

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

**APPLICATION FOR PLAN APPROVAL  
OF A FACTORY MANUFACTURED BUILDING**

**MANUFACTURER:** \_\_\_\_\_ Manufacturer No: **M** \_\_\_\_\_  
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: \_\_\_\_\_  
Occupancy Class: \_\_\_\_\_

Application pertains to:

- \_\_\_\_\_ New Individual Model
- \_\_\_\_\_ New System of Models
- \_\_\_\_\_ Modification of an Approved Model or System: **M** \_\_\_\_\_
- \_\_\_\_\_ Renewal of an Approved Model or System: **M** \_\_\_\_\_

**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, payable to: NYSDOS, Division of Building Standards and Codes. Send payment to: NYS Dept. of State, Division of Building Standards and Codes, 99 Washington Avenue, Albany, NY 12231.

**SIGNATURES**

Registered Architect - Professional Engineer

Name: \_\_\_\_\_ License No: \_\_\_\_\_  
Signature: \_\_\_\_\_

Authorized Signature of Manufacturer

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_