Manufactured Dwelling/Recreational-Park Trailer				DEPARTMENT USE ONLY			
1 meement 1 et mit 11ppmeuton				Permit no.:			
Jurisdiction name:				Date:			
Address: Phone:	Fax						
Email:	We						
	ler OARs 918-50	0-0105 and 918-525	-0370. Permits expire if work is no	t started wi	thin 180 da	iys of	
LOCAL GOVERNMENT APPROVALS			FEE SCHEDULE				
Zoning approval verified:	☐ Yes	☐ No	Description	Qty.	Cost each	Total	
Property is within flood pl	lain: Yes	□No	(1) Manufactured dwelling	_			
Sanitation approval verifie	ed: Yes	□No	(a) Placement (includes placement,			\$	
CATEGORY OF CONSTRUC		RUCTION	electrical feeder, water/sewer connection):		\$		
Residential 0	Government	☐ Commercial	(b) Reinspection (no. of hrs. x fee p	er hr.):	s	\$	
JOB SITE INFORMATION AND LOCATION			Placement permit can only be obtained by homeowner or Oregon-licensed manufactured dwelling installer.				
Job site address:			(2) Recreational-park trailer				
City:		ounty:	(a) Installation (includes stand and				
State: ZIP:		IP:	lot preparation; support blocking		\$	\$	
Subdivision: Space/lot no.:			anchoring; temporary steps; plumbing, mechanical, and electrical):				
DESCRIPTION OF WORK			(b) Reinspection (no. of hrs. x fee p	er hr.):	\$	\$	
			Electrical service permit to be obtain work or signing supervisor of Orego performing work.				
PROPERTY OWNER INSTALLATION			FEE SCHEDULE				
Name:			(3) Investigative fee:			\$	
Address:			(4) Surcharge, 12% (.12 x total, equal to 1 or 2+3):			\$	
City:	State:	ZIP:	(5) State administrative fee for				
Phone:	Fax:		manufactured dwelling (item 1) only, OAR 918-500-0105(5):	\$3	0.00	\$30.00	
Email:			TOTAL fees and surchar	rges ([1 or 2	+3+4+51):	\$	
This installation is being made me or a member of my immed requirements under OAR 918-Signature:	diate family, and is	exempt from licensing		80% ([	2 2 21/1		
Business name:	OK INSTALL	ATION	ODEDIT CARD	INFORM	ATION		
Address:			CREDIT CARD INFORMATION				
City: State: ZIP:		ZIP·	☐ Visa ☐ MasterCard ☐ Discov	er Phone: _	<u>-</u>	<u>-</u> /	
Phone:	Fax:		Credit card number		Exp	oiration	
Email:	I WA.						
Liliuli.			Name of cardholder as shown on cre	edit card			

\$

Amount

Cardholder signature



CCB license no.:

Print name:

Signature:

MDI license no.: