

Manufactured Home Placement Permit Application

YAMHILL COUNTY

Permit No. _____

400 NE Baker Street, McMinnville, OR 97128
 Phone: (503) 434-7516
 planning@yamhillcounty.gov

Date: _____

This permit is issued in accordance with 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.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	Replacement Dwelling?
<input type="checkbox"/> Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City:	
State:	Zip:
Tax map/parcel no:	
Description of work:	
PROPERTY OWNER	
Name:	
Mailing address:	
City/State/Zip:	
Phone:	
Email:	
Signature:	Date:
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.	
CONTRACTOR	
Business name:	
Contact name:	
Address:	
City/State/Zip:	
E-mail:	
Phone:	
CCB lic:	Expiration date:
MDI lic:	Expiration date:
Authorized signature:	
Date:	
FOR DEPARTMENT USE ONLY	
PUBLIC WORKS APPROVAL:	
FIRE DEPARTMENT APPROVAL:	

REQUIRED DATA: MANUFACTURED DWELLING	
Size: _____ x _____ sq. ft.	
Circle one: single double triple	
Valuation:	Year:
Make:	
Model:	
New water line: _____ ft	New sewer line: _____ ft
Number of bedrooms:	
Will there be an accessory structure (deck, carport, foundation, garage, etc.) that doesn't meet the prescriptive requirements of the Oregon Manufactured Dwelling Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FEE SCHEDULE	
Description	Cost
Manufactured Dwelling	
Placement (includes placement, electrical feeder, 30' water/sewer line)	\$491.91
12% Surcharge	\$ 59.03
State Administrative Fee	\$ 30.00
Agency Review fee (zoning)	\$ 100.74
Admin Processing fee	\$ 30.84
Address Assignment	\$
SDC Charges	\$
5% Technology Surcharge	\$
Other	\$
TOTAL FEES & SURCHARGE	\$
Amount Paid	\$
Receipt number	
FOR DEPARTMENT USE ONLY	
ZONING:	
SETBACKS:	Front:
Side:	Rear:
PLANNING APPROVAL:	
Conditions/remarks:	
SANITATION APPROVAL:	