



# Manufactured Dwelling Permit Application

## CITY OF WEST LINN

22500 Salamo Rd. Box 900, West Linn OR 97068  
Phone: 503-656-4211, Fax: 503-656-4106  
Inspection Line: 503-772-5509 (Call by 7 AM)  
E-mail: Wlbuilding.ci.west-linn.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

### MANUFACTURED HOME INFORMATION

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:	Valuation \$ _____ Square feet _____
State:	(dwelling and set up only, does not include other permits)
ZIP:	
Phone:	
Fax:	
E-mail:	
Owner representative:	
Phone:	
Fax:	
E-mail:	

### SET UP/INSTALLATION CONTRACTOR

### ADDITIONAL PERMITS (if required)

Name:	<input type="checkbox"/> Mechanical	Permit no.:
Address:	<input type="checkbox"/> Plumbing	Permit no.:
City:	<input type="checkbox"/> Electrical	Permit no.:
State:	<input type="checkbox"/> Foundation	Permit no.:
ZIP:	<input type="checkbox"/> Garage	Permit no.:
Phone:	<input type="checkbox"/> Carport	Permit no.:
Fax:	<input type="checkbox"/> Cabana	Permit no.:
E-mail:	<input type="checkbox"/> Ramada	Permit no.:
CCB license no.:	<input type="checkbox"/> Awning	Permit no.:
City/Metro license no.:	<input type="checkbox"/> Alterations	Permit no.:
MDI license 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 .....	\$ _____