

App. Approved \_\_\_\_\_

Date \_\_\_\_\_ Authorized Official \_\_\_\_\_

App. Disapproved \_\_\_\_\_

Date \_\_\_\_\_ Authorized Official \_\_\_\_\_

**TOWN OF CLAY**  
4401 Route 31, Clay, NY 13041 (315) 652-3800  
**MANUFACTURED HOME**

**BUILDING PERMIT APPLICATION**

Department of Planning and Development

Permit Number \_\_\_\_\_

Date Filed \_\_\_\_\_

Tax Map Number **066 - 01 - 44.0**

\*\*\*Applicant - do not write above this line\*\*\*

Visit us online at: [www.townofclay.org](http://www.townofclay.org)

**Manufactured Home** \_\_\_\_\_ SF \* # Bedrooms \_\_\_\_\_

\* # Bathrooms \_\_\_\_\_

\* Habitable SF \_\_\_\_\_

\_\_\_\_\_ Singlewide \_\_\_\_\_ Doublewide

\_\_\_\_\_ Sewer Permit # \_\_\_\_\_

\_\_\_\_\_ Electrical Permit # \_\_\_\_\_

\_\_\_\_\_ Foundation or Engineered Pad \_\_\_\_\_

Manufactured Home Information to be submitted -

Installation Manual \_\_\_\_\_

Model Number \_\_\_\_\_

Manufacturer Name \_\_\_\_\_

HUD Identification # \_\_\_\_\_

Manufacturer Serial # \_\_\_\_\_

Retailer \_\_\_\_\_

Deck(s) size = Front \_\_\_\_\_ Rear \_\_\_\_\_

**Property Information**

Home Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Zoning District - R-MHC

**Owner Information -**

**Property Owner** Casual Estates LLC

**Owner's Address** 7330 Landsend Lane  
Liverpool, NY 13090

Owner's Phone No. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

**Total Project Value \$** \_\_\_\_\_

**Permit Fee: \$** 125.00

**Applicant Information:**

x \_\_\_\_\_ is the \_\_\_\_\_  
(Name of individual signing application) (agent, contractor, corporate officer, etc.)

x \_\_\_\_\_ Zip \_\_\_\_\_  
(Address) (City) (State)

\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Signature)

APPLICATION IS HEREBY MADE to the commissioner for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Name of Installer \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractors Liability Insurance:** \_\_\_\_\_ ATTACHED, OR \_\_\_\_\_ ON FILE

**Workers' Compensation Insurance and Disability Insurance:** \_\_\_\_\_ ATTACHED, OR \_\_\_\_\_ ON FILE

Electrical work to be inspected by, and Certificate of Approval obtained from, the CNY Electrical Inspection Service, Commonwealth Electrical Inspection Service, Middle Department Inspection Agency or The Inspector, or CNY Electrical.

Plumbing work to be inspected by, and Certificate of Approval obtained from, The Onondaga County Dept. of Health.

**OFFICE USE:** ( ) Applicant ( ) Assessor ( ) File