

**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

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
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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:	Email	
Owner Representative:			
Phone:	Fax:	E-mail:	

MANUFACTURED HOME INFORMATION

Concrete stringers/slab under home:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
Valuation \$ _____	Square feet _____	
(dwelling and set up only, does not include other permits)		

SET UP/INSTALLATION CONTRACTOR

Name:			
Address:			
City:	State:	Zip:	
CCB License No.:	City license No.:		
MDI license No.:			

ADDITIONAL PERMITS (IF REQUIRED)

<input type="checkbox"/>	Plumbing	Permit No.:	_____
<input type="checkbox"/>	Electrical	Permit No.:	_____
<input type="checkbox"/>	Alterations	Permit No.:	_____
<input type="checkbox"/>	Other	Permit No.:	_____

SKIRTING CONTRACTOR

Name:			
Address:			
City:	State:	Zip:	
CCB License No.:	City license No.:		
Skirting license No.:	MDI/LSI license No.:		

FEE'S

<input type="checkbox"/>	Set Up Fee	\$ _____
<input type="checkbox"/>	Permanent Steps & Skirting	\$ _____
<input type="checkbox"/>	Plumbing Permit	\$ _____
<input type="checkbox"/>	State MH Fee	\$ _____
<input type="checkbox"/>	State Surcharge	\$ _____
<input type="checkbox"/>	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.