

Manufactured Dwelling Permit

City of Fairview

1300 NE Village St., Fairview, OR 97024

Permits Desk 503-674-6206

Inspection requests may be made by: Phone: 503 674-6244 Email: inspection@ci.fairview.or.us

Date Received:	Permit No.:
Date Issued:	Expire Date:
Issued By:	Receipt No.:

JOB SITE INFORMATION		
Address:		Space No.:
Manufactured Dwelling Park:		
Address:		
City/State/Zip:		
Tax Map/Tax Lot/Account No.:		
Lot:	Block:	Subdivision:
Base Flood Elevation:		
Elevation Certificate:		
Description of work on premises:		
OWNER		
Name:		
Address:		
City/State/Zip:		
Phone:	Email:	
Owner Representative:		
Phone:	Email:	
SET UP/INSTALLATION CONTRACTOR		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Email:	
CCB Lic. #:	City/Metro License No.:	
MDI License No.		
SKIRTING CONTRACTOR		
Business Name:		
Address:		Bldg./Apt#:
City/State/Zip:		
Phone:	Email:	
CCB Lic. #:	City/Metro License No.:	
Skirting License No.	MDI/LSI License No.	
APPLICANT		
Name:		
Address:		
City/State/Zip:		
Phone:	Email:	
DEPARTMENT APPROVAL – INITIAL & DATE		
Building Department:		
Planning Dept.:		
Public Works Dept.:		
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.		

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
MANUFACTURED HOME INFORMATION	
Concrete stingers/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)	
ADDITIONAL PERMITS if required	
<input type="checkbox"/>	Mechanical Permit No.:
<input type="checkbox"/>	Plumbing Permit No.:
<input type="checkbox"/>	Electrical Permit No.:
<input type="checkbox"/>	Foundation Permit No.:
<input type="checkbox"/>	Garage Permit No.:
<input type="checkbox"/>	Carport Permit No.:
<input type="checkbox"/>	Cabana Permit No.:
<input type="checkbox"/>	Awning Permit No.:
<input type="checkbox"/>	Alteration Permit No.:
<input type="checkbox"/>	Other Permit No.:
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 reasons:	
MANUFACTURED DWELLING PERMIT FEES	
Subtotal	\$
State Surcharge (12% of Permit Fee)	\$
State Fee	\$
City Planning Review Fee	\$
Deposit	\$
Total Due	\$
I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.	
Applicant's Signature (required):	
Print Name:	
Date:	