

APPLICATION FOR MANUFACTURED DWELLING PLACEMENT PERMIT

Building Codes Services

800 S.E. Emigrant Ave., #360

Pendleton, OR 97801

Phone: 541-276-7814 • Fax: 541-276-9244 • Web: www.oregon.gov/bcd

Email: building.department@oregon.gov

DEPARTMENT USE ONLY

Permit #: _____

County: _____

By: _____ Date: _____

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

Select the appropriate county: <input type="checkbox"/> Gilliam <input type="checkbox"/> Sherman <input type="checkbox"/> Wheeler	
JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work (INT):</i> _____
City:	Name: _____
Directions to inspection site:	Mailing address: _____
	City/State/ZIP: _____
	Phone: _____ Cell: _____
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: _____

LOCAL GOVERNMENT APPROVALS		
Zoning	Flood Plain	Sanitation
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Signature: _____	Signature: _____	Signature: _____
Jurisdiction: _____	Jurisdiction: _____	Jurisdiction: _____
Date: _____ Tax lot#: _____		Date: _____ Tax lot#: _____

MANUFACTURED DWELLING PLACEMENT PERMIT FEES – EFFECTIVE JANUARY 1, 2014				
	FEE	# of items	Total	Dept use only
Installation/Re-inspection				
(a) Placement (includes placement, concrete slab / runners / foundations when prescriptive, electrical feeder, and plumbing/cross-over connections up to 30 lineal feet)	\$192.00			
(b) Re-inspection (each)	\$ 78.00			
Sub-total:				
12% surcharge:				
State Manufactured Dwelling fee:	\$ 30.00			
Investigation fee	Actual Cost			
GRAND TOTAL:				

- I am the property owner doing my own work.
- I am the property owner hiring a licensed manufactured dwelling installer. License #: _____ Expires: ___/___/___
- Building Codes Division license #: _____ PB _____ EL _____ MDI Expires: ___/___/___
- Construction Contractors Board registration #: _____ Expires: ___/___/___

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:
Mailing Address:
City/State/ZIP:
Phone:
Email:
Signature: _____ Date: _____

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Phone: _____
Amount: _____ Expires: _____
Name on card: _____
Card number: _____
Signature: _____

Make check or money order payable to DCBS. If paying by credit card, complete all information below. **DO NOT SEND CASH.**