



MANUFACTURED DWELLING Permit Application

Community Development Department - Building Division
 305 Main Street, Klamath Falls OR 97601
 Phone: (541) 883-5121 #1 Fax: (541) 885-3644
 Web: www.klamathcounty.org
 To apply online go to: <https://aca-oregon.accela.com/oregon>

(7) OFFICE USE ONLY	
Permit No: _____	
Plan Review Deposit Pd: \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Receipt No: _____	Date Pd: _____
Received By: _____	Approved By: _____

(1) TYPE OF WORK	
<input type="checkbox"/> New	<input type="checkbox"/> Demolition / Removal: (<i>See special note (1) on reverse side</i>)
<input type="checkbox"/> Used	

(2) CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 or 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Other

(3) JOB SITE LOCATION
Address or map & tax lot number: _____

(4) DESCRIPTION OF WORK
Placement is in an established Mobile Home Park? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Park: _____
<input type="checkbox"/> Single-wide <input type="checkbox"/> Double-wide <input type="checkbox"/> Triple-wide <input type="checkbox"/> Park Model RV
Manufacturer: _____ Model: _____
Serial or ID no.: _____ Year: _____
Dealer: _____ Sq. Ft.: _____
Foundation: <input type="checkbox"/> Concrete Slab/ Runners <input type="checkbox"/> Piers <input type="checkbox"/> Other Designed

(5) <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT
Business name: _____
Contact person: _____
Address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
Signature: _____ Date: _____

(6) SET-UP / INSTALLATION CONTRACTOR
Business name: _____
Contact person: _____
Address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
CCB lic. no.: _____ Exp. date: _____
MDI lic. no.: _____ Exp. date: _____
Check MDI Scope: <input type="checkbox"/> Elec. Feeders <input type="checkbox"/> Water/ Sewer <input type="checkbox"/> Natural Gas
Signature: _____ Date: _____

(8) SKIRTING CONTRACTOR
Company name: _____
Address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
CCB lic. no.: _____ Exp. date: _____
Skirting lic. no.: _____ Exp. date: _____
MDI/ LSI lic. no.: _____ Exp. date: _____
Signature: _____ Date: _____

(9) FOR MDI CONTRACTOR ONLY INSTALLATION
Name: _____
Address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
CCB lic. no.: _____ Exp. date: _____
MDI lic. no.: _____ Exp. date: _____
Check MDI Scope: <input type="checkbox"/> Elec. Feeders <input type="checkbox"/> Water/ Sewer <input type="checkbox"/> Natural Gas
Signature: _____ Date: _____

(10) FEES – OFFICE USE ONLY	
<u>Installation & Placement (Max. (6) Inspections*):</u>	483.00
Fee is for prescriptive requirements including slab, runners, foundation, electrical feeder, plumbing, cross-over connections and natural gas (<i>see special note (2) on reverse side</i>) complying with the Manufactured Dwelling Code (MDC). Not included is work beyond the scope of the MDC such as accessory structures, utility connections beyond 30 lineal feet, new electrical service, well, pump, LP gas, etc. – additional permit required. <i>*Inspections exceeding maximum shall be charged at rate of \$86 for each inspection.</i>	
State surcharge (12%):	\$ _____
State Administrative Fee:	\$ 30.00
Investigation or Reinspection:	\$ _____
Total:	\$ _____

(11) NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor’s Board under ORS 701.
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Every permit issued shall expire and become void if work authorized by the permit is not started, or is suspended or abandoned for a period of 180 days or more.

(12) Minimum Documents Required for Manufactured Dwelling Permit Application (two copies of each)

Other Jurisdiction Approvals

Obtain other required approvals including Planning, Public Works, On-Site, Public Health, Fire District, Sanitary District, etc.

Site Plan

Fully Dimensioned showing all property features

Flood Certification (where applicable)

Installation Plan

Blocking, runner and / or foundation design or layout

Floor Plan(s)

Fully Dimensioned

Room Use

Ownership Information

Provide State of Oregon – Manufactured Structure Ownership Document

https://aca.oregon.accela.com/OR_MHODS/

(13) For More Information

For more information on Manufactured Homes and Codes, please visit the Oregon State Building Codes Division website at:

<http://www.oregon.gov/bcd/man-home-own/Pages/man-home-owner.aspx>

click on: Manufactured Dwelling Installation Specialty Code

Or contact the State office at: Mhods.bcd@oregon.gov

Office Location
1535 Edgewater NW
Salem, OR

Mailing Address
Building Codes Division
PO Box 14470
Salem, OR 97309-0404

Phone: 503-378-4133 or 800-442-7457
Fax: 503-378-2322
TTY: 503-373-1358

(14) Special Notes

1. **Demolition or removal of a Manufactured Dwelling or other Manufactured Structure:** Prior to permit application, applicant shall complete a “Manufactured Structure Multipurpose Change Application”, please visit the MHODS system at the Oregon MHODS website <http://www.oregon.gov/bcd/man-home-own/Pages/man-home-owner.aspx> File completed and signed application with Klamath County Planning Division.

Landfill Disposal Requirement: All mobile homes disposed of at the landfill MUST have a signed and dated Asbestos Survey (not just a lab report) from a certified asbestos inspector with the Manufactured Dwelling Landfill Receipt at the time of disposal. <http://www.klamathcounty.org/DocumentCenter/View/997/Manufactured-Dwelling-Landfill-Receipt-PDF?bidId=>

2. **Fuel Gas Supply:** Per Oregon Manufactured Dwelling Installation Specialty Code section 3-2.5.2(3):

“The fuel gas supply to the manufactured dwelling shall be made with a 6 ft. flexible gas connector.”