

**APPLICATION FOR MANUFACTURED DWELLING
PLACEMENT PERMIT**

Building Codes Services

2705 E 2nd Street

The Dalles, OR 97058

Phone: 541-506-2650 • Fax: 541-506-2651 • Web: www.oregon.gov/bcd

Email: building.department@oregon.gov

DEPARTMENT USE ONLY

Permit #: _____

County: _____

By: _____ Date: _____

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

Select the appropriate county: Gilliam Sherman Wasco Wheeler

JOB SITE INFORMATION		OWNER INFORMATION	
Address:		<i>I am the property owner doing my own work (INT):</i> _____	
City:		Name:	
Directions to inspection site:		Mailing address:	
		City/State/ZIP:	
		Phone:	Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:	

LOCAL GOVERNMENT APPROVALS

Zoning	Flood Plain	Sanitation
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Signature:	Signature:	Signature:
Jurisdiction:	Jurisdiction:	Jurisdiction:
Date: Tax lot#:		Date: Tax lot#:

MANUFACTURED DWELLING PLACEMENT PERMIT FEES – EFFECTIVE JANUARY 1, 2014

	FEE	# of items	Total	Dept use only
Installation/Re-inspection				
(a) Placement (includes placement, concrete slab / runners / foundations when prescriptive, electrical feeder, and plumbing/cross-over connections up to 30 lineal feet)	\$192.00			
(b) Re-inspection (each)	\$ 78.00			
Sub-total:				
12% surcharge:				
State Manufactured Dwelling fee:	\$ 30.00			
Investigation fee	Actual Cost			
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.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date:

Make check or money order payable to DCBS. If paying by credit card, complete all information below. DO NOT SEND CASH.	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Phone: _____	
Amount: _____	Expires: _____ CCV: _____
Name on card: _____	
Card number: _____	
Signature: _____	