



APPLICATION FOR MANUFACTURED DWELLING PLACEMENT PERMIT

Mid-Columbia Building Codes Services
 1113 Kelly Avenue
 The Dalles, OR 97058

p: (541) 298-4461 **f:** (541) 298-2667

DEPARTMENT USE ONLY

Permit #: _____
 Office: _____
 By: _____ Date: _____

JOB SITE INFORMATION	OWNER INFORMATION
Address: _____	<i>I am the property owner doing my own work (INIT)</i> _____
City: _____ County: _____	
Directions to inspection site: _____	Name: _____
_____	Mailing Address: _____
_____	City: _____ State: _____ Zip: _____
_____	Phone: _____ Cell: _____
Is property inside city limits: Y N	Email: _____

LOCAL GOVERNMENT APPROVALS

Zoning	Flood Plain	Sanitation
Information verified and approved? Y N	Y N	Information verified and approved? Y N
Signature: _____	Signature: _____	Signature: _____
Jurisdiction: _____	Jurisdiction: _____	Jurisdiction: _____
Date: _____ Tax Lot#: _____		Date: _____

MANUFACTURED DWELLING PLACEMENT PERMIT FEES - EFFECTIVE JAN 1, 2014

	FEE	# of Items	Total	Dept use only
(1) Installation/Re-inspection				
(a) Placement (includes placement, electrical feeder, water/sewer connection):	\$ 192	_____	_____	_____
(b) Re-inspection (per hour):	\$ 78	_____	_____	_____
A. Sub-Total		_____	_____	_____
B. 12% surcharge:		_____	_____	_____
C. Administrative Fee:	\$ 30	_____	_____	_____
D. Investigative Fee: (equal to Sub-Total)		_____	_____	_____
GRAND TOTAL			\$ _____	

- I am the property owner doing my own work
- I am the property owner hiring a licensed manufactured dwelling installer. License #: _____ Expires: ____/____/____
- Building Codes Division license #: _____ PB _____ EL _____ MDI Expires: ____/____/____
- Construction Contractors Board registration #: _____ Expires: ____/____/____

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant Name: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Mailing Address: _____	Card #: _____ V-CODE: _____
City/State/Zip: _____	Expiration: ____/____ Amount: \$ _____
Phone: _____	Name on Card: _____
Email: _____	Signature: _____
Signature: _____ Date: _____	