



Manufactured Dwelling Permit Application

City of Sherwood
22560 SW Pine St, Sherwood, OR 97140
Phone: (503) 625-4226
Fax: (503) 625-0629
www.ci.sherwood.or.us
Land use approval: _____

OFFICE USE ONLY		
Date received:	Permit no.:	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
Health dept.:	DEQ	

TYPE OF PERMIT

- | | | |
|--|---|--|
| <input type="checkbox"/> Owner installed | <input type="checkbox"/> Contractor installed | <input type="checkbox"/> Repair |
| <input type="checkbox"/> New | <input type="checkbox"/> Addition/alteration | <input type="checkbox"/> Replacement: Same location <input type="checkbox"/> Yes <input type="checkbox"/> No |

JOB SITE INFORMATION

Job address:		Space no.:	
Manufactured dwelling park:	Address:		
City:	State:	ZIP:	
Tax map/tax lot no./account no.:	Lot	Block:	Subdivision:
Base flood elevation:	Elevation certificate:		
Description of work on premises: _____			

OWNER	MANUFACTURED HOME INFORMATION
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Name:		Concrete stringers/slab under home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple	
City:	State:	Valuation \$ _____ Square feet _____	
Phone:	Fax:	E-mail: _____	
Owner representative:		(dwelling and set up only, does not include other permits)	
Phone:	Fax:	E-mail: _____	

SET UP/INSTALLATION CONTRACTOR	ADDITIONAL PERMITS (if required)
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Name:	<input type="checkbox"/> Mechanical	Permit no.:
Address:	<input type="checkbox"/> Plumbing	Permit no.:
City:	<input type="checkbox"/> Electrical	Permit no.:
Phone:	<input type="checkbox"/> Foundation	Permit no.:
CCB license no.:	<input type="checkbox"/> Garage	Permit no.:
MDI license no.:	<input type="checkbox"/> Carport	Permit no.:
City/Metro license no.:	<input type="checkbox"/> Cabana	Permit no.:
	<input type="checkbox"/> Ramada	Permit no.:
	<input type="checkbox"/> Awning	Permit no.:
	<input type="checkbox"/> Alterations	Permit no.:
	<input type="checkbox"/> Other	Permit no.:

SKIRTING CONTRACTOR

Name:	
Address:	
City:	State: ZIP:
Contact person:	Phone:
CCB license no.:	City/Metro license no.:
Skirting license no.:	MDI/LSI license no.:

APPLICANT

Name:	
Address:	
City:	State: ZIP:
Phone:	Fax: E-mail:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant's signature _____ Date _____

Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

Set up fee	\$ 261.30
State surcharge	\$ 31.36
State fee	\$ 30.00
TOTAL	\$ 322.66