

Inspection Schedule- Manufactured Homes

Name _____

Location _____

Date _____ Permit # _____

- A reasonable means of ingress must be provided to each structure and floor level.
- All required inspections must be called in 24 hours in advance by the owner or the contractor.
- All work must be performed by a NYS licensed installer or mechanic.
- The following inspections are **mandatory**:
 1. Footer – when the excavation is complete, forms are in place and ready for pouring concrete **but before** any concrete is poured.
 - a. Poured foundation walls – when forms and reinforcements are in place but **before** any concrete is poured.
 - b. Pole type construction – after holes are dug but **before** any poles are set, or sonotubes in place, but before concrete is poured.
 - c. Concrete pads – when excavation is complete, soil is compacted, forms and reinforcement in place but **before** any concrete is poured.
 2. Final Wall – when wall is complete, parge coat and waterproofing applied, 6” of #2 stone applied over the 4” drain tile and insulation if required but **before** any back filling.
 3. When home is in place, tie downs installed, plumbing and electricity connected but **before** any skirting is installed.
 4. Final - all construction must be completed as per the approved plans and specifications, favorable reports received from all applicable agencies involved with the project, all testing completed and reports received. When all smoke detection and CO2 alarms are installed in all required locations per Section R313. Installation seals in place by the licensed installer.

 Certificate of Occupancy must be issued before any building or part thereof is occupied.

 I (please print) _____ agree upon applying for a permit that I will call 24hrs in advance for each inspection required noted at: **585-786-8820**. I understand that, failure to call for the required inspections could result in a “Stop Work Order” being issued, a \$100.00 fee imposed for each missed inspection along with assuming any additional expenses to show code compliance. A \$50.00 fee will be imposed for scheduling an inspection and access to perform such inspection cannot be made.

 Signature _____ Date _____

Building Dept. Use Only
Approved _____
Denied _____
CEO Initials _____

Building Permit Application
Wyoming County Building Department
Agricultural & Business Center
36 Center Street, Suite C
Warsaw, NY 14569
phone (585) 786-8820
fax (585) 786-6020

Estimated Cost _____
Fee to be paid upon filling
this application _____

Date: _____

Tax Parcel# _____

e-mail – droberts@wyomingcountyny.gov

Instructions:

1. This application must be completely filled in by typewriter or ink and submitted in duplicate to the Building Department.
2. A plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
3. This application must be accompanied by two sets of construction drawings showing the proposed construction along with two sets of specifications. Plans and specifications shall describe the nature of work to be performed, the materials and equipment to be used and installed, and details of structural, mechanical, electrical, heating, and plumbing installations.
4. The work covered in this application shall not commence prior to the issuance of the Building Permit.
5. Upon approval, the Building Department shall issue a building permit to the applicant, with an approved duplicate set of plans and specifications. Such permit and specifications shall be kept on premises available for inspection throughout the work progress.
6. No building shall be occupied or used in whole or in part for any purpose until a certificate of occupancy has been issued for such use by the Building Department.
7. Upon permit issuance, all work is to be completed within 12 months or a permit renewal must be obtained.

Application is hereby made to the Building Department 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, alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

Project Location: _____ Municipality: _____

Owners Name: _____

Phone# _____

Owners Email: _____

Owners Address: _____

State whether applicant is owner, lessee, agent architect, engineer, or builder: _____

Applicants Name: _____ Phone# _____

Applicants Address: _____

1. Project Description: _____
2. Is the project located within a floodplain: Yes _____ No _____
3. Is this a change of use and or occupancy (check): Yes _____ No _____
4. Nature of work (check): New Structure ____ Addition ____ Alteration ____ Repair ____ Removal ____ Demo ____
Pool ____ Solid Fuel ____ Other (give description) _____
5. Dimensions of new structure: Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____
6. Dimensions of Addition: Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____
7. If Alterations, state nature of work: _____
8. Name of Contractor: _____ Phone# _____
9. Name of Design Professional: _____ Phone# _____

Applicants Signature: _____ (S) He is the owner, agent, or contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained herein are true to the best of his or her knowledge and belief, and that the work will be performed in the manor set forth in the application and the plans and specification filled herewith. Permission is granted to the Wyoming County Building Department to enter the premises to conduct all necessary inspections.

Wyoming County Building Department
Ag Center, 36 Center Street, Suite C, Warsaw, NY 14569
Telephone (585)786-8820 Fax (585)786-6020

Intake Sheet Items Needed For All Building Permits

Last Name/Permit# _____

Job
Information

- ____ One & Two Family Home
____ Manufactured Home – Year & Model _____
____ Additions, Alterations, Renovations
____ Deck, Storage Bldg, Pole Barn, Shed
____ Re-roof
____ Swimming Pool – Size & Model _____
____ Commercial

Project
Type

- ____ Application
____ Fee Paid, Check payable to: Wyoming County Treasurer or cash
____ Zoning permit issued by the Municipality per project location
____ Septic permit issued by the Wyoming County Health Dept.(if private)
____ Well permit issued by the Wyoming County Health Dept.(if private)
____ Property address/Drive-way permit issued by the Wyoming Co. Highway Dept.
____ Inspection Schedule Signed
____ Plans–2 Sets, (If over 1500 sq', NYS architect or engineer must seal the drawings)
____ Pre-cast foundations (NYS sealed foundation plans and an approved soil test)
____ Heat Type/Fuel Type _____
____ Energy Certificate completed

Check
List
Items

- ____ Final septic approval issued by the Wyoming County Health Department
____ Final well completion and favorable water test completed by the
Wyoming County Health Department
____ Final electrical certificate issued by the approved 3rd party inspection
agency.
____ 3rd party testing as required by 2015 IECC Chapter 4
____ NYS sealed truss certificate drawings providing all required loads noted
on the drawings in compliance with NYS Code requirements.
____ All required construction inspections completed by the Wyoming
County Building Department or an approved agency for the purpose of
performing any “special inspections” as required by the Building Official.
____ Soil test report reflecting soil classification and soil bearing capacity.

**Reports due
prior to
certificates
issued**

- ____ Contractor's Name and proper insurance certificates
____ BP-1 signed (required if no contractor involved)

Insurance
Requirements

 I have read the above requirements and understand that all specific reports required by the work I'm performing, must be submitted prior to obtaining any Certificates from the Wyoming County Building Department and that NO OCCUPANCY may take place in any part thereof until such Certificates are obtained.

 **Signature** _____ **Date** _____