



# Manufactured Dwelling Permit Application

## Washington County

155 N. 1st Ave., Suite 350-12, Hillsboro, OR 97124  
Phone: (503) 846-3470, Fax: (503) 846-3993  
Internet address: [www.co.washington.or.us](http://www.co.washington.or.us)

Land use approval: \_\_\_\_\_

OFFICE USE ONLY		
Date received:	Permit no.:	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
Health dept.:	DEQ:	

### 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

Job address:	Space no.:		
Manufactured dwelling park:	Address:		
City:	State:	ZIP:	
Tax map/tax lot no./account no.:	Lot:	Block:	Subdivision:
Base flood elevation:	Elevation certificate:		
Description of work on premises: _____			

### OWNER

Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-mail:
Owner representative:		
Phone:	Fax:	E-mail:

### MANUFACTURED HOME INFORMATION

Concrete stringers/slab under home:  Yes  No

Single  Double  Triple

Valuation \$ \_\_\_\_\_ Square feet \_\_\_\_\_

(dwelling and set up only, does not include other permits)

### SET UP/INSTALLATION CONTRACTOR

Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-mail:
CCB license no:	City/Metro license no:	
MDI license no:		

### ADDITIONAL PERMITS (if required)

<input type="checkbox"/> Mechanical	Permit no.:	_____
<input type="checkbox"/> Plumbing	Permit no.:	_____
<input type="checkbox"/> Electrical	Permit no.:	_____
<input type="checkbox"/> Foundation	Permit no.:	_____
<input type="checkbox"/> Garage	Permit no.:	_____
<input type="checkbox"/> Carport	Permit no.:	_____
<input type="checkbox"/> Cabana	Permit no.:	_____
<input type="checkbox"/> Ramada	Permit no.:	_____
<input type="checkbox"/> Awning	Permit no.:	_____
<input type="checkbox"/> Alterations	Permit no.:	_____
<input type="checkbox"/> Other	Permit no.:	_____

### SKIRTING CONTRACTOR

Name:		
Address:		
City:	State:	ZIP:
Contact person:	Phone:	
CCB license no:	City/Metro license no:	
Skirting license no:	MDI/LSI license no:	

### APPLICANT

Name:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-mail:

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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.

Set up fee.....\$	_____
State surcharge.....\$	_____
State fee.....\$	_____
<b>TOTAL.....\$</b>	_____