

NEW YORK STATE DEPARTMENT OF STATE
UNIFORM FIRE PREVENTION AND BUILDING CODE
CODES DIVISION

APPLICATION FOR PLAN APPROVAL
OF A FACTORY MANUFACTURED BUILDING

MANUFACTURER: _____ Manufacturer No: _____

Address: _____ Phone: _____

Contact person: _____ Fax: _____

QUALITY CONTROL MANUAL PREPARED BY: _____

Address: _____ Phone: _____

Contact person: _____ Fax: _____

QUALITY ASSURANCE AGENCY: _____

Address: _____ Phone: _____

Contact person: _____ Fax: _____

FACTORY MANUFACTURED BUILDING IDENTIFICATIONS

Model _____ Application pertains to:

Occupancy Class _____
_____ New individual model
_____ New system of models
_____ Modification of an approved model or system
_____ Renewal of an approved model or system

FILING DOCUMENTATION AND FEES

Provide 3 sets of necessary drawings, specifications and documentation and one manual. Please provide a non-refundable filing fee of \$50.00. A plan checking fee in accordance with 9 NYCRR 1281.4 is required upon approval. Send payment to NYS Dept. of State, Codes Division, Albany, NY 12231.

SIGNATURES

Registered Architect - Professional Engineer

Name _____ License No: _____

Signature _____

Authorized signature of manufacturer

Name _____

Date _____