

CITY OF ESTACADA



Manufactured Dwelling Permit Application

777 NW Tulip Road
 P.O. Box 958
 Estacada, OR 97023
 Phone: 503-630-8274
 Fax: 503-630-8276
Inspections: 503-630-8274

Type of Const.	Size of Building	Occupancy Group	No. of Stories
Max Occ. Load	Dwelling Units	Total Height	Roof Pitch
Turned In	Picked Up	Permit No.	
Plans Checked By:			Date:
Approved for Issuance By:			Date:

TYPE OF PERMIT

<input type="checkbox"/> Owner Installed New	<input type="checkbox"/> Contractor Installed Addition/alteration	<input type="checkbox"/> Repair Replacement: Same Location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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JOB SITE INFORMATION

Job Address:			Space No.
Manufactured Dwelling Park:		Address:	
City:		State:	Zip:
Tax map/tax lot no./account no.:	Lot	Block	Subdivision:
Description of work on premises: _____			

OWNER

MANUFACTURED HOME INFORMATION

Name:			Manufacturer:		
Address			Year Built:		
City:	State:	Zip:	<input type="checkbox"/> Single*	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
Phone:	Fax:	Email	*Estacada City Code, Section 16.16.020(C2) states that the manufactured home shall be multi-sectional.		
Owner Representative:			Home Valuation: \$ _____ Size* (Square feet): _____		
Phone:	Fax:	E-mail:	*Estacada City Code, Section 16.16.020(C2) states that the manufactured home shall enclose a space of not less than one thousand (1,000) square feet.		

SET UP/INSTALLATION CONTRACTOR

ADDITIONAL PERMITS (IF REQUIRED)

Name:			<input type="checkbox"/> Plumbing (If more than 100 LF of line is required to service the home.) <input type="checkbox"/> Electrical Permit No.: _____ <input type="checkbox"/> Alterations Permit No.: _____ <input type="checkbox"/> Other Permit No.: _____
Address:			
City:	State:	Zip:	
CCB License No.:	City license No.:		
MDI license No.:			

SKIRTING CONTRACTOR

FEES

Name:			Set Up Fee \$ _____ Permanent Steps & Skirting \$ _____ Plumbing Permit \$ _____ State MH Fee \$ _____ State Surcharge \$ _____ Total \$ _____
Address:			
City:	State:	Zip:	
CCB License No.:	City license No.:		
Skirting license No.:	MDI/LSI license No.:		
Name:			

APPLICANT

Name:		Address:		
City:	State:	Zip:	Phone:	Fax:
		Email:		

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.

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:

Applicants signature _____ Date _____

Notice: This permit expires if an inspection is not obtained within 180 days after it has been issued.

Zoning/City Checked by: _____ / /

Approved for Issuance by: _____ / /