

**CITY OF SALAMANCA
MODULAR OR MOBILE HOME PERMIT APPLICATION
PAGE 1 OF 2**

Date of Application: _____ Application Number: _____
Total Fee: _____ Receipt Number: _____
Date of Permit: _____ Permit Number: _____
City Account Number: _____ Tax Map Number: _____
Lot Size: _____ Zoning District Acceptable? _____
Estimated Project Cost: _____

Description of Proposed Project: _____

Mfg. By: _____ Address: _____
Date of Manufacture _____ New _____ Used _____ Model: _____
Model Number: _____ Serial Number: _____ Hud Stamp Number: _____
New York State Stamp Number: _____ Zone: _____ Snow Load: _____
Dealer's Name: _____ Telephone Number: _____
Dealer's Address: _____
Purchase Date: _____ Purchase Price: _____ Size: _____ X _____

**BUILDING PERMIT APPLICATION
STRUCTURAL INSTALLATION SYSTEM DESIGN APPROACH
(CHECK ONE FROM EACH SELECTION)**

Method of Support System Design:

1. Manufacturer's Installation Instructions _____ (Provide to the Building Inspector)
2. Engineered System _____ (Provide to the Building Inspector)
3. Reference Standard _____ (Provide to the Building Inspector)

*****CHECKED ITEMS BELOW SHALL BE DONE IN ACCORDANCE WITH THE DESIGN SYSTEM CHOSEN ABOVE*****

Type of Support System:

1. Perimeter, Concrete or Concrete Block _____
2. Piles and/or Posts _____
3. Concrete Slab _____
4. Piers and Ground Anchors _____
5. Permanent Wood Foundation _____

Method to Prevent Frost Damage:

1. Footers Below Frost _____
2. Floating Slab _____
3. Other Engineered Design _____

Method to Resist Wind Loads:

1. Ground Anchors and Ties _____
2. Ties to Concrete Deadmen, Footers or Foundation _____
3. Other Engineered Design _____

Type of Heat: _____ Proposed Installation/Delivery Date: _____
Home Set-Up Contractor: _____
Contractor's Address: _____ Phone Number: _____

Park Owner's or Representative's Name: _____ Phone Number: _____

Home Owner's Name(if different): _____ Phone Number: _____
Home Owner's Address: _____

UPON COMPLETION OF THIS PROJECT, A FINAL INSPECTION WILL BE MADE. ONCE A CERTIFICATE OF COMPLETION IS ISSUED, ONLY THEN CAN THIS PROJECT BE USED OR OCCUPIED.

Deponent being duly sworn, says that he is the owner or authorized agent for which the foregoing work is proposed to be done, and that he is duly authorized to perform such work, and that all workmen employed on this project are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and local ordinances. The issuance of a permit shall in no way be deemed to be a determination by the City of Salamanca as to the ownership of the improvements of said premises.

Applicant's Signature: _____ Date: _____

Sworn to this _____ day of _____, _____.

Notary Public

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Zoning or Code Enforcement Officer: _____ Date: _____

Approved: _____ Date: _____ Disapproved: _____ Date: _____

Reason: _____

Variance: _____ If yes, explain: _____

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