



# 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



Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

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

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

8. **Cost of Construction:** \$ \_\_\_\_\_

**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. 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.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

**Do Not Write Below This Line**

**OFFICE USE ONLY**



# Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

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

---

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 \_\_\_\_\_