



OFFICE USE ONLY Date: _____ Application #: _____

MOBILE HOME INSTALLATION APPLICATION

1) Property owner: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

2) Site Location: _____
Tax Map Section: _____ Block: _____ Lot: _____

3) Manufacturer: _____ NYS Cert #: _____
Model #: _____ Serial #: _____
HUD #: _____ Date of Manufacturing: _____

4) Retailer: _____ NYS Cert #: _____
Address: _____
Phone #: _____

5) Installer: _____ NYS Cert #: _____
Address: _____
Phone #: _____ Delivery date: _____

6) Type of Support system (NYRC Sec AE 105):
Perimeter, Concrete or Concrete Block: _____
Piles and/or Posts: _____ Concrete Slab: _____

7) Method to prevent frost damage (NYSRC Sec AE 501):
Footings below frost: () Other: _____
with slab

8) Anchorage (NYSRC Sec AE 501):

Engineered: () Ties to Deadman, Footings, Foundation: ()

9) Ventilation (NYSRC AE 501): Fireproof Skirting () Other () _____

Date

Signature of Applicant/Builder/Contractor

Date

Signature of Owner

Date

Code Enforcement Officer