MODULAR or MANUFACTURED HOME

APPLICATION FEE: Manufactured: \$.20/sq ft, \$100 minimum; Modular: \$.15/sq ft, \$100 minimum

Note: Any structure that has a cost to build that is **\$20,000 or greater** must have a **stamped blueprint** submitted with the Permit Application.

PERMIT APPLICATION

TOWN OF CANADICE

| You must include construction drawings in sufficient detail for the Code Enforce meet New York State Building Code minimum standards. | ement Officer to | determine if your plans would COMPLETE <u>ALL</u> SECTIONS. |
|---|--|--|
| Property Owner | | |
| Mailing Address Email | | |
| City State | Zip \$ | Phone sq ft |
| PROJECT ADDRESS | Cost - Material & L | |
| Project Description Setbacks in feet | | Projected start date |
| from property lines Front Rear Side Side | | Projected end date |
| Insurance coveragesPermits will <u>NOT</u> be issued without the required | certificate(s) s | ubmitted with application. |
| | uired – <i>EXPLAIN</i> liation with similar c | |
| | rtificate of Exemptic vho are performin | - |
| | | |
| Contractor Email | | |
| Address City St | Zip | Phone |
| Plans drawn by Email | | |
| Address City St | Zip | Phone |
| The undersigned represents and agrees as condition to the issuance of thi constructed in accordance with all laws, ordinances of the Town and the State Prevention and Energy Code of the State of New York, and all other applicable law | e of New York L | Jniform Fire and Safety |
| X | | / /20 |
| PRINT name of owner or agent & SIGNATURE | | Date |

| | OFFICE USE ONLY | |
|--------------------------|-----------------|----------|
| | \$ | / /20 |
| Town Clerk | Fee Paid | Date |
| | | Approved |
| Tax Map Number | District | Permit # |
| | | / /20 |
| Code Enforcement Officer | | Date |

Submit this form with your application and fee to (cash or check payable to the *Town of Canadice*)

Code Enforcement Officer, Town of Canadice 5949 County Road 37, Springwater, NY 14560

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PERMIT APPLICATION TOWN OF CANADICE

| HUD Inspection Certificate Number: # | | | | | |
|--------------------------------------|------------|---------|--------------|--------------------------|-----|
| Heating Systems | Furnace | Boiler | Heat Pump | • Other: | |
| Heat Type | Forced Air | Radiant | Circulating | g D Other: | |
| Fuel Type | Electric | Gas | 🔲 oil | Other: | |
| Central Air | Yes | □ No | | | |
| Basement Type | _ | | Slab | Piers | |
| Exterior Wall Material | Wood | U Vinyl | Other: | | |
| Room Count | Bedro | ooms, | Bathrooms, _ | Total count of all rooms | |
| Square Footage | | | | Basement,GaraGara | age |
| Contact Person on site | | | | () Cell phone | |
| | | | | () | |
| Plumbing Contractor | | | | Cell phone | |
| Electrical Contractor | | | | () Cell phone | |

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| ■ Forced Air, Forced hot air, 78 AFUE or higher | | |
|--|--|-----------------------------|
| Manufacturer | Model Number | |
| - Boiler 20 AFUE or higher | | |
| ■ Boiler , 80 AFUE or higher | | |
| Manufacturer | Model Number | |
| Water Heater | | |
| All water heaters shall be third party certified. | | |
| Manufacturer | Model Number | |
| ■ Air Conditioner, Electric central air, 10 SEEF | RS or higher | |
| | | |
| Manufacturer | Model Number | |
| ■ Fireplace | yes: Wood Gas | Electric |
| Fireplace must be installed with tight fitting non- | | |
| | oustion air as required by the fireplace constructio | n provision of the Building |
| ■ Fireplace stove or Wood-burning Stove | | |
| D No | Yes: Vood Coal | Pellets |
| Fireplace stove shall be listed, labeled and instal the terms of the listing. Fireplace stoves shall be | led in accordance with the term of the listing and in | stalled in accordance with |
| | | |
| Manufacturer | Model Number | |
| | | |
| Hearth Extensions | | |
| | istalled in accordance with the listing of the firepla for a fireplace stove shall be at the same level as th | |
| | readily distinguishable from the surrounding floor | |
| | | |
| Project Name & Address | | |
| ŀ | . certify that the above materials | and equipment are |
| I,, certify that the above materials and equipment are installed in accordance with the manufacturers' instructions. | | |
| Print Contractor's name | | |
| x | | |
| Contractor's signature | Title | Date |
| | Code Enforcement Officer, Town of Canadice 5949 County Road 37, Springwater, NY 14560 | 02/21/2024 |

REQUIRED INSPECTIONS

Inspections are conducted during regular business hours of Tue/Wed/Thu 9AM – 3PM PLEASE PLAN ACCORDINGLY.

The applicant and/or contractor assumes responsibility for

- requesting inspections as listed on the Building Permit;
- ✓ giving <u>at least 24 hours notice</u> of inspection request (<u>see business hours;</u>) and
- ✓ obtaining a certificate of occupancy and/or compliance BEFORE USE.

Inspections generally shall be *REQUIRED* on the following schedule:

Some inspections may or may not apply and **there may be others**, depending upon the nature of the project.

- Footings before pouring concrete;
- Foundation before backfill;
- Storm lateral, sanitary lateral, drain tile, slab plumbing, septic system, or public water before backfill or covering;
- Plumbing drain line and water line shall be tested with water or air per P312 of the Plumbing Code of New York before closing walls;
- Framing before closing or covering walls;
- Insulation before closing or covering walls;
- Electrical inspection by a third party certified electrical inspector;
- Fireplace or wood burning stove and chimney before closing in wall and/or ceiling;
- Building equipment installations made to manufacturer's specifications;
- Water test if required by the CEO;
- Other inspections as may be required for the specific project and noted on the building permit;
- Final Inspection

NOTICE:

No structure erected or altered pursuant to this permit shall be occupied or used for any purpose <u>until a certificate of occupancy and/or compliance has been issued</u>.

| PRINT name of Owner or Agent | | | |
|------------------------------|-----|---|-----|
| X | | / | /20 |
| SIGNATURE of Owner or Agent | Dat | e | |

PLOT DIAGRAM / SURVEY MAP

INSTRUCTIONS: Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information or deed description; show all easements, street names, and adjacent property owner names; and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Indicate whether it is an interior or corner lot.

| Rear line ft. | Setback from rear lineft. |
|-------------------------------|----------------------------------|
| | |
| | |
| | |
| Ooth ook for m | Oathaall fram |
| Setback from side line (A) | Setback from side line (B)ft. |
| | |
| | |
| | |
| | Setback from front line ft. |
| Frontage ft | Road |

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