

Manufactured Dwelling/Recreational-Park Trailer Placement Permit Application

DEPARTMENT USE ONLY

Permit no.:

Date:

Jurisdiction name:

Address:

Phone: - - Fax: - -

E-mail: Web:

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVALS	
Zoning approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property is within flood plain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	County:
State:	ZIP:
Subdivision:	Space/lot no.:
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-515-0010.	
Signature:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
CCB license no.:	MDI license no.:
Print name:	
Signature:	

FEE SCHEDULE			
Description	Qty.	Cost each	Total
(1) Manufactured dwelling			
(a) Placement (includes placement, electrical feeder, water/sewer connection):		\$	\$
(b) Reinspection (no. of hrs. x fee per hr.):		\$	\$
Placement permit can only be obtained by homeowner or Oregon-licensed manufactured dwelling installer.			
(2) Recreational-park trailer			
(a) Installation (includes stand and lot preparation; support blocking; anchoring; temporary steps; plumbing, mechanical, and electrical):		\$	\$
(b) Reinspection (no. of hrs. x fee per hr.):		\$	\$
<i>Electrical service permit to be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work.</i>			
FEE SCHEDULE			
(3) Surcharge, 12% (.12 x total, equal to 1 or 2):			\$
(4) State administrative fee for manufactured dwelling (item 1) only, OAR 918-500-0105(5):		\$30.00	1 \$30.00
TOTAL fees and surcharges (3 + 4):			\$

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
Credit card number	Expiration /
Name of cardholder as shown on credit card	
Cardholder signature	\$ Amount