



Manufactured Home Permit, Inspection and Insignia Application

Department of Consumer and Business Services
Building Codes Division • Statewide Services Section
1535 Edgewater NW, Salem, OR
P.O. Box 14470, Salem, OR 97309-0404
503-378-5975, Fax: 503-378-4101
Certification tag information: 503-373-1257
Web: bcd.oregon.gov

For the Certification Tag Request and Manufacturer's Monthly Report, mail application with payment to:
DCBS – Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445
For the Technical Service Request and Alteration and Visual Inspection, mail application *only* to same address.

APPLICANT / OWNER INFORMATION	
Applicant:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
Installer license no:	
CCB registration no:	
BILLING INFORMATION	
Applicant:	
Address:	
City/State/ZIP:	

MANUFACTURED HOME INFORMATION	
Manufacturer:	
Serial no.:	DOM:
SPECIAL INSTRUCTIONS	

Payment in full for the "certification tag request" and "manufacturer's monthly report fees" should accompany this form.

Invoice to follow. Do not pay for the "alteration and visual inspection" or "technical service request."

ALTERATION AND VISUAL INSPECTION	
70411/1195	\$125 X _____ inspections
70411/1195	\$50 X _____ insignia
70411/1291	12% surcharge
TECHNICAL SERVICE REQUEST	
70411/1195	Fee: \$55 X _____ hour
70411/1500	Mileage: _____ at \$ _____ per mile
70411/1500	Meals: \$ _____ \$ _____ \$ _____
70411/1500	Lodging: \$ _____
70411/1291	12% surcharge <i>on hourly fee</i>

CERTIFICATION TAG REQUEST	
70411/1195	\$8 X _____ Cert. tag = Total: \$ _____
Tag numbers: _____	
MANUFACTURER'S MONTHLY REPORT FEES	
70411/1195	Floors: \$42.50 X _____ = \$ _____
70411/1195	Label handling: \$2* X _____ = \$ _____
70411/1001	Inst. licensing: \$4* X _____ = \$ _____
70411/1291	12% surcharge <i>on floor fee</i> = \$ _____
*Per floor	Total fees: \$ _____
Permit no.: _____	
Approved by: _____	Date: _____

Credit Card Information

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

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

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

DCBS fiscal use only:

