



# Manufactured Dwelling Permit Application

City of Wood Village

2055 NE 238<sup>th</sup> Dr., Wood Village OR 97060

## Permit Specialist and Inspection Requests

Phone: 503.489.6861 or 503.489.6859 Fax: 503.669.8723 E-mail: [city@ci.wood-village.or.us](mailto:city@ci.wood-village.or.us)

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

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: <b>Wood Village</b>	State: <b>Oregon</b> Zip: <b>97060</b>	
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 <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple  Valuation \$ _____ Square Feet _____ (dwelling and set up only, does not include other permits)	
Address:		
City: State: Zip:		
Phone: Fax:		
Owner representative:		
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: Zip:	<input type="checkbox"/> Electrical Permit no.:	
Phone: Fax:	<input type="checkbox"/> Foundation Permit no.:	
CCB License no.: City/Metro license no.:	<input type="checkbox"/> Garage Permit no.:	
MDI license no.	<input type="checkbox"/> Carport Permit no.:	
SKIRTING CONTRACTOR	<input type="checkbox"/> Cabana Permit no.:	
Name:	<input type="checkbox"/> Ramada Permit no.:	
Address:	<input type="checkbox"/> Awning Permit no.:	
City: State: Zip:	<input type="checkbox"/> Alteration Permit no.:	
Contact person: Phone:	<input type="checkbox"/> Other Permit no.:	
CCB License no.: City/Metro license no.:	DEPARTMENT APPROVAL - INITIAL & DATE	
Skirting license no.: MDI/LSI license no.	Building Dept.:	
APPLICANT	Planning Dept.:	
Name:	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: _____	
Address:		
City: State: Zip:		
Phone: Fax:	<b>Manufactured Home Permit Fees</b>	
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		Set up fee \$ 320.00
Date		12% State surcharge \$ 38.40
<b>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.</b>		State fee \$ 30.00
	Deposit \$	
	<b>Total \$</b>	