



Manufactured Dwelling Permit Application

150 Beavercreek Road, Oregon City, OR 97045
 Phone: (503) 742-4240, FAX: (503) 742-4721
 Inspection Request: (503) 742-4720
 Internet address: www.clackamas.us

OFFICE USE ONLY	
DATE RECEIVED:	PERMIT NO.:
PROJECT NO.:	OTHER:
LAND USE APPROVAL:	

TYPE OF PERMIT

- | | | |
|--|---|--|
| <input type="checkbox"/> Owner installed | <input type="checkbox"/> Contractor installed | <input type="checkbox"/> Repair |
| <input type="checkbox"/> New | <input type="checkbox"/> Addition/alteration | <input type="checkbox"/> Replacement: Same location <input type="checkbox"/> Yes <input type="checkbox"/> No |

JOB SITE INFORMATION

Job address:		Space no.:	
Manufactured dwelling park:		Address:	
City:		State:	
Tax map/tax lot no./account no.:		Lot	Block:
Base flood elevation:		Elevation certificate:	
Description of work on premises: _____			

OWNER

Name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Owner representative:			
Phone:	Fax:	E-mail:	

MANUFACTURED HOME INFORMATION

Concrete stringers/slab under home: Yes No

Single Double Triple

Valuation \$ _____ Square feet _____

(dwelling and set up only, does not include other permits)

SET UP/INSTALLATION CONTRACTOR

Name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
CCB license no.:		City/Metro license no.:	
MDI license no.:			

ADDITIONAL PERMITS (if required)

- | | | |
|--------------------------------------|-------------|-------|
| <input type="checkbox"/> Mechanical | Permit no.: | _____ |
| <input type="checkbox"/> Plumbing | Permit no.: | _____ |
| <input type="checkbox"/> Electrical | Permit no.: | _____ |
| <input type="checkbox"/> Foundation | Permit no.: | _____ |
| <input type="checkbox"/> Garage | Permit no.: | _____ |
| <input type="checkbox"/> Carport | Permit no.: | _____ |
| <input type="checkbox"/> Cabana | Permit no.: | _____ |
| <input type="checkbox"/> Ramada | Permit no.: | _____ |
| <input type="checkbox"/> Awning | Permit no.: | _____ |
| <input type="checkbox"/> Alterations | Permit no.: | _____ |
| <input type="checkbox"/> Other | Permit no.: | _____ |

SKIRTING CONTRACTOR

Name:			
Address:			
City:		State:	ZIP:
Contact person:		Phone:	
CCB license no.:		City/Metro license no.:	
Skirting license no.:		MDI/LSI license no.:	

APPLICANT

Name:			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	

Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

 Applicant's signature

 Date

Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Set up fee \$ _____
 State surcharge \$ _____
 State fee \$ _____
TOTAL \$ _____