



**FIRE AND BUILDING CODE
ENFORCEMENT OFFICE**
 Department of Public Health
 COUNTY OFFICE BUILDING
 Norwich, New York 13815
 (607) 337-1796
 Fax: (607) 337-1720



**APPLICATION FOR BUILDING PERMIT
Modular Home**

This section to be completed by Code Enforcement Office

FEE \$ _____ **Date Received** _____ **PermitNo.** _____

Receipt No. _____ **Value \$** _____ **Expires** _____

Conditions _____

Inspections Required _____ **Date of work site Inspection prior to approval** _____

Foundation _____ **Permit Approved Date** _____

Electrical _____

PHV _____

Final _____

Signature of Code Official

- 1) This application must be completely filled in by typewriter or in ink (please print).
- 2) No building shall be occupied or used in whole or part for any purpose what so ever until the appropriate certificate has been issued by this office.

Town/Village of _____ **Tax Map/Parcel Number** _____

Job Site location (911/address) _____

Name of Job site Tenant (if not owner) _____

Phone# () _____

If no 911 address give directions to site...

Name of the owner of the Premises _____

911/Address _____

Mailing Address _____

Phone # () _____

Name of applicant (if different from above) _____

Mailing Address _____

Phone # () _____

(Please check all that apply)

Soil Conditions

- Well drained
- Poorly drained
- Mixture of both

Site Conditions

- Flat
 - Some what flat
 - Gradual slope
 - Major slope
- _____ % of slope known

Note: Copy of Foundation plan must accompany Application. Professional Architect or Engineer.

Foundation

- Full foundation
- 4' Deep Frost wall
- 4' Deep piers
- Other (List) _____

**Name of Foundation Design
Professional Architect or Engineer**

Phone: _____

Estimated Cost: _____ (cost of all work and construction; exclusive of the cost of the land)

Manufacturer _____

Make of Unit _____ Model Number _____

Manufacturer's Serial Number _____

Date of Manufacture _____

Note: Copy of plans & state approval letter must accompany application.

NYS plan approval Number _____ Date of NYS Plan Approval Number _____

Dealers Name _____ Phone # () _____

Address _____

Name of Installer: _____

Address: _____

Phone: _____ Type of Work _____

Additional Contractor: _____

Address: _____

Phone: _____ Type of Work _____

Name & Address of Contractor's Compensation Insurance Carrier. (Include copy of Insurance)

PLOT DIAGRAM

Locate clearly and distinctly all building, whether existing or proposed, and indicate all set back dimensions from property lines. Show street names and indicate whether interior lot. Show location of proposed and/or existing wells and sanitation systems on the property.

Is this structure located within a Flood Plan: (circle one) YES NO

PLEASE MAKE SURE AUTHORIZED PERSONS SIGNATURE IS ON THIS APPLICATION

APPLICATION IS HERE BY MADE to the Chenango County Department of Code Enforcement for the Issuance of a Building Permit pursuant to the New York State Uniform Fire and Building Code. For the proposed work as herein described. The owner agrees to comply with all applicable laws, ordinances and regulations. **The owner** further agrees that any officer or employee of Chenango County Department of Code Enforcement, upon the display of proper credentials and in the discharge of their duties, shall be permitted to enter upon any building, structure or premises for which this building permit application has been filed, or a building permit or stop work order has been issued, without interference and upon reasonable notice and during reasonable hours.

_____, Date _____
(Signature of Property Owner)

COMPLETE THIS SECTION IF APPLICANT IS NOT THE OWNER OF THE PROPERTY

_____,
(Name of Individual signing application)

States that he/she is the applicant above named and is duly authorized to represent the said owner and is going to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

_____, Date _____
(Signature of Applicant)

CERTIFICATE OF COMPLIANCE WITH LOCAL REGULATIONS

THIS IS TO CERTIFY that the proposed construction described in this Chenango County Building Permit Application complies with all locally enforced land use regulations including but not limited to: Zoning Ordinances, Sanitary Regulations, Subdivision Regulations and Flood Hazard Regulations.

(Signature of Town Supervisor/Village Mayor or His Authorized Representative)

Date_____

NOTES:

Modular Homes, (new and used). (R-3)

****There will be a DOUBLE FEE accessed for projects started without permits.**

Payment should be cash or check.

Checks should be made payable to CHENANGO COUNTY TREASURER

ITEMS REQUIRED FOR CERTIFICATE OF OCCUPANCY

- 1) Home and all utilities installed properly including heat, water, electric and sewer.
- 2) Foundation per design professional.
- 3) Stairs from each exit - any stairs over 3 risers are required to have handrails on each side.
- 4) Landings must extend the width of the door swing and if 30" or more above grade, handrails are also required.
- 5) Working Smoke Detectors.
- 6) Proof of electrical inspection by approved agency. Connection at meter and at breaker panel inside home must be inspected.
- 7) Water - must be provided to home (well, public or other approved source).
- 8) Septic system - or other approved means of sewage disposal (Public or private sewer etc.) Must be provided. Some municipalities require approval by sanitary officer.

Complaints regarding Dealers or Manufacturers should be directed to:

DEPARTMENT OF STATE
DIVISION OF CODE ENFORCEMENT AND ADMINISTRATION
41 STATE STREET, SUITE 1120
ALBANY, NEW YORK 12231-0001
518-474-4073