

Manufactured Dwelling Permit Application
City of Fairview

1300 NE Village St., Fairview, Or 97024

Community Development – Permits Desk 503 674-6206

Inspection requests may be made by: Phone: 503 674-6244

Application No.:	Permit No.: MH
Date Received:	Expire date:
Date Issued:	Issued By:
Assoc. Permit No.:	Receipt No.:

Fax: 503 667-7866

E-mail: inspection@ci.fairview.or.us

TYPE OF PERMIT

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

JOB SITE INFORMATION

Job Address		Space No.
Manufactured Dwelling Park:		Address
City/State/Zip Fairview, Or 97024		Tax Map/Tax Lot No./Account No.
Lot	Block	Subdivision:
Description of work on premises:		Base Flood Elevation
		Elevation Certificate

OWNER

Address

City/State/Zip

Phone: Fax: E-mail:

Owner Representative:

Phone: Fax E-mail:

MANUFACTURED HOME INFORMATION

Concrete stringers/slab under home: Yes No

Single Double Triple

Valuation \$ _____ Square feet: _____

(dwelling and set up only, does not include other permits)

ADDITIONAL PERMITS if required

SET UP/INSTALLATION CONTRACTOR

Name:

Address:

City/State/Zip:

Phone: Fax: E-mail:

CCB License No. City/Metro License No.

MDI License No.

Mechanical Permit No.:

Plumbing Permit No.:

Electrical Permit No.:

Foundation Permit No.:

Garage Permit No.:

Carport Permit No.:

SKIRTING CONTRACTOR

Name:

Address:

City/State/Zip:

Contact Person: Phone

CCB License No.: City/Metro License No.:

Skirting license no.: MDI/LSI license No.:

Cabana Permit No.:

Ramada Permit No.:

Awning Permit No.:

Alteration Permit No.:

Other Permit No.:

APPLICANT

Name:

Address:

City/State/Zip:

Phone: Phone: E-mail:

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

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:

Print name: Date:

SET UP FEE	\$320.00
12% State Surcharge	\$38.40
State Fee	\$30.00
Planning Review Fee	\$
Deposit	\$
Total Due	\$

Department Approval initial & date

Building Department:

Planning Department:

Public Works Department:

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.

Visit our website for additional forms and information: www.ci.fairview.or.us