



Manufactured Dwelling Permit Application

City of Independence
 P.O. Box 7 / Independence OR / 97351
 Phone 503-838-1212 / Fax 503-606-3282
 Inspection Line 503-837-1199 (Mon-Thur)
 permits@ci.independence.or.us

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> <input type="checkbox"/> Plumbing Permit # _____ <input type="checkbox"/> Mechanical Permit # _____ <input type="checkbox"/> Garage Permit # _____ <input type="checkbox"/> Carport Permit # _____ <input type="checkbox"/> Other Permit # _____
Address: _____	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	
CCB #: _____ MDI #: _____	

SITE WORK CONTRACTOR

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

APPLICANT

Name: _____	Set up fee \$ <u>450.20</u> State surcharge \$ <u>54.02</u> State fee \$ <u>30.00</u> Total \$ <u>534.22</u>
Address: _____	
City: _____ State: _____ Zip: _____	
Ph: _____ Fax: _____ Cell: _____	

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.

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.