



APPLICATION FOR MANUFACTURED DWELLING PLACEMENT PERMIT

Mid-Columbia Building Codes Services
312 Court St; Suite 415
The Dalles, OR 97058

p: (541) 298-4461 f: (541) 298-2667

DEPARTMENT USE ONLY

Permit #:
Office:
By: _____ Date: _____

| JOB SITE INFORMATION | OWNER INFORMATION |
|--------------------------------------|---|
| Address: _____ | <i>I am the property owner doing my own work (INIT)</i> _____ |
| City: _____ County: _____ | |
| Directions to inspection site: _____ | Name: _____ |
| _____ | Mailing Address: _____ |
| _____ | City: _____ State: _____ Zip: _____ |
| _____ | Phone: _____ Cell: _____ |
| Is property inside city limits: Y N | Email: _____ |

LOCAL GOVERNMENT APPROVALS

| Zoning | Flood Plain | Sanitation |
|--|---------------------|--|
| Information verified and approved? Y N | Y N | Information verified and approved? Y N |
| Signature: _____ | Signature: _____ | Signature: _____ |
| Jurisdiction: _____ | Jurisdiction: _____ | Jurisdiction: _____ |
| Date: _____ Tax Lot#: _____ | | Date: _____ |

MANUFACTURED DWELLING PLACEMENT PERMIT FEES

| | FEE | # of Items | Total | Dept use only |
|---|--------|------------|-----------|---------------|
| (1) Installation/Re-inspection | | | | |
| (a) Placement (includes placement, electrical feeder, water/sewer connection): | \$ 160 | _____ | _____ | _____ |
| (b) Re-inspection (per hour): | \$ 65 | _____ | _____ | _____ |
| (2) Electrical | | | | |
| (a) Service (new service installation or alteration/relocation of existing service): | \$ 63 | _____ | _____ | _____ |
| (b) Re-inspection (per hour): | \$ 65 | _____ | _____ | _____ |
| <i>Electrical service permit to be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work.</i> | | | | |
| (3) Plumbing | | | | |
| (a) New water service: | \$ 32 | _____ | _____ | _____ |
| (b) New sanitation/storm sewer: | \$ 32 | _____ | _____ | _____ |
| (c) Re-inspection (per hour): | \$ 65 | _____ | _____ | _____ |
| <i>Plumbing permit to be obtained only by homeowner performing work or Oregon-licensed plumbing contractor performing work.</i> | | | | |
| (4) Miscellaneous | | | | |
| (a) 12% surcharge: | | _____ | _____ | _____ |
| (b) Administrative fee: | \$ 30 | _____ | _____ | _____ |
| 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.

Rev. 04-01-10

| | |
|------------------------------|---|
| Applicant Name: _____ | <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |
| Mailing Address: _____ | Card #: _____ |
| City/State/Zip: _____ | Expiration: ___/___/___ Amount: \$ _____ |
| Phone: _____ | Name on Card: _____ |
| Email: _____ | Signature: _____ |
| Signature: _____ Date: _____ | |