



# 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	For Demolition / Removal: ( <i>See sections 13 and 14 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) MDI 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) LIMITED SKIRTING INSTALLER	
Company name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CCB lic. no.:	Exp. date:
	Exp. date:
LSI lic. no.:	Exp. date:
Signature:	Date:

(9) FEES – OFFICE USE ONLY	
Installation & Placement ( <i>Max. (