Manufactured Dwelling/Recreational Park Trailer						DEPARTMENT USE ONLY			
Placement Permit Application					Permit no.:				
Jurisdiction name:				=	Date:				
Address:		n.		-					
Phone: Email:		Fax: Web:		_					
Eman.		Web.		-					
This permit is issued under 0 started within 180 days of iss					8-525-0370. Pe	ermit	s expire if	work is not	
LOCAL GOVERNMENT APPROVALS			FEE SCHEDULE						
Zoning approval verified:	·	Yes No	Descripti	ion		Qty.	Cost each	Total	
Property is within flood plain:	·	Yes No	(1) Manu	ıfactured dwellii	ng			-	
Sanitation approval verified:	(a) Placement (includes placement,								
CATEGORY OF	electrical feeder, water/sewer connection):				\$	\$			
Residential Gove	rnment	☐ Commercial		pection (no. of h	rs. x fee per hr.):		\$	\$	
JOBSITE INFORMA	TION A	AND LOCATION	Placemen	nt permit can only	be obtained by h	omeo	*	egon-	
Jobsite address:	licensed manufactured dwelling installer. (2) Recreational-park trailer								
City:		County:		-					
State: 2		ZIP:	(a) Installation (includes stand and lot preparation; support blocking; anchoring; temporary steps; plumbing, mechanical, and electrical):			\$	\$		
Subdivision: Space/lot		lot no.:					J.	Φ	
DESCRIPTION OF WORK				ection (no. of hrs. x fee per hr.):			\$	\$	
				• •	o be obtained onl	y by h	omeowner j		
				igning superviso	r of Oregon-licen				
PROPERTY OWN	ER INS	STALLATION			EE SCHEDU	JLE			
Name:				(3) Investigative fee: \$					
Address:			(4) Surcharge, 12% (.12 x total, equal to 1 or 2+3): \$					\$	
City: Sta	State:		(5) State administrative fee for manufactured dwelling (item 1) only, OAR 918-500-0105(5):						
Phone: Fax:					\$3	0.00	\$30.00		
Email:			TOTAL fees and surcharges ([1 or 2+3+4+5]): \$						
This installation is being made on r me or a member of my immediate requirements under OAR 918-515-	amily, and								
Signature:									
CONTRACTOR	INSTA	ALLATION							
Business name:				CREDIT	CARD INFO	ORM	ATION		
Address: City: State:			☐ Visa ☐ MasterCard ☐ Discover P		one:				
•	ty: State:			Credit card number		/		niration	
Phone: Fax:		Credit card number				Expiration			
Email:			Name	of cardholder as sh	own on credit card				
CCB license no.: MDI license no.:						\$			

Cardholder signature

Amount



Print name: