



Manufactured Dwelling Permit

City of Dunes City

82877 Spruce Street

PO Box 97, Westlake OR 97493

Permit #:	
Paid by: Cash/Check/Visa	Check #:
Received By:	Issued By:
Date Received:	Date Issued:

Inspection Requests: Phone: 541.997.3338 Fax: 541.997.5751 E-mail: permits@dunescityor.com

PLOT PLAN IS REQUIRED if unit is **not** in a mobile home park. Buildings, such as garage and storage, require separate permit with submitted plans.

TYPE OF PERMIT			Office Use Only		
<input type="checkbox"/> New	<input type="checkbox"/> Owner Installed	<input type="checkbox"/> Contractor Installed	Onsite Review: Date Completed _____ Staff Initial: _____		
<input type="checkbox"/> Repair	<input type="checkbox"/> Addition/Alteration	Replacement: Same location <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
JOB SITE INFORMATION			Lot Elevation: _____		
Job Address: _____			Septic Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Lane County Permit: _____		
City: _____ State: _____ Zip: _____			Setbacks: _____ Front _____ Back _____ Side _____ Corner Lot		
Tax Map/Tax Lot #: _____			% of lot Coverage: _____ Lot in Square footage: _____		
Subdivision: _____			Energy Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufactured Dwelling Park: _____ Space #: _____			Water Source: _____ Certificate #: _____		
Description of Work on Premises: _____			Manufacturers Installation Instructions Included: <input type="checkbox"/> Yes <input type="checkbox"/> No		
OWNER			MANUFACTURED HOME INFORMATION		
Name: _____			Year Manufactured: _____	Manufacturer: _____	
Mailing Address: _____			Foundation: <input type="checkbox"/> Pads <input type="checkbox"/> Slab <input type="checkbox"/> Continuous Concrete Footing		
City: _____		State: _____	Zip: _____	<input type="checkbox"/> Double <input type="checkbox"/> Triple	# of Bedrooms: _____ # of Baths: _____
Phone: _____		Fax: _____		Valuation \$ _____	Dimensions: _____ Sq. Ft. _____
Owner Representative: _____			Heat Source: _____	Manufacturer Registration #: _____	
SET UP/INSTALLATION CONTRACTOR			ADDITIONAL PERMITS (if required)		
Business Name: _____			Mechanical Permit #: _____	Ramada Permit #: _____	
Contact Person: _____			Carport Permit #: _____	Retaining Wall Permit #: _____	
Mailing Address: _____			Plumbing Permit #: _____	Awning Permit #: _____	
City: _____		State: _____	Zip: _____	Cabana Permit #: _____	Garage Permit #: _____
Phone: _____		Fax: _____		Electrical Permit #: _____	Alteration Permit #: _____
Email: _____		CCB #: _____	DCBL #: _____	Driveway Permit #: _____	Grading Permit #: _____
SKIRTING CONTRACTOR			Required Inspections		
Business Name: _____			FIRST INSPECTION: Set-backs, Foundation (Strip Footings)		
Contact Person: _____			SECOND INSPECTION: Blocking, Water, Sewer, Electrical Service, Mechanical		
Mailing Address: _____			Cross-over, Vapor Barriers, Hold Downs if required. BEFORE SKIRTING.		
City: _____		State: _____	Zip: _____	FINAL INSPECTION: Skirting, Storm Water Drainage, Landings and Steps,	
Phone: _____		Fax: _____		Woodstove, Accessory Structures. BEFORE OCCUPANCY.	
Email: _____		CCB #: _____	DCBL #: _____	MANUFACTURED HOME PERMIT FEES	
I agree to install the Manufactured Home in accordance with Oregon Revised Statutes 446.003 to 446.280 and 446.990, Oregon Administrative Rules 918-505-000 through 918-520-110, and the Installation Instructions as supplied by the manufacturer. I will provide a copy of the manufacturer's Installation Instructions for inspector's use at the time of required installation inspection. If no instructions are provided, inspection will be based on minimum Oregon State Installation requirements. The inspecting authority takes no responsibility for the accuracy of Oregon Building Codes Agency Rules or Manufacturer's instructions.			Set up Fee		
I hereby certify that 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, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			Permanent Steps and Skirting		
Name: _____ Date: _____			Plumbing Permit		
Applicant's signature: _____			12% State surcharge (only on the 3 above)		
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.			Dunes City Surcharge 7% or \$25.00		
			Siuslaw School District Excise Tax		
			State Mobile Home Fee		
			TOTAL		

B. Manufactured Dwelling Permit Fees

Placement Fee *	\$400.00*
State (Cabana) Fee	\$30.00
<i>* Includes the concrete slab, runners or foundations that are prescriptive, electrical feeder and plumbing connections and all cross-over connections. Decks, other accessory structures, and foundations that are not prescriptive, utility connections beyond 30 lineal feet, new electrical services or additional branch circuits, and new plumbing - may require separate permits. All decks 30" above ground, carports, garages, porches, and patios are based on valuation and may also require separate permits.</i>	
City Surcharge (greater of 7% or \$25.00)	

B. Manufactured Dwelling/RV Parks – Area Development Permit (ADP)

The Area Development Permit fee to be calculated based on the valuations shown in Table 2 of OAR 918-600-0030 for Manufactured Dwelling/Mobile Home Parks and Table 2 of OAR 918-650-0030 for Recreational Park & Organizational Camp – and applying the valuation amount to the City of Dunes City Structural Permit Fee table included in this schedule.