

**TOWN OF PLATTSBURGH  
CODES DEPARTMENT  
151 BANKER ROAD  
PLATTSBURGH, NEW YORK 12901  
PHONE: 562-6840  
FAX: 562-6844 or 563-8396**

**APPLICATION FOR MANUFACTURED HOME PERMIT**

NAME OF MANUFACTURED HOME PARK \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET ADDRESS UNIT IS TO BE PLACED AT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ PARCEL NO. \_\_\_\_\_

DESCRIPTION OF MANUFACTURED HOME UNIT:

SIZE \_\_\_\_\_ BRAND \_\_\_\_\_ MODEL \_\_\_\_\_

NEW \_\_\_\_\_ USED \_\_\_\_\_ YEAR \_\_\_\_\_ FEE \_\_\_\_\_

CORNER OR INTERIOR LOT \_\_\_\_\_

FRONT YARD (FROM THE **LOT LINE** TO THE FRONT OF BUILDING) \_\_\_\_\_ FT.

BACK YARD (FROM THE **LOT LINE** TO THE BACK OF BUILDING) \_\_\_\_\_ FT.

SIDE YARD: A. \_\_\_\_\_ FEET TO THE SIDE OF THE BUILDING.

B. \_\_\_\_\_ FEET TO OTHER SIDE OF BUILDING.

TOTAL BOTH SIDES \_\_\_\_\_ FEET.

DIMENSION OF LOT \_\_\_\_\_

ESTIMATED VALUE (\$) OF ALL WORK, INCLUDE ALL MATERIAL & LABOR COSTS OF THE PROPOSED WORK \_\_\_\_\_

IS THE OWNER DOING ALL WORK?

YES \_\_\_\_\_

NO \_\_\_\_\_ (Complete General Contractor Info and mail or fax: Insurance & NYS Worker Compensation Certificates)

GENERAL CONTRACTOR:

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

IS THE REQUIRED FREE SPACE MAINTAINED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, HAND DELIVER THIS FORM TO THE CODE OFFICE WITH A LOT LAYOUT.

IF YOU ARE ERECTING A DECK OR SHED PLEASE CHECK THE FOLLOWING:

\_\_\_\_\_ DECK      \_\_\_\_\_ SHED

ENGINEERED STAMPED PLANS FOR CONCRETE PROVIDED:

YES \_\_\_\_\_ NO \_\_\_\_\_

STATE OF NEW YORK)

SS:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant/Property Owner/Mgr.

\_\_\_\_\_  
Print Name

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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**FOR USE BY CODE ENFORCEMENT OFFICER ONLY.**

Approved

Denied – Not in conformance with the following provision(s) of the Town of Plattsburgh  
Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_

Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments: \_\_\_\_\_

\_\_\_\_\_

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