



# Manufactured Home Permit, Inspection and Insignia Application

Department of Consumer and Business Services  
 Building Codes Division • Statewide Services Section  
 503-378-4133 - oregon.gov/bcd

**For the Certification Tag Request and Manufacturer's Monthly Report**  
**Mail or fax application with payment to:**

**DCBS – Fiscal Services**  
**P.O. Box 14610**  
**Salem, OR 97309-0445**  
**Secure fax: 503-947-2333**

*(All payment forms sent to the DCBS secure fax for your protection.)*

APPLICANT / OWNER INFORMATION				
Applicant:				
Address:				
City/state/ZIP:				
Phone:				
Email:				
Installer name:				
Installer license no/type:				
CCB registration no:				
BILLING INFORMATION				
Applicant:				
Address:				
City/state/ZIP:				
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		<b>Total fees:</b>		\$
		Permit no.:		
Approved by:		Date:		

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

CERTIFICATION TAG REQUEST			
70411/1195	\$8 X		Cert. tag = Total: \$
Tag numbers:			

**For Alteration, Visual Inspection, and Technical Service Requests**  
 mail application *only* to above address without payment  
**DO NOT PAY** an invoice will be mailed to you.

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(s)
70411/1500	Mileage:		at \$	per mile
70411/1500	Meals: \$		\$	\$
70411/1500	Lodging: \$			
70411/1291	12% surcharge <i>on hourly fee</i>			

MANUFACTURED HOME INFORMATION	
Manufacturer:	
Serial no.:	DOM:

SPECIAL INSTRUCTIONS

**DCBS fiscal use only:**

