



Manufactured Dwelling Permit Application

150 Beavercreek Road, Oregon City, OR 97045
 Phone: (503) 742-4240, FAX: (503) 742-4721
 Inspection Request: (503) 742-4720
 Internet address: www.clackamas.us

OFFICE USE ONLY	
DATE RECEIVED:	PERMIT NO.:
PROJECT NO.:	OTHER:
LAND USE APPROVAL:	

TYPE OF PERMIT		
<input type="checkbox"/> Owner installed	<input type="checkbox"/> Contractor installed	<input type="checkbox"/> Repair
<input type="checkbox"/> New	<input type="checkbox"/> Addition/alteration	<input type="checkbox"/> Replacement: Same location ? Yes ? No

JOB SITE INFORMATION			
Job address:			Space no.:
Manufactured dwelling park:		Address:	
City:		State:	ZIP:
Tax map/tax lot no./account no.:		Lot	Block: Subdivision:
Base flood elevation:		Elevation certificate:	
Description of work on premises: _____			

OWNER		MANUFACTURED HOME INFORMATION	
Name:		Concrete stringers/slab under home: ? Yes ? No	
Address:		? Single ? Double ? Triple	
City:	State:	ZIP:	Valuation \$ _____ Square feet _____
Phone:	Fax:	E-mail:	(dwelling and set up only, does not include other permits)
Owner representative:			
Phone:	Fax:	E-mail:	

SET UP/INSTALLATION CONTRACTOR		ADDITIONAL PERMITS (if required)	
Name:		<input type="checkbox"/> Mechanical	Permit no.: _____
Address:		<input type="checkbox"/> Plumbing	Permit no.: _____
City:	State:	<input type="checkbox"/> Electrical	Permit no.: _____
Phone:	Fax:	<input type="checkbox"/> Foundation	Permit no.: _____
CCB license no.:	City/Metro license no.:	<input type="checkbox"/> Garage	Permit no.: _____
MDI license no.:		<input type="checkbox"/> Carport	Permit no.: _____
SKIRTING CONTRACTOR		<input type="checkbox"/> Cabana	Permit no.: _____
Name:		<input type="checkbox"/> Ramada	Permit no.: _____
Address:		<input type="checkbox"/> Awning	Permit no.: _____
City:	State:	<input type="checkbox"/> Alterations	Permit no.: _____
Contact person:	Phone:	<input type="checkbox"/> Other	Permit no.: _____
CCB license no.:	City/Metro license no.:		
Skirting license no.:	MDI/LSI license no.:		
APPLICANT			
Name:			
Address:			
City:	State:		
Phone:	Fax:		

Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant's signature

Date

Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Set up fee \$ _____

State surcharge \$ _____

State fee \$ _____

TOTAL \$ _____