

TOWN OF PLATTSBURGH

MANUFACTURED HOME PARK PERMIT APPLICATION

Date Submitted: _____ **Tax Map #:** _____ **Permit number:** _____
Zoning District: _____ **Date Permit Paid:** _____ **Inspection Fee:** _____

FOR OFFICE USE ONLY

Application is hereby made to the Codes & Zoning Enforcement Officer for permission and license to conduct and operate a Manufactured Home Park pursuant to applicable Fire Safety Codes and Town Zoning Ordinance, Article XII within the boundaries of the Town of Plattsburgh at the below location:

PARK NAME: _____

ADDRESS OF THE PROPERTY: _____

1) Applicant: Name _____ Phone # _____
Address _____ City _____ St _____ Zip _____
Email Address: _____

2) Property Owner (only use-if different than Applicant)

Applicant: Name _____ Phone # _____
Address _____ City _____ St _____ Zip _____

3) Parcel size: _____ Number of spots in Park: _____

- a. Number of **TENANT** owned homes: _____; identify with corresponding lot numbers.
- b. Number of **PARK** owned homes: _____; identify with corresponding lot numbers.

4) Additional information required shall include:

- a. The name and address of the owner of the manufactured home.
- b. The registration year and number of the manufactured home and the state in which so registered.
- c. The make or factory name, the year of manufacture, the exterior color, number of rooms and the overall dimensions of the manufactured home, including any additions.
- d. A colored photograph showing the exterior of the home.
- e. The number and issuance date of the certificate of occupancy.
- f. The number and address of the manufactured home lot upon which such manufactured home is located.

PLEASE SEE TOWN ZONING ORDINANCE FOR FULL REQUIREMENTS.
IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE, CONTACT OUR OFFICE

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 inspection is proposed to be done. I further state that all information is true and correct to the best of my knowledge.

Signature of Owner or Designated Agent

Print Name

Sworn to before me this ____ day of _____, 20__

Notary Public

DESIGNATED AGENT AUTHORIZATION:

I am authorizing _____ to act as agent with regard to the above matter. This agent has been contracted by me to perform the work for which the application is being submitted. The agent, _____, being duly authorized to perform such work, has insured that all workmen employed at this site will be covered by contract or compensation insurance and that all work will be performed in accordance with all existing State Laws and Local Ordinances. Further, I state that all submitted information is true and correct to the best of my knowledge.

Signature of Applicant

Signature of Agent

Sworn to before me this ____ day of _____, 20__

Notary Public

FOR USE BY CODE ENFORCEMENT OFFICER ONLY.

() Permit for use

() 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: _____