

Manufactured Dwelling and Park Trailer Installation Permit Application

City of Tualatin

18880 SW Martinazzi Ave.

Tualatin, OR 97062

Phone: 503-691-3044 Fax: 503-692-0147 www.ci.tualatin.or.us



OFFICE USE ONLY

Date received:		Permit no.:	
Date issued:	By:	Receipt no.:	
Health dept.:		DEQ:	

TYPE OF PERMIT

☐ Owner installed ☐ Contractor installed ☐ Repair
☐ New ☐ Addition/alteration ☐ Replacement: Same location ☐ Yes ☐ 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 and location of work on premises: _____

OWNER

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Owner's representative: _____

Phone: _____ Fax: _____ E-mail: _____

SET UP/INSTALLATION

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

CCB license no.: _____ City/Metro license no.: _____ MDI license no.: _____

SKIRTING

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Phone: _____ E-mail: _____

CCB license no.: _____ City/Metro license no.: _____

Skirting license no.: _____ MDI/LSI license no.: _____

APPLICANT

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

MANUFACTURED HOME INFORMATION

Concrete stringers/slab under home: ☐ Yes ☐ No ☐ Single ☐ Double ☐ Triple Valuation: \$ _____

Square feet: _____

(Dwelling and set up only, does not include other permits)

ADDITIONAL PERMITS (If required)			
<input type="checkbox"/> Mechanical	Permit no.:	<input type="checkbox"/> Plumbing	Permit no.:
<input type="checkbox"/> Electrical	Permit no.:	<input type="checkbox"/> Foundation	Permit no.:
<input type="checkbox"/> Garage	Permit no.:	<input type="checkbox"/> Carport	Permit 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.:

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Applicant's signature: _____ Date: _____

Print name: _____

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

MH Permit fee:	_____	\$	_____
State surcharge (12%):	_____	\$	_____
State fee:	_____	\$	30.00
Plumbing permit:	_____		_____
State surcharge (12%):	_____		_____
Total:		\$	_____

THE FOLLOWING DEVELOPMENT FEES MAY APPLY:

Erosion Control
 Excavation & Grading
 Sewer Connection
 Sewer Installation
 Water Meter
 Water Meter Installation
 Storm
 Transportation Development Tax (TDT)
 Park

ADDITIONAL INFORMATION:

- Site plan **required**
- Foundations, skirtings, awnings, and other accessory structures require a separate permit

PLAN REVIEW NOTES: _____

