

MANUFACTURED HOME Permit Application



INSPECTIONS, INC.

445 SW 24th St.

Ontario, OR. 97914

Phone: (541) 889-7422 or (800) 916-0028 Fax: (541) 889-7529

Serving Malheur & Harney Counties

DEPARTMENT USE ONLY

Permit No.:

Date Issued:

This permit is issued under OAR 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.

TYPE OF WORK (Check box)			
<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Other-conversion to storage		
<input type="checkbox"/> Replacement Dwelling : Same location	<input type="checkbox"/> Yes or	<input type="checkbox"/> No	
CATEGORY OF CONSTRUCTION (check box)			
<input type="checkbox"/> Footing/stemwall foundation	<input type="checkbox"/> concrete stringers/slab under home		
<input type="checkbox"/> cinderblock skirting	<input type="checkbox"/> other skirting		
JOB SITE INFORMATION AND LOCATION			
Job site address:			
Space #:	City:	OR	Zip:
Cross St / Directions to Job Site:			
DESCRIPTION OF WORK (example: set, year & size)			
PROPERTY OWNER INFORMATION			
Print Name:			
Mailing Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 918-515-0010			
Owner Signature:			
Print Name	Date:		
CONTRACTOR INFORMATION			
Business Name:			
Contact Person:			
Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
Fax: ()	Email:		
CCB Lic. #:	MDI Lic. #:		
Authorized signature required :			
Print Name	Date		
I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No. is correct and current, that the plans submitted are in compliance with state law. Manufactured dwelling installers must also have an Oregon MDI license.			

LOCAL GOVERNMENT APPROVALS			
ZONING			
Use Zone: _____ T _____ S, R _____ S _____ TL _____			
Permit #: _____ Date Issued: _____			
Setbacks: Road ROW: _____ Side: _____ Side: _____ Rear: _____			
*Owner/Contractor is responsible to meet above setback requirements			
Farm Dwelling: New <input type="checkbox"/> or Replacement <input type="checkbox"/>			
Non-farm Dwelling: New <input type="checkbox"/> or Replacement <input type="checkbox"/>			
Other <input type="checkbox"/> _____			
Flood Plain: Yes <input type="checkbox"/> or No <input type="checkbox"/> Required Elevation: _____			
Signature:		Title:	
Print Name:		Date:	
SANITATION			
Information Verified : Yes <input type="checkbox"/> or No <input type="checkbox"/>			
Sanitation Required: Yes <input type="checkbox"/> or No <input type="checkbox"/>			
Signature:		Title:	
Print Name:		Date:	
MANUFACTURED DWELLING FEE SCHEDULE			
Installation / Re-inspection	Qty	Fee	Total cost
(1) Placement :			
(a) First or Single Unit (Includes : Placement, electrical feeder, & plumbing connections)		\$395.00	
(b) Each Additional Unit (Includes: Placement, electrical feeder, & plumbing connections)		\$110.00	
(2) Re-Inspection (per inspection)		\$65.00	
PERMIT FEES			
(A) Enter total of above fees		\$	
(B) Investigative fee (equal to (A) if applicable)		\$	
(C) Enter 12% State Surcharge (.12 x (A) and / or (B) if applicable)		\$	
(D) State Administrative Fee		\$30.00	
Total of Permit Fees: (A) thru (D)		\$	