

# MANUFACTURED HOME Permit Application

## Malheur County Building Department

14 South 3rd St. / P.O. Box 2783

Nyssa, OR. 97913

Phone: 541-372-5460 Fax 541-372-5465

Email: [BuildingDepartment@bldgmalheurco.org](mailto:BuildingDepartment@bldgmalheurco.org)

DEPARTMENT USE ONLY

Date App Rec'd \_\_\_\_\_



This permit is issued under OAR 918-500-0105 and 918-525-0370 Permits expires if work is not commenced with 180 days of issuance or if work is suspended for 180 days.

### TYPE OF WORK (Check Box)

Footing/stemwall foundation      Concrete stringers/slab under home  
Cinderblock Skirting              Other Skirting \_\_\_\_\_

### CATEGORY OF CONSTRUCTION (Check Box)

New Dwelling                      Other - Conversion to storage  
Replacement Dwelling : Same Location      Yes      No

### JOBSITE INFORMATION AND LOCATION

Jobsite Address:

SP #:                      City:                      OR.      Zip:

MFH Park Name (if applicable):

Cross St & Directions to Jobsite:

### DETAILED DESCRIPTION OF MFH

Year:                      Model:                      Size: \_\_\_\_\_ x \_\_\_\_\_

Serial #

### PROPERTY OWNER INFORMATION

Print Name:

Mailing Address:

City:                      ST:                      Zip:

Phone:                      Cell:

This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 701.010.

Owner Signature:

Print Name:                      Date:

### CONTRACTOR INFORMATION

Business Name:

Contact Person:

Address:

City:                      ST:                      Zip:

Phone:                      Cell:

Fax:                      Email:

CCB Lic#                      MDI/LSI Lic #

Authorized

Signature required:

Print Name:                      Date:

I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No is correct and current, that the plans submitted are in compliance with state law. **Manufactured Dwelling Foundation installers must have an Oregon MDI/LSI/LI license**

### LOCAL GOVERNMENT APPROVALS

#### PLANNING & ZONING

Ref # \_\_\_\_\_

Use Zone: \_\_\_\_\_ T \_\_\_\_\_ S,R \_\_\_\_\_ S \_\_\_\_\_ TL \_\_\_\_\_

P/Z Permit# \_\_\_\_\_ Date Issued \_\_\_\_\_

Setbacks: Road ROW: \_\_\_\_\_ L.side \_\_\_\_\_ R.side \_\_\_\_\_ Rear \_\_\_\_\_

**\*\*Owner/Contractor responsible to meet above setback requirements**

Farm Dwelling:                      New                      Replacement

Non-Farm Dwelling:                      New                      Replacement

Other:                      Description: \_\_\_\_\_

Flood Plain: Yes      No      Required Elevation: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: Planning Director

Print Name: Eric Evans                      Date: \_\_\_\_\_

#### SANITATION

Sanitation Required:      Yes       No

Information Verified:      Yes       No

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### MANUFACTURED DWELLING FEE SCHEDULE

Description	Qty	Cost Ea	Total Cost
(1) Placement:			
(a) <b>First or Single Unit</b> (Includes: Placment Electrical feeder, & plumbing connections)		\$395.00	
(b) <b>Each Additional Unit</b> (Includes: Placment Electrical feeder, & plumbing connections)		\$110.00	
(2) Re-inspection / Special Inspection (Per Hour)		\$65.00	

#### PERMIT FEES

(A) Enter total of above fees	
(B) Investigative fee (if applicable)	
(C) Enter 12% State Surcharge (.12 x (A) and/or (B) if applicable)	
(D) State administrative fee	<b>\$30.00</b>
<b>Total of Permit Fees (A) thru (D)</b>	