

## Manufactured Dwelling Recreational-ParkTrailer Placement Permit Application

City of Warrenton Planning and Building Department 225 S Main Ave • P.O. Box 250 • Warrenton, OR 97146 Ph (503) 861-0920 • Fax (503) 861-2351 Email: building@ci.warrenton.or.us

## NOTICE: Submission of this application begins the Development Clearance Review process.

Applicant shall receive development clearance review approval from City of Warrenton Public Works, Planning, and Fire Departments prior to the initiation of Building Department construction plan review procedures. <u>Any and all conditions of approval shall be noted on construction documents.</u>

Notice: Placement permit to be obtained only by homeowner or Oregon-licensed manufactured dwelling installer, with additional permits required for; garage, carport, and or accessory structures including decks.

Notice: Electrical service permit are issued by Clatsop County Building Department, and shall be obtained only by homeowner performing work or signing supervisor of Oregon-licensed electrical contractor performing work.

JOBSITE INFORMATION					
Job site address:					
City:		County:			
State:		ZIP:			
If located in Park; Name of Park:					
Parcel no.:	Space no.:				
Site Plan/Plot Map shall be submitted at time of permit application for review; per OMDISC 1-5.4 & OAR 918-500-0063					
Site Plan/Plot Map Submitted (REQ	UIRED)				
PROPERTY OWNE	R INST	ALLATION			
Name:					
Address:					
City/state/ZIP:					
Phone:	Fax:				
Email:					
This installation is being made on residential or farm property owned by myself or a member of my immediate family.					
Signature:					
CONTRACTOR	INSTAL	LATION			
Business name:					
Address:					
City/state/ZIP:					
Phone:	Fax:				
Email:					
CCB no.:	MDI no.:				
City of Warrenton Business Lic. No.:					
Signature:					

DEPARTMENT USE ONLY				
Permit no.:				
Submittal Date:				
Permit Issue Date:				
DEVELOPMENT CLEARANCE				
☐ Public Works Approved	Date:			
☐ Planning Approved	Date:			
☐ Fire Department Approved	Date:			
☐ Conditions of approval have been provided to applicant.				
This permit is issued under OARs 918-500-0105 and 918-600-0030.				

This permit is issued under OARs 918-500-0105 and 918-600-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

DESCRIPTON OF WORK				
1a-Manufacturer:				
Manufacturer's Installation Instructions shall be made available on-site at time of inspection; per OMDISC 1-5.2				
1a.1-Model No: Plan/Elevation Submitted (REQUIRED)				
Manufacturer's Floor Plans and Elevation documents shall be submitted at time of permit application for review; per OMDISC 1-5.5				
1b-Footing Type:				
1b.1-Continuous Footing/Concrete Slab: Yes No  Please provide construction documents specific to continuous concrete footing or slab design, and associated anchorage specifications for approved attachment system to structural footing, per OMDISC 3-2.6(1)(b).				
1c-Pier Type:				
1d-Anchorage Method:				
1e-Skirting Type:   CMU Foundation Wall  Concrete Foundation Wall  Other (Specify)				

Associated Permits: The manufactured dwelling permit does not include utility connections beyond 30 lineal feet, new electrical services or additional branch circuits, new plumbing, and other such items that fall under the building code and may require separate permits up to and including decks, other accessory structures, and non-prescriptive foundations.

DEPARTMENT USE ONLY					
FEE SCHEDULE	Cost	Qty.	Total		
(1) Manufactured Dwelling Description (Select One)					
Placement of manufactured dwelling includes the setup of dwelling, electrical feeder connection, and connection to water, and sewer utilities.					
(1b) Singlewide	\$202.00				
(1b) Doublewide	\$404.00				
(1c) Triplewide	\$604.00				
Miscellaneous fees					
Surcharge, 12% (applicable to above charges):					
Administrative fee	\$30.00		30.00		
Reinspection Fee	\$106.00				
TOTAL FEES AND SURCHARGES:					
Amount Paid of Fees:					
Check No.: Receipt	Receipt No.:		Date:		