

Print name:

## **Manufactured Dwelling Permit Application**

Inspection Request: 503-846-3699 / www. Wash CoORACA.com

Washington County Inspection Request: 503-846-3699 / www. V 155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124 / www.co.washington.or.us

Phone: 503-846-3470 / Email: LUTBldg@co.washington.or.us

Permit #: Land Use Approval: Project #:

	INSTA	LLER			MANUFACTUR	RED HOME I	NFORMATION
Owner Installed Contractor Installed					Permit fees* are based on the value of the work performed. Indicate the value (rounded		
CATEGORY OF CONSTRUCTION							
New		Addition/	Alteration		to the nearest do		
Repair	Replacen	nent: Same I	Location Yes N	No	materials, labor,		
JOB SITE INFORMATION AND LOCATION					the work indicat	ed on this app	oncation.
Job site address:							
City/State/ZIP:					Square Feet:	D1.1.	
Manufactured Dwelling Park: Space No:					Single Concrete Stringe	Double	Triple
Subdivision:		Lot no.:			Yes No	ers/Stad under	nome:
Tax map/parcel no.:						LOOR ENC	LOSURES
DESCRIPTION OF WORK					Structural Skirting		
					Blocking	an an g	
					Pit Set		
PROPERTY OWNER					NOTICE		
Name:					Manufactured d		lers must have
Address:					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:		
City/State/ZIP:							
Phone:							
Email:							
☐ APPLICANT ☐ CONTACT PERSON							
Business name:					Terre wing reaser		
Contact name:							
Address:					BUILD	ING PERMIT	FEES*
City/State/ZIP:					Please refer to fee schedule		
Phone:					Fees due upon a		\$
Email:					Amount receive		\$
	<u>NSTALLATI</u>	ON CONTI	RACTOR		Date received:	<u> </u>	Ψ
Business name:					Date received.		
Address:							
City/State/ZIP:					This permit application expires if a permit is not obtained within 180 days after it has been		
Phone:					accepted as comp		it has been
Email:					accepted as comp		
CCB lic.:		MDI lic:			*F 1 . 1	41 T: C	Death Mark To dead and
SKIRTING CONTRACTOR					*Fee methodology se Service Board	et by Tri-County E	suliding industry
Business Name:							
Address:					Disclaimer: Rv ci	onino thic annl	lication, the permit
City/State/Zip:							ees that they have
Phone: Email:					obtained any required permission for the proposed		
CCB lic.:	MDI/LSI lie	o.:	Skirting lic.:		work from the pro	perty owner.	
Authorized Signature:				_ <del>_</del>			

Date: