permit application data is used for assessment purposes, statistical gathering, and for zoning and code administration. Please DO NOT write in the sections marked "Office Use Only".

- PAGE 1** This page relates to general information regarding the existing or proposed property / building.
- Fill in all blanks. If certain information is not available or not applicable, write "NA" in the space provided.
 - Estimated Cost – include the total cost of construction, including materials and market rate labor, but not the cost of land.
 - Fill in the owner's current Mailing Address and Telephone Number
 - **Provide the Installer's NYS Certification Number.**
- PAGE 2** This page provides more specific information regarding the actual work being done.
- Indicate any additional work that will be carried out as part of the installation or alteration.
 - Indicate the type of foundation system, anchors, and tie-downs.
- PAGE 3** This page can be used to draw a plot plan. You may submit a separate plot plan if you wish (an example plot plan is provided in the application packet). Check the box YES or NO depending on whether the project will disturb more than one (1) acre of land. **If the project will disturb more than one (1) acre of land, additional erosion control and storm water provisions will apply.**
- PAGE 4** (This page) Instructions for completing this Application, Permit Conditions.
- PAGE 5** Information regarding New York State Workers Compensation & Disability Insurance requirements. **Permit applicants shall submit proof of Workers Compensation & Disability Insurance coverage, or exemption.**
- PAGE 6** Insurance and Environmental Certifications

PERMIT CONDITIONS

1. **APPROVED PLANS, WITH COMMENTS, MUST BE MAINTAINED ON THE JOB UNTIL THE FINAL INSPECTION HAS BEEN MADE. NO BUILDING SHALL BE OCCUPIED UNTIL ALL REQUIRED FINAL AND OCCUPANCY INSPECTIONS HAVE BEEN MADE WHERE APPLICABLE. NO INSPECTION WILL BE MADE WITHOUT APPROVED PLANS ON THE JOB SITE.**
2. This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property not specifically permitted under the building code, must be approved by the authority having jurisdiction. Construction dumpsters must be placed on private property unless approval has been obtained from the authority having jurisdiction for a dumpster in the public right-of-way.
3. The applicant, owner, and / or operator of the property address under this permit, hereby consent to all necessary inspections made by the Code Enforcement Office. The Code Enforcement Office reserves the right to reject any work which has been concealed or completed without first having been inspected and approved. Any deviation from the approved plans must be authorized by the approval of revised plans. This revision approval must be obtained prior to the proposed changes being made in the field.
4. Permits become invalid if construction work is not started within six months from the date the permit is issued, and expire eighteen months from the date the permit is issued.
5. This permit does not relieve the owners, or any person in possession or control of the building, from obtaining such other permits or licenses as may be prescribed by law. Approval of application and issuance of a building permit does not supersede any restrictive covenants.
6. Approval of this permit SHALL NOT necessarily mean that these plans or specifications are in full compliance with the Zoning Law, the New York State Uniform Fire Prevention & Building Code and other laws or regulations. The ARCHITECT / ENGINEER / DESIGNER is charged with responsibility for the compliance of the plans with the Building Code and other laws and regulations. Issuance of a permit does not constitute a waiver or variance from any law or regulation governing this construction.

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors – Business Owners and Certain Homeowners

For Businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- insured (C-105.2 or U-26.3),
- self-insured (SI-12), or
- are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4-family, owner-occupied residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

NOTE: Effective Dec. 1, 2008 exemptions are no longer valid for multiple permits or licenses for which the applicant applies. Form CE-200 can be processed electronically. Applicants are able to fill out the CE-200 form on-line and upon completion, print out a copy that they can submit to the Code Enforcement Office. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office.

2. Owner-Occupied Residences

For homeowners of a 1, 2, 3 or 4-family, owner-occupied residence, proof of their exemption from the mandatory coverage provisions of the WCL when applying for a building permit is to file form BP-1 (attached).

NOTE: Form BP-1 is the only form that municipal agencies may now reproduce themselves and distribute.

An instruction manual that clarifies the above requirements is available at:

<http://www.wcb.state.ny.us/content/main/Employers/IM.pdf>

**STATEMENT OF WORKERS COMPENSATION
(HOMEOWNER)**

Under penalty of perjury, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because **(please check one)**:

- ☐ I am performing all the work for which this building permit is issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite); **OR** have a general contractor, performing the work listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on this building permit.

Signature of Homeowner

_____/_____
Date Signed

Homeowners Name Printed

**STATEMENT OF WORKERS COMPENSATION
(CONTRACTOR)**

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office **prior to starting work**. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a **stop work order** and/or **revocation of the building permit**.

Signature of Contractor

_____/_____
Date Signed

Contractors Name Printed

☐ Certificate on File (within last year)

**STATEMENT OF ENVIRONMENTAL CONCERN
(PERMIT APPLICANT)**

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

Signature of Applicant

_____/_____
Date Signed

Applicant Name Printed