

Manufactured Dwelling/Recreational-Park Trailer Placement Permit Application

Jurisdiction name: **City of Philomath**
 Address: **980 Applegate St./PO Box 400, Philomath OR 97370**
 Phone: **541-929-6148** Fax: **541-929-3044**
 Inspection #: **1-888-299-2821** Web: **www.ci.philomath.or.us**



DEPARTMENT USE ONLY	
Permit no.:	
Date:	

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVALS	
Zoning approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property is within flood plain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sanitation approval verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	County:
State:	ZIP:
Subdivision:	Space/lot no.:
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under OAR 918-515-0010.	
Signature:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City:	State: ZIP:
Phone: - -	Fax: - -
E-mail:	
CCB license no.:	MDI license no.:
Print name:	
Signature:	

FEE SCHEDULE			
Description	Qty.	Cost each	Total
(1) Manufactured dwelling			
(a) Placement (includes placement, electrical feeder, water/sewer connection):		\$345.00	\$
(b) Re-inspection:		\$100.00	\$
Placement permit can only be obtained by homeowner or Oregon-licensed manufactured dwelling installer.			
FEE SCHEDULE			
(2) Surcharge, 12% (.12 x total):			\$
(3) State administrative fee for manufactured dwelling (item 1) only, OAR 918-500-0105(5):	\$30.00	1	\$30.00
TOTAL fees and surcharges:			\$