

Manufactured Dwelling/Recreational-Park Trailer Placement Permit Application

Department of Consumer and Business Services Building Codes Division • Pendleton Field Office800 SE Emigrant Ave., Suite 360 Pendleton, OR 97801

Phone: 541-276-7814 • Fax: 541-276-9244 Building.department@dcbs.oregon.gov

www.oregon.gov/bcd

DEPARTMENT USE ONLY								
Permit no.:								
Office:								
By:	Issue date	:						
LOCAL GOVERNMENT APPROVALS								
Zoning approval verified:		Yes	☐ No					
Property is within flood plain:		Yes	☐ No					
Sanitation approval verified:		Yes	☐ 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.

JOBSITE INFORMATION AND LOCATION			FEE SCHEDULE					
Jobsite address:			Description	Cost ea.	Qty.	Total	Dept. Us	
City:		County:	(1) Manufactured dwelling					
State:		ZIP:	Placement (includes	¢1.60.00			70411	
Project name:			placement, electrical feeder, water/sewer connection):	\$160.00			/1195	
Directions to jobsite:			Placement permit to be obtaine licensed manufactured dwellin	ed only by g installer	homeo	owner or	Oregon-	
			(2) Recreational-park trailer					
Parcel no.:	Space n		Placement (includes stand and lot preparation; support blocking; anchoring;	\$105.00			70411 /1764	
DESCR	RIPTON OF W	/URK	temporary steps; plumbing, mechanical, and electrical):					
			Electrical service permit to be performing work or signing sure electrical contractor performing	pervisor o	only by of Orego	homeow on-licens	ner ed	
DDODEDTY	OWNED INCT	ALLATION	(3) Miscellaneous fees					
PROPERTY OWNER INSTALLATION Name:		(a) Surcharge, 12% (.12 x [1+3 or 2+3]):				7041 /1291		
Address:			(b) Administrative fee for item only:	(1) \$30	0.00 1	\$30.00	7041 /1195	
City/State/ZIP:			Total fees and sur	charges:				
Phone:	Fax:					I		
Email:			Make check or money ord					
This installation is being owned by me or a memb			Consumer and Business So card, applicant must sign cronot send cash.					
Signature:	OTOD INCTAL	LATION	Fax for credit card payme	nts: 541-	276-9	244		
	CTOR INSTAL	LATION	☐ Visa ☐ MasterCard ☐ ☐	iscover	Phon	e:		
Business name:							1	
Address:			Credit card numb	er		Ex	piration	
City/State/ZIP:			Name of cardholder as shown	on anadit	aard			
Phone:	Fax:		Name of cardnoider as snown	on creatt	cara	\$		
Email:			Cardholder signatu	ıre			mount	
CCB no.:	MDI no	o.:	-					
Print name:								
Signature:								