



Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

Office: (845) 340-3884 Fax: (845) 340-3886

APPLICATION FOR A MANUFACTURED HOME INSTALLATION PERMIT

Received on _____ Application Number _____
Building Permit Number _____ Issued on _____
Permit Fee \$ _____ Paid on: _____

PART 1: GENERAL INFORMATION

1. Property Location and Information

Number & Street Address: _____
Tax Map Number: _____
 Private Lot Manufactured Home Park:
Name of Manufactured Home Park _____
Lot Number: _____

2. Owner Information

Applicants Name: _____
Relationship to Owner: _____
Owners Name: _____
Owner Address: _____
Owners Phone: _____ Applicants Phone: _____

3. Retailer Information

Name: _____
Address: _____
Phone Number: _____ NYS Cert. #: _____

4. Installer Information:

Name _____
Address: _____
Phone Number: _____ NYS Cert. _____

5. Manufacture or Mobile Home Information:

Manufacturer: _____
Model # _____ Serial # _____
 New Home Used Home _____
Installation Manual available: yes no

6. Structural Installation System Design:

- Design per manufacturer's installation manual (frost protected pier & footing system)
- Design by a design professional to be otherwise protected from the effects of frost, including slabs, & gravel sets. **(Plans Required)**. Anchoring information required



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7. **Architect/ Engineer:** Name: _____
Address: _____
Phone Number: _____
Contact Name: _____

PART #2 PROJECT DESIGN & DETAILS

A plot plan and a copy of the manufactures Installation Instructions are required and should be submitted with application and include the following:

1. Location of proposed structure showing all exterior dimensions;
2. The distance of the proposal from all lot lines;

IMPORTANT NOTICES: READ BEFORE SIGNING

1. Work conducted pursuant to a building permit must be visually inspected by a Town of Ulster Building Inspector and must conform to the New York State Uniform Fire and Building Code.
2. **It is the owner's responsibility to ensure the required inspections are completed. Inspections shall be scheduled at least 24 hours prior. Building Department hours are 8:00 to 4:00, Monday-Friday**
3. **A Certificate of Occupancy is required; the structure shall not be occupied until said certificate has been issued.**
4. Copy of deed will be required if purchased within the last year.
5. Flood Development Permit may be required.
6. The building permit shall be prominently displayed so as to be visible from the street.

I, _____, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under penalty of perjury that all statements made by me on this application are true.

_____ Date: _____
Applicant Signature

Do Not Write Below This Line



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OFFICE USE ONLY

APPLICATION APPROVED OR DENIED BY _____ DATE _____

Occupancy Classification: _____

Construction Classification: _____

Description for Building Permit: _____

APPROVALS WATER DEPARTMENT DATE: _____

SEWER DEPARTMENT DATE _____

ZONING BOARD OF APPEALS DATE _____

HIGHWAY DEPARTMENT DATE _____