

**CITY OF  
MOLALLA**



**Manufactured Dwelling  
Permit Application**

117 N. Molalla Ave. - P.O.  
Box 248 - Molalla, OR 97038  
Phone: 503-829-7526  
Fax: 503-829-6872  
Inspections: 503-829-4247  
[www.molallaplanning.com](http://www.molallaplanning.com)

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
---	--	---	------------------------------	-----------------------------

**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:** \_\_\_\_\_

<b>OWNER</b>	<b>MANUFACTURED HOME INFORMATION</b>
--------------	--------------------------------------

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:	
Phone:	Fax:	Email	
Owner Representative:		Valuation \$ _____ Square feet _____	
Phone:	Fax:	E-mail:	

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

<b>SET UP/INSTALLATION CONTRACTOR</b>	<b>ADDITIONAL PERMITS (IF REQUIRED)</b>
---------------------------------------	---

Name:		Plumbing	Permit No.:
Address:		Electrical	Permit No.:
City:	State:	Alterations	Permit No.:
CCB License No.:	City license No.:	Other	Permit No.:

MDI license No.:	<b>FEE'S</b>
------------------	--------------

<b>SKIRTING CONTRACTOR</b>	Set Up Fee	\$ _____
Name:	Permanent Steps & Skirting	\$ _____
Address:	Plumbing Permit	\$ _____
City:	State MH Fee	\$ _____
CCB License No.:	State Surcharge	\$ _____
Skirting license No.:	Total	\$ _____

**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 application expires within 180 days from the last inspection.

Zoning/City Checked by: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Approved for Issuance by: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Refunds for permits may be issued minus the expenses incurred on a permit. Permits over six months old shall not be eligible for refunds.