

**TOWN OF MORRISTOWN
CODES DEPARTMENT
604 MAIN STREET / PO BOX 240
MORRISTOWN, NEW YORK 13664
PHONE: (315) 375-8572
FAX: (315) 375-4723**

APPLICATION FOR MANUFACTURED HOME PERMIT

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (HOME): _____ (WORK): _____

TAX PARCEL NUMBER: _____

DESCRIPTION OF MANUFACTURED HOME UNIT:

SIZE: _____ BRAND: _____ MODEL: _____

NEW: _____ USED: _____ YEAR: _____ FEE: _____

FRONT YARD (FROM THE **LOT LINE** TO THE FRONT OF THE BUILDING) _____ FT.

BACK YARD (FROM THE **LOT LINE** TO THE BACK OF THE BUILDING) _____ FT.

SIDE YARD: A. _____ FEET TO THE SIDE OF THE BUILDING.

B. _____ FEET TO THE OTHER OF THE BUILDING.

TOTAL BOTH SIDES: _____ FEET.

DIMENTION OF LOT: _____

ESTIMATED VALUE (\$) OF ALL WORK, INCLUDING ALL MATERIAL & LABOR COSTS OF PROPOSED WORK: _____

IS THE OWNER DOING ALL WORK ?

YES: _____

NO: _____ (Complete General Contractor Info and mail or fax: Insurance & NYS Worker Compensation Certificates)

GENREAL CONTRACTOR:

Business Name: _____ Phone # _____

Address: _____ Phone # _____

IF YOU ARE ERECTING A DECK OR SHED PLEASE CHECK THE FOLLOWING:

_____ DECK _____ SHED

ENGINEERED STAMPED PLANS FOR CONCRETE PROVIDED:

YES _____ NO _____

STATE OF NEW YORK)

SS:

COUNTY OF ST. LAWRENCE)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

Signature of Applicant/Property Owner

Print Name

Sworn to this _____ day of _____, _____

Notary Public

FOR USE BY CODE ENFORCEMENT OFFICER ONLY.

Approved

Denied – Not in conformance with the following provision(s) of the Town of Morristown Zoning

Ordinance: _____

Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments: _____

Date: _____ By: _____