



# Manufactured Dwelling Permit Application

150 Beavercreek Road, Oregon City, OR 97045  
 Phone: (503) 742-4240, FAX: (503) 742-4741  
 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:	ZIP:
Tax map/tax lot no./account no.:		Lot	Block: Subdivision:
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> 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:	

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.

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Set up fee ..... \$ \_\_\_\_\_  
 State surcharge ..... \$ \_\_\_\_\_  
 State fee ..... \$ \_\_\_\_\_  
**TOTAL** ..... \$ \_\_\_\_\_