



Application for Manufactured Dwelling Placement Permit

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater NW, Salem, OR
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
(503) 373-1268, Fax: (503) 378-2322, TTY: (503) 373-1358
www.oregonbcd.org

Notify planning at final inspection

Make check or money order payable to Building Codes Division. If paying by credit card, applicant must sign credit card information box. Do *not* fax; do *not* send cash.

DEPARTMENT USE ONLY	
Permit no.:	Date issued:
Issue by:	Office:

JOB SITE INFORMATION	OWNER INFORMATION
Address: _____	Name: _____
City: _____ County: _____	E-mail: _____
Directions to inspection site: _____	Mailing address: _____
Is property inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	City: _____ State: _____ ZIP: _____
	Phone: (____) _____ Fax: (____) _____

LOCAL GOVERNMENT APPROVALS	
Zoning	Sanitation
Signature: _____	Signature: _____
Jurisdiction: _____	Jurisdiction: _____
Date: _____	Date: _____

MANUFACTURED DWELLING PLACEMENT PERMIT FEES				
	Cost (each)	No. of items	Sum	Dept. Use Only
(1) Installation/re-inspection				
(a) Placement (includes placement, electrical feeder, water/sewer connection):	\$160	_____	_____	70411/1195
(b) Re-inspection (per inspection):	\$ 85	_____	_____	70411/1195
Placement permit to be obtained only by homeowner, or Oregon-licensed manufactured dwelling installer.				
(2) Electrical				
(a) Service (new service installation or alteration/relocation of existing service):	\$ 63	_____	_____	70111/1195
(b) Re-inspection (per inspection):	\$ 55	_____	_____	70111/1195
Electrical service permit to be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work.				
(3) Plumbing				
(a) New water service:	\$ 32	_____	_____	70611/1195
(b) New sanitation/storm sewer:	\$ 32	_____	_____	70611/1195
(c) Re-inspection (per hour):	\$ 46	_____	_____	70611/1195
Plumbing permit to be obtained only by homeowner performing work or Oregon-licensed plumbing contractor performing work.				
(4) Miscellaneous fees				
(a) 6% surcharge:		_____	_____	70011/1251
(b) 1% surcharge:		_____	_____	70911/1261
(c) Administrative fee:	\$ 30	1	\$ 30.00	70411/1195
GRAND TOTAL:			\$ _____	

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

- I am the property owner doing my own work.
- I am the property owner hiring a licensed manufactured dwelling installer. License no.: _____ Expires: _____
- Building Codes Division license no.: _____ PB _____ EL _____ MDI Expires: _____
- Construction Contractors Board registration no.: _____ Expires: _____

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

Applicant or contractor's name: _____

Mailing address: _____

City/State/ZIP: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

FOR FISCAL USE ONLY