



Manufactured Dwelling Permit Application

City of Wood Village

2055 NE 238th Dr., Wood Village OR 97060

Permit Specialist 503.489.6861 or 503.489.6859

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection requests: Phone: 503.489.6860 Fax: 503.669.8723 E-mail: city@ci.wood-village.or.us

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: Wood Village		State: Oregon Zip: 97060	
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:	State:	Zip:	
Phone:	Fax:		
Owner representative:		Valuation \$ _____ Square Feet _____	
Phone:	Fax:		
SET UP/INSTALLATION CONTRACTOR		ADDITIONAL PERMITS (if required)	
Name:		<input type="checkbox"/> Mechanical	Permit no.: _____
Address:		<input type="checkbox"/> Plumbing	Permit no.: _____
City:	State:	<input type="checkbox"/> Electrical	Permit no.: _____
Phone:	Fax:		
CCB License no.:	City/Metro license no.:		
MDI license no.		<input type="checkbox"/> Foundation	Permit no.: _____
SKIRTING CONTRACTOR		<input type="checkbox"/> Garage	Permit no.: _____
Name:		<input type="checkbox"/> Carport	Permit no.: _____
Address:		<input type="checkbox"/> Cabana	Permit no.: _____
City:	State:	<input type="checkbox"/> Ramada	Permit no.: _____
Phone:	Fax:		
CCB License no.:	City/Metro license no.:		
Skirting license no.:	MDI/LSI license no.		
APPLICANT		<input type="checkbox"/> Awning	Permit no.: _____
Name:		<input type="checkbox"/> Alteration	Permit no.: _____
Address:		<input type="checkbox"/> Other	Permit no.: _____
City:	State:		
Phone:	Fax:		
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.		DEPARTMENT APPROVAL - INITIAL & DATE	
Applicant's signature _____ Date _____		Building Dept.:	
		Planning Dept.:	
		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: _____	
Manufactured Home Permit Fees			
		Set up fee	\$ 320.00
		12% State surcharge	\$ 38.40
		State fee	\$ 30.00
		Deposit	\$
		Total	\$ 388.40
This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expire 180-days from issuance or last inspection.			

