

MANUFACTURED HOME Permit Application

Malheur County Building Department

14 South 3rd St. / P.O. Box 2783

Nyssa, OR. 97913

Phone: 541-372-5460 Fax 541-372-5465

Email: BuildingDepartment@bldgmalheurco.org

DEPARTMENT USE ONLY

Date App Rec'd _____



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

TYPE OF WORK (Check Box)

Footing/stemwall foundation Concrete stringers/slab under home
Cinderblock Skirting Other Skirting _____

CATEGORY OF CONSTRUCTION (Check Box)

New Dwelling Other - Conversion to storage
Replacement Dwelling : Same Location Yes No

JOB SITE INFORMATION AND LOCATION

Jobsite Address:

SP #: City: OR. Zip:

MFH Park Name (if applicable):

Cross St & Directions to Jobsite:

DETAILED DESCRIPTION OF MFH

Year: Model: Size: x

Serial #

PROPERTY OWNER INFORMATION

Print Name:

Mailing Address:

City: ST: Zip:

Phone: Cell:

This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. OAR 701.010.

Owner Signature:

Print Name: Date:

CONTRACTOR INFORMATION

Business Name:

Contact Person:

Address:

City: ST: Zip:

Phone: Cell:

Fax: Email:

CCB Lic# MDI/LSI Lic #

Authorized

Signature required:

Print Name: Date:

I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No is correct and current, that the plans submitted are in compliance with state law. **Manufactured Dwelling Foundation installers must have an Oregon MDI/LSI/LI license**

LOCAL GOVERNMENT APPROVALS

PLANNING & ZONING

Ref # _____

Use Zone: _____ T _____ S, R _____ S _____ TL _____

P/Z Permit# _____ Date Issued _____

Setbacks: Road ROW: _____ L.side _____ R.side _____ Rear _____

****Owner/Contractor responsible to meet above setback requirements**

Farm Dwelling: New Replacement

Non-Farm Dwelling: New Replacement

Other: Description: _____

Flood Plain: Yes No Required Elevation: _____

Signature: _____ Title: Planning Director

Print Name: Tatiana Burgess Date: _____

SANITATION

Sanitation Required: Yes ☐ No ☐

Information Verified: Yes ☐ No ☐

Signature: _____ Title: _____

Print Name: Date: _____

MANUFACTURED DWELLING FEE SCHEDULE

Description	Qty	Cost Ea	Total Cost
(1) Placement:			
(a) First or Single Unit (Includes: Placement Electrical feeder, & plumbing connections)		\$395.00	
(b) Each Additional Unit (Includes: Placement Electrical feeder, & plumbing connections)		\$110.00	
(2) Re-inspection / Special Inspection (Per Hour)		\$65.00	

PERMIT FEES

(A) Enter total of above fees	
(B) Investigative fee (if applicable)	
(C) Enter 12% State Surcharge (.12 x (A) and/or (B) if applicable)	
(D) State administrative fee	\$30.00
Total of Permit Fees (A) thru (D)	