

Manufactured Dwelling Permit Application

City of Independence
P.O. Box 7 / Independence OR / 97351
Phone 503-838-1212 / fax 503-606-3282

| Office Use Only | |
|-----------------|--------------|
| Date received: | Permit #: |
| Date Approved: | Expire Date: |
| Date issued: | By: |

| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| JOB SITE INFORMATION | |
|--|-------------------------|
| Manufactured dwelling park: <input type="checkbox"/> Yes <input type="checkbox"/> No | Space #: |
| Tax map: _____ Lot: _____ | Address: _____ |
| Base flood elevation: _____ | City: _____ |
| Elevation certificate: _____ | State: _____ Zip: _____ |
| Description of work: _____ | |

| OWNER | MANUFACTURED HOME INFORMATION |
|-------------------------------------|---|
| Name: _____ | Concrete stringers/slab under home: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: _____ | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple |
| City: _____ State: _____ Zip: _____ | Lot size (sq ft) _____ Home size (sq ft) _____ |
| Ph: _____ Fax: _____ Cell: _____ | (dwelling and set up only, does not include other permits) |
| Owner representative: _____ | |

| SET UP / INSTALLATION CONTRACTOR | ADDITIONAL PERMITS (IF REQUIRED) |
|-------------------------------------|--|
| Name: _____ | <input type="checkbox"/> Electrical Permit # <u>Thru Polk County</u> |
| Address: _____ | <input type="checkbox"/> Plumbing Permit # _____ |
| City: _____ State: _____ Zip: _____ | <input type="checkbox"/> Mechanical Permit # _____ |
| Ph: _____ Fax: _____ Cell: _____ | <input type="checkbox"/> Garage Permit # _____ |
| CCB #: _____ MDI #: _____ | <input type="checkbox"/> Carport Permit # _____ |
| | <input type="checkbox"/> Other Permit # _____ |

| SITE WORK CONTRACTOR | Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701. |
|-------------------------------------|---|
| Name: _____ | |
| Address: _____ | |
| City: _____ State: _____ Zip: _____ | |
| Ph: _____ Fax: _____ Cell: _____ | |
| CCB #: _____ MDI #: _____ | |

| APPLICANT | |
|-------------------------------------|---------------------------------------|
| Name: _____ | Set up fee \$ <u>297.00</u> |
| Address: _____ | State surcharge \$ <u>35.64</u> |
| City: _____ State: _____ Zip: _____ | State fee \$ <u>30.00</u> |
| Ph: _____ Fax: _____ Cell: _____ | Total \$ <u>362.64</u> |

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 compiled 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.