



1655 First Street
 P.O. Box 650
 Baker City, OR 97814
 EMAIL: permits@bakercity.gov

MANUFACTURED DWELLING APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER

INSPECTIONS/OFFICE: (541) 524 2054

| JOB SITE INFORMATION | | OWNER INFORMATION | |
|----------------------|--|-------------------|-------------|
| Name: | | Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City: | State: Zip: |
| Directions: | | Phone: | Work: |
| | | Cell: | Fax: |
| | | Email: | |

| ADDITIONAL INFORMATION | | LOCAL GOVERNMENT APPROVALS | | | | |
|--|-------------|----------------------------|-------------|--------|-------|-----------|
| MANUFACTURED DWELLING INFORMATION | | ZONING | | | | |
| NEW | USED | Zone: | Township: | Range: | Sec: | TL: |
| SINGLE WIDE | DOUBLE WIDE | TRIPLE WIDE | Flood Zone: | Yes | No | Permit #: |
| WIDTH: | LENGTH: | | By: | Title: | Date: | |
| OCCUPANCY USE: RESIDENTIAL | STORAGE | OTHER | Comments: | | | |
| *An electrical permit may still be required for new service. | | | | | | |

| BUILDING FEES - DEPARTMENT USE ONLY | |
|--|-------------------|
| (A) Permit Fee: | \$509.84 |
| (B) 12% State Surcharge Fee: (Permit Fee x 0.12) | \$61.18 |
| (C) State Administrative Fee: | \$30.00 |
| (D) Investigation Fee (if applicable): | \$ |
| (E) Miscellaneous Fee: | \$ |
| GRAND TOTAL: | \$ |
| | (A,B,C: \$509.84) |

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

I AM THE PROPERTY OWNER DOING MY OWN WORK.

I AM LICENSED WITH THE CONSTRUCTION CONTRACTOR'S BOARD: CCB# _____ EXP. DATE _____

I AM LICENSED WITH THE BUILDING CODES DIVISION: INSTALLER LICENSE# _____ EXP. DATE _____

| | |
|------------------|--------|
| Name/Contractor: | Phone: |
| Address: | |
| Email: | |
| Signature: | Date: |