

BUILDING PERMIT SUBMISSION CHECKLIST

NEW MANUFACTURED HOUSING/MOBILE HOMES

PROJECT SITE ADDRESS _____ ZONING DISTRICT _____

CHECKLIST PREPARED BY: _____ PREPARER'S PHONE NO.: _____

ALL ITEMS BELOW MUST BE CHECKED EITHER "YES", "NO" or "N/A". This checklist must accompany each application for a building permit. All items checked "YES" shall accompany the application form at the time of submission to the building department.

Until the application is deemed complete it may be rejected by the building department and returned to the applicant. Acceptance of a permit submission as complete does not imply or guarantee that a permit will be issued.

	YES	NO	N/A
1. Building permit form completed and with required signatures from the property owner, applicant and installer.			
2. Base fee of \$165.00 - check made payable to Commissioner of Finance. (Additional fee of \$.30 per square foot will be calculated by inspector during review)			
3. Property survey entire parcel, plot plan for individual lot with the proposed house location showing distances to all property lines, and all adjacent structures. Please note that the minimum distance to any property line is 3ft and a 6ft minimum to adjacent structures where no property line is applicable. The seal and signature of the N.Y.S. licensed land surveyor is required. The New York State Health Department requires 5 ft from lot line and 10 ft from other structures. Any porches, decks, or other attachments should be included.			
4. If using alternate design methods, one complete set of building plans each set bearing the seal and signature of the N.Y.S. licensed professional engineer or registered architect. The set shall include, but not be limited to the following drawings: (a) soil bearing capacity; (b) drainage; (c) fill systems; (d) footings; (e) concrete floating slabs; (f) gravel sets; (g) vapor retarders; (h) piers; (i) ground anchorage; (j) skirting; (k) ventilation; (l) clearances and (m) access.			
5. If using alternate design methods, a compliance statement from the licensed professional stating that this foundation design is intended to comply with RCNY section AE 502.3 and can be expected to be protected from the effects of frost, and this design complies with the requirements of the Residential Code of New York State (www.dos.state.ny.us).			
6. Plumbing permit application			
7. One copy of manufacturer's installation manual.			
8. Certified manufacturer's name, address, phone number, and NYS certificate #.			
9. Certified installer's name, address, phone number, and NYS certificate #.			
10. Certified retailer's name, address, phone number, and NYS certificate			
11. Insurance Certificates; General Liability, Workers Comp, Disability			
12. Complete the Residential Zoning Compliance Chart			

FOR STAFF USE ONLY:

HISTORIC REVIEW DISTRICT YES NO ARCHITECTURAL REVIEW DISTRICT YES NO

ZONING VARIANCE YES NO

***** **Application will not be reviewed until required Land Use Board approvals have been obtained**

SUBMISSION ACCEPTED FOR REVIEW DATE _____ TIME _____

ACCEPTED BY (SIGNATURE) _____



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550

KATHLEEN.FARONE@SARATOGA-SPRINGS.ORG

APPLICATION FOR MANUFACTURED HOUSING/MOBILE HOME

APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING ALL REQUIRED SIGNATURES

Location Information

JOB SITE ADDRESS _____

TAX MAP ID# _____

ZONING DISTRICT _____

COST OF WORK \$ _____

ARCHITECTURAL REVIEW DISTRICT YES NO

SEWER TYPE CITY _____ PRIVATE _____

WATER SUPPLY CITY _____ PRIVATE _____

HISTORIC REVIEW DISTRICT YES NO

D.R.C. DECISION DATE _____

(PLEASE ATTACH COPY OF DECISION)

IS JOB SITE IN A FLOOD PLAIN? YES NO

H.O.A. APPROVAL DATE (IF ANY) _____

(PLEASE ATTACH COPY OF APPROVAL)

OWNER INFORMATION

CID# _____

OWNER'S NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

OWNER'S SIGNATURE _____ DATE _____

APPLICANT INFORMATION (IF APPLICABLE)

APPLICANT _____

PHONE _____

ADDRESS _____

EMAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

CERTIFIED INSTALLER

CID# _____

COMPANY NAME _____

PHONE _____

ADDRESS _____

EMAIL _____

INSTALLER'S SIGNATURE _____ DATE _____

CERTIFIED MANUFACTURER INFORMATION

NAME _____

CID# _____

ADDRESS _____

PHONE _____

EMAIL _____

FOR STAFF USE ONLY:

FILE # _____

DATE ACCEPTED _____

ACCEPTED BY _____

APPLICATION # _____

PERMIT # _____

DATE ISSUED _____

INDICATE QUANTITY OF ALL PLUMBING FIXTURES AND COMPONENTS OF JOB

PLUMBING FIXTURE/COMPONENT	QUANTITY	PLUMBING FIXTURE/COMPONENT	QUANTITY
WATER CLOSET		LAUNDRY TRAY	
BIDET		DISHWASHER	
URINAL		FLOOR DRAIN	
LAVATORY		WASHING MACHINE CONNECTION	
BATHTUB (WITH OR WITHOUT SHOWER)		HOT WATER TANK	
SHOWER STALL		HOT TUB OR JACUZZI	
SHOWERS (GROUP) – PER HEAD		ROOF DRAIN	
HOSE BIBB		GAS LINE	
KITCHEN SINK			

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SCOPE OF WORK:

HOLD HARMLESS:

The Individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorney's fees), arising out of or resulting from the performance of the work covered by this building permit application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Applicant, its contractor or its employees or anyone for whom the Contractor is legally liable or Subcontractors.

