

## APPLICATION FOR INSTALLATION OF MANUFACTURE HOME

**OWNER NAME:**

Address:

Home Phone:

Business Phone:

**MANUFACTURER:**

NYS cert.#

Model Number/Designation:

Serial Number:

HUD Number:

Date of Mfg. (Year of Home)

**RETAILER:**

NYS cert.#

Address:

Phone Number:

**INSTALLER:**

NYS cert.#

Address:

Phone Number:

Proposed Installation/Delivery Date:

Location of Installation (911 designation):

**TYPE OF SUPPORT SYSTEM -- NYSRC Sec. AE 501:**

Perimeter, Concrete or Concrete Block  Piles and/or Posts

Concrete Slab  Piers and Ground Anchors

**METHOD TO PREVENT FROST DAMAGE -- NYSRC Sec. AE502.3:**

Footings below Frost  Floating Slab  Other Engineered Design

**ANCHORAGE NYSRC Sec.AE501:**

Ground Anchors & Ties  Ties to Deadmen, Footings, Foundation  Engineered

**VENTILATION NYSRC -- Sec.AE502.6: Skirting  Other**

**OWNERS SIGNATURE:**

APPROVED  DENIED  REASON FOR DENIAL

**CODE ENFORCEMENT OFFICER SIGNATURE:**

**DATE:**