



Manufactured Dwelling Permit Application

CITY OF WEST LINN
22500 Salamo Road, West Linn OR 97068
Phone: 503-656-4211, Fax: 503-656-4106
Inspection: Http://www.oregon-epermitting.info
Inspection Line: 1-888-299-2821
E-mail: bldg@westlinnoregon.gov

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

MANUFACTURED HOME INFORMATION

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

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

ADDITIONAL PERMITS (if required)

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

- | | | |
|--------------------------------------|-------------|-------|
| <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 \$ _____

TOTAL \$ _____