



Park Development Application/Permit

Department of Consumer and Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Phone: 503-378-4133 • Fax: 503-378-4101

Web: bcd.oregon.gov

Mail application with payment to:
DCBS Fiscal Services
P.O. Box 14610, Salem, OR 97309-0445

DEPARTMENT USE ONLY

Permit number: _____

Date issued: _____

Issued by: _____

Office: _____

Note: Permits become null and void if work doesn't begin within 180 days of issue or if work is suspended for more than 180 days. It is the responsibility of the permit holder to see that required inspections are requested in a timely manner. When making an inspection request, include job number, name, site address, directions to the site, types of inspections requested, and the date that the site will be ready for inspection. Permit fees are non-refundable.

TYPE OF PERMIT

☐ Recreation park ☐ Mfg. dwelling park ☐ New construction ☐ Addition ☐ Alteration/remodel
☐ Other: _____ Description: _____

JOB SITE INFORMATION

Address: _____

City: _____ County: _____

Directions to job site: _____

OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____

Email: _____

LOCAL GOVERNMENT APPROVALS

Zoning

Information verified and approved?

☐ Yes ☐ No

Signature: _____

Jurisdiction: _____

Flood plain

Information verified and approved?

☐ Yes ☐ No

Signature: _____

Jurisdiction: _____

Sanitation

Information verified and approved?

☐ Yes ☐ No

Signature: _____

Jurisdiction: _____

TYPE OF PAYMENT / RECEIPT

☐ Check ☐ Money order ☐ Purchase order ☐ Credit card

FISCAL CODE

A. Mfd. dwelling permit..... \$ _____ 70411/1195

B. RV permit \$ _____ 70411/1764

C. Investigation fee \$ _____ 70411/1195

D. 12% surcharge
(.12 x [A or B+C])..... \$ _____ 70411/1291

E. Plan review 65% (.65 x [A or B]) \$ _____ 70411/1212

Total fees and surcharges

(A or B+C+D+E) \$ _____

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Signature: _____

Date: _____

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. **Do not send cash.**

☐ Visa ☐ MasterCard ☐ Discover Phone: () _____

Credit card number

Expiration date

Name of cardholder as shown on credit card

Cardholder signature

\$

Amount

**Secure fax for
credit card payments: 503-947-2333**

DCBS Fiscal use only:

