

App. Approved _____

Date _____ Authorized Official _____

App. Disapproved _____

Date _____ Authorized Official _____

TOWN OF CLAY
4401 Route 31, Clay, NY 13041 (315) 652-3800
MANUFACTURED HOME

BUILDING PERMIT APPLICATION

Department of Planning and Development

Permit Number _____

Date Filed _____

Tax Map Number **066 – 01 – 44.0**

Applicant – do not write above this line

➡ Visit us online at: www.townofclay.org

Manufactured Home _____ **SF** * # Bedrooms _____
* # Bathrooms _____
* Habitable SF _____

_____ Singlewide _____ Doublewide

_____ Sewer Permit # _____

_____ Electrical Permit # _____

_____ Foundation or Engineered Pad _____

Manufactured Home Information to be submitted –

Installation Manual _____

Model Number _____

Manufacturer Name _____

HUD Identification # _____

Manufacturer Serial # _____

Retailer _____

Deck(s) size = Front _____ Rear _____

Property Information

Home Address _____

Zip _____

Zoning District - R-MHC

Owner Information -

Property Owner Casual Estates LLC

Owner's Address 7330 Landsend Lane
Liverpool, NY 13090

Owner's Phone No.(H) _____ (W) _____

Owner's Signature: _____

Value of Residence \$ _____

Permit Fee: \$ 50.00

Applicant Information:

x _____ is the _____
(Name of individual signing application) (agent, contractor, corporate officer, etc.)

x _____ Zip _____
(Address) (City) (State)

_____ Phone _____
(Signature)

APPLICATION IS HEREBY MADE to the commissioner for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Name of Installer _____ License # _____ Phone _____

Address _____ State _____ Zip _____

Contractors Liability Insurance : _____ **ATTACHED, OR** _____ **ON FILE**

Workers' Compensation Insurance and Disability Insurance: _____ **ATTACHED, OR** _____ **ON FILE**

Electrical work to be inspected by, and Certificate of Approval obtained from, the CNY Electrical Inspection Service, Commonwealth Electrical Inspection Service, Middle Department Inspection Agency or The Inspector, or CNY Electrical.

Plumbing work to be inspected by, and Certificate of Approval obtained from, The Onondaga County Dept. of Health.

OFFICE USE: () Applicant () Assessor () File

9/12

