

Town of Northumberland
P.O. Box 128, 17 Catherine St
Gansevoort, NY 12831
Ph: 518-792-9179 Fax: 518-792-9203

APPLICATION FOR MANUFACTURED HOME/ M.H. INSTALLATION/REPLACEMENT

Site Location: _____ Permit # _____ Issued Date: ____/____/____
SBL# _____

Fee: _____ Cash: ☐ Check #: _____ Received by: _____

Owner / Applicant: _____
Address: _____ City: _____ Zip: _____
Phone #: _____ or _____ Email: _____

Manufacturer: _____ NYS Certification#: _____
Model: _____ Serial #: _____ Date of Mfr: _____
"HUD" Label/State Label Number: _____
Dealer: _____ Installer: _____
Address: _____ Address: _____
City: _____ Zip: _____ City: _____ Zip: _____
Dealer Phone#: _____ or _____ Installer Phone#: _____ or _____
#/ NYS Certification, # Dealer: _____ Installer #: _____

Workers Compensation Insurance Certificate: ☐ Liability Certificate: ☐ Date Submitted: ____/____/____

INSTALLATION: Installation Manual: ☐ Yes ☐ No Floor Plan: ☐ Yes ☐ No

Seals: Installation #: _____ Anchor #: _____

Instructions Used: Manufacturer: ☐ State: ☐ Engineered: ☐
Support Footings: Type: _____ Size: _____

Ground Moisture Control: Proper Grading Under Unit: ☐ Sheeting on Ground Surface, under Piers: ☐

Piers: Materials: _____
Spacing: _____ Distance from End: _____
Height: _____ Caps in Place: ☐
Shims / Blocking: _____
Lot/Soil Conditions: _____

Anchors: Spacing: _____ Distance from End: _____
Equipment Used: _____

Equipment Approved: ☐ Installed per Instructions: ☐

Skirting: Type: _____
Attachment to Home: _____
Poly on Grade / Turned Up: _____
Access Panel: _____
Properly Vented: # _____ Size: _____

(Over)

UTILITIES

Water: Supply Source: _____
 Correct Materials / Fittings: _____
 Protection from Freezing: _____
 Support Spacing: _____
 System Test: _____ Passed: ☐ Failed: ☐
 Notes: _____

Waste: Type of Disposal: _____ Approved: ☐ Denied: ☐
 Correct Materials / Fittings: _____
 Slope to Drain: _____
 Support Spacing: _____
 Proper Connection: _____
 System Test Type: _____ Passed: ☐ Failed: ☐
 Notes: _____

Gas: Type of Supply: _____
 Correct Materials / Fittings: _____
 Pressure Test: _____

Electric: Service Equipment on Site: ☐ on the Home: ☐
 Inspection Tag or Certificate: _____

DATA PLATE

Roof Zone (South or Middle) _____

Wind Zone 1 or Better _____

Heating / Cooling Zone 0.079 _____

Comments: _____

Date: ____ / ____ / ____ Inspector: _____ Time: ____ am/pm

Present During Inspection: _____