

**Town of Northumberland**  
**P.O. Box 128, 17 Catherine St**  
**Gansevoort, NY 12831**  
**Ph: 58-792-9179 Fax: 518-792-9203**

**APPLICATION FOR MOBILE HOME INSTALLATION/REPLACEMENT**

Permit # \_\_\_\_\_  
SBL# \_\_\_\_\_

Owner / Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ or \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Date of Mfr: \_\_\_\_\_  
"HUD" Label/State Label Number: \_\_\_\_\_

Dealer: \_\_\_\_\_ Dealer #: \_\_\_\_\_  
Dealer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dealer Phone#: \_\_\_\_\_ or \_\_\_\_\_ Installer Phone#: \_\_\_\_\_ or \_\_\_\_\_  
Installer: \_\_\_\_\_ Installer #: \_\_\_\_\_  
Workers Compensation Insurance Certificate: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**INSTALLATION:**

Seals: Installation #: \_\_\_\_\_ Anchor #: \_\_\_\_\_

Instructions Used: Manufacturer: \_\_\_\_\_ State: \_\_\_\_\_

Support Footings: Type: \_\_\_\_\_ Size: \_\_\_\_\_

Piers: Materials: \_\_\_\_\_  
Spacing: \_\_\_\_\_  
Shims: \_\_\_\_\_  
Lot/Soil Conditions: \_\_\_\_\_

Anchors: Spacing: \_\_\_\_\_  
Equipment Used: \_\_\_\_\_  
Equipment Approved: \_\_\_\_\_

Frame Removed: Permitted by Manufacturer: \_\_\_\_\_  
(prior to 11/89)  
Foundation to Local Building Code: \_\_\_\_\_  
Support Locations According to Manufacturer: \_\_\_\_\_

Skirting: Type: \_\_\_\_\_  
Attachment to Home: \_\_\_\_\_  
Poly on Grade: \_\_\_\_\_  
Access Panel: \_\_\_\_\_