



Manufactured Dwelling/Recreational-Park Trailer Placement Permit Application

Department of Consumer and Business Services
Building Codes Division • Coos Bay Field Office

1155 S. 5th St., Coos Bay, OR 97420
541-266-1098 • Fax: 541-266-1146 • TTY: 503-373-1358
oregon.gov/bcd

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Issue date:
LOCAL GOVERNMENT APPROVALS	
Zoning approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property is within flood plain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	County:
State:	ZIP:
Project name:	
Directions to job site:	
Parcel no.:	Space no.:
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/state/ZIP:	
Phone:	Fax:
Email:	
This installation is being made on residential or farm property owned by me or a member of my immediate family.	
Signature:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Fax:
Email:	
CCB no.:	MDI no.:
Print name:	
Signature:	

FEE SCHEDULE				
Description	Cost ea.	Qty.	Total	Dept. Use
(1) Manufactured dwelling				
Placement (includes placement, electrical feeder, water/sewer connection):	\$160.00			70411/1195
Placement permit to be obtained only by homeowner or Oregon-licensed manufactured dwelling installer.				
(2) Recreational-park trailer				
Placement (includes stand and lot preparation; support blocking; anchoring; temporary steps; plumbing, mechanical, and electrical):	\$105.00			70411/1764
Electrical service permit to be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work.				
(3) Miscellaneous fees				
(a) Surcharge, 12% (.12 x [1+3 or 2+3]):				70411/1291
(b) Administrative fee for item (1) only:	\$30.00	1	\$30.00	70411/1195
Total fees and surcharges:				

**Fax for
credit card payments:
541-266-1146**

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.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Cardholder signature _____			\$ _____ Amount
Name of cardholder as shown on credit card _____			CVV _____ /
Credit card number _____			Expiration _____

DCBS Fiscal use only:

