

**APPLICATION FOR MANUFACTURED DWELLING
PLACEMENT PERMIT**



Building Codes Services
2705 E 2nd Street
The Dalles, OR 97058
Phone: 541-506-2650 ▪ Fax: 541-506-2651
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DEPARTMENT USE ONLY

Permit #: _____
County: _____
By: _____ Date: _____

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

CONSTRUCTION CATEGORY: <input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Commercial				
JOB SITE INFORMATION		OWNER INFORMATION		
Address:		I am the property owner doing my own work (INT): _____		
City:		Name:		
Directions to inspection site:		Mailing address:		
		City/State/ZIP:		
		Phone:	Mobile:	
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:		
LOCAL GOVERNMENT APPROVALS				
Zoning		Is Property In Flood Plain?	Sanitation	
Application #:		<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N		Signature:	Signature:	
Signature:		Jurisdiction:	Jurisdiction:	
Jurisdiction:			Date:	
Date:		Tax lot#:	Tax lot#:	
MANUFACTURED DWELLING PLACEMENT PERMIT FEES – EFFECTIVE APRIL 05, 2022				
		FEE	# of items	Total
Installation/Re-inspection				
(a) Placement (includes placement, concrete slab / runners / foundations when prescriptive, electrical feeder, and plumbing/cross-over connections up to 30 lineal feet)		\$240.67		
(b) Re-inspection (each)		\$ 97.77		
Subtotal: (add up above fees)				
Construction Excise Tax				
12% surcharge:				
State Manufactured Dwelling fee:		\$ 30.00		
Investigation fee		Actual Cost		
GRAND TOTAL:				

- I am the property owner doing my own work.
- I am the property owner hiring a licensed manufactured dwelling installer. License #: _____ Expires: ___/___/___
- Building Codes Division license #: _____ PB _____ EL _____ MDI Expires: ___/___/___
- Construction Contractors Board registration #: _____ Expires: ___/___/___

I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

Applicant name:	
Mailing Address:	
City/State/ZIP:	
Phone:	
Email:	
Signature:	Date:

PAYMENT OPTIONS
If paying by credit card, please provide best contact number below. _____
Payment can also be made online once permit is created. In most cases, a link to the ePermitting payment portal will be sent to the email on file. If you do not receive this link, please visit www.buildingpermits.oregon.gov and search for your address or permit number.
Make check or money order payable to Wasco County. DO NOT SEND CASH.