

Manufactured Home Application

Gresham/East Multnomah County

1333 NW Eastman Parkway
Gresham OR 97030
Phone: 503-618-2845
GreshamOregon.gov

FOR OFFICE USE ONLY

Application #:

JOB SITE INFORMATION

| | | | |
|---------------------------------|-----|---------|-------------|
| Site Address | | Space | |
| Manufactured Dwelling Park | | Address | |
| City | | State | Zip |
| Tax Account/State ID No. | Lot | Block | Subdivision |
| Description of Work on Premises | | | |

TYPE OF APPLICATION

- Owner Installed
 Contractor Installed
 Repair
 New
 Addition/Alteration
 Replacement: Same Location
 Yes
 No

PROPERTY OWNER

TENANT

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 | Valuation | \$ | Square Feet |
| Phone | Fax | (Dwelling and Set Up Only. Does Not Include Other Permits) | |

SET UP CONTRACTOR

ADDITIONAL PERMITS

NOTES

| | | |
|-----------------|-------------------------------------|--------------------------------|
| Contractor | <input type="checkbox"/> Mechanical | |
| Contact Name | <input type="checkbox"/> Plumbing | |
| Address | <input type="checkbox"/> Electrical | |
| City/State/Zip | <input type="checkbox"/> Foundation | |
| Phone | Fax | <input type="checkbox"/> Steps |
| MDI License No. | CCB License No. | <input type="checkbox"/> Shed |

SKIRTING CONTRACTOR

| | | |
|----------------------|--------------------------------------|--|
| Contractor | <input type="checkbox"/> Carport | |
| Contact Name | <input type="checkbox"/> Garage | |
| Address | <input type="checkbox"/> Alterations | |
| City/State/Zip | <input type="checkbox"/> Other | |
| Phone | Fax | |
| CCB License No. | | |
| Skirting License No. | MDI/LSI License No. | |

APPLICANT

| | |
|----------------|-----|
| Name | |
| Address | |
| City/State/Zip | |
| 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 here in or not.

Applicant Signature (Required) _____ Date: _____

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 as noted:

PERMIT FEES (OFFICE USE ONLY)

| | | | |
|---------------------|----------|----|--|
| Set Up Fee | \$387.00 | \$ | |
| 12% State Surcharge | | \$ | |
| State Fee | | \$ | |
| Address Fee | | \$ | |
| Total Fee | | \$ | |