INITIAL _____

MANUFACTURED HOUSING PERMIT APPLICATION REQUIREMENTS

THE APPLICANT MUST PROVIDE THE FOLLOWING:

1. **Insurance Information:**
 - a. **For general contractors** acting in the capacity of a general contractor: a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the City of Saratoga Springs as an Additional Insured and Certificate Holder.
 - b. **For Homeowners** acting as general contractors: see Homeowners Insurance Requirements.
 - c. All applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (Homeowners – form BP-1; Contractors – form CE-200).
2. Building permit fee is \$165 plus \$.30 per square foot of floor area payable by check payable to the Commissioner of Finance.
3. Location of main building (including any additions), any accessory structures, swimming pool, etc.
4. An approved electrical inspection agency must inspect and provide a certificate of compliance for any electrical work.
5. A minimum of 24 hours notice is required for all inspections, call 587-3550 x2511 to schedule. No work to be covered until inspections have been approved. Any deviation from the approved plan must be authorized by the licensed professional and the Building Department prior to inspections.
6. A certificate of occupancy is required prior to any occupancy of the building.

RESIDENTIAL ZONING COMPLIANCE CHART

Area and Bulk Schedule

REQUIRED WITH PERMIT APPLICATION FOR NEW CONSTRUCTION, ADDITIONS, DECKS AND ACCESSORY STRUCTURES.

Step 1. Highlight the row containing your zoning district's area and bulk schedule information.

ZONING DISTRICT	MINIMUM LOT SIZE SQUARE FEET (SF)	MINIMUM AVERAGE WIDTH (FT.)	MAXIMUM BUILDING COVERAGE PERCENTAGE		MIN. YARD SETBACK (FEET)				PRINCIPAL BUILDINGS		MINIMUM DISTANCE TO ACCESSORY BUILDING (FEET)				MINIMUM % TO REMAIN PERMEABLE
			PRINCIPAL BLDG.	ACCESS. BLDG.	FRONT	REAR	EACH SIDE	TOTAL SIDE	MINIMUM 1 ST FLOOR AREA (SF)	MAX. HEIGHT (FEET)	PRINCIPAL BUILDING	FRONT LOT LINE	SIDE LOT LINE	REAR LOT LINE	
RR (F)	2 acres	200	15	5	60	100	30	100	----	35	5	60	30	50	80
SR-1 (F)	40,000	125	20	8	40	40	15	35	----	35	5	40	10	10	40
SR-2	20,000 (A)	100	25	8	30	30	12	30	----	35	5	30	5	5	30
UR-1	12,500 (A)	100	20	8	30	30	12	30	1 Story = 1,100 2 Story = 800	60	5	30	5	5	30
UR-2	6,600 (A)	60	30	10	10	25	8	20	1 Story = 900 2 Story = 700	60	5	10	5	5	25
UR-3	6,600 1-unit / 8,000 2-units	60 1-unit / 80 2-units	30	10	10	25	4	12	1 Story = 1,200 2 Story = 800	60	5	10	5	5	25
UR-4	3,000/DU	100	25	15	25	25	20	45	1 Story = 1,800 2 Story = 1,200	70	10	25	5	5	15
UR-4A	2,000/DU	60 1-unit / 80 2-units	30	10	10	25	4	12	1 Story = 1,200 2 Story = 800	70	5	10	5	5	15
UR-5	3,000/DU	100	25	15	25	25	20	45	1 Story = 1,800 2 Story = 1,200	185	20	20	10	10	15
UR-6	4,800	60	30	10	25	25	8	20	900	35	5	25	5	5	25
UR-7	4,000	50	45	10	10	10	4	8	1,000	35	5	10	5	5	20
NCU-1	6,600 1-unit / 8,000 2-units	60 1-unit / 80 2-units	30	10	10	25	4	12	1 story = 1,200 2 story = 800	60	5	10	5	5	25
NCU-2	6,600 1-unit / 8,000 2-units	60 1-unit / 80 2-units	30	10	10	25	4	12	1 story = 1,200 2 story = 800	60	5	10	5	5	25
NCU-3	3,000/DU	60 (H)	30	10	10 (I)	25	4 (J)	12	1 story = 1,800 2 story = 1,200	50	5	10	5	5	20

Step 2. Provide this information as it pertains to your proposed scope of work in your zoning district.

Your District															
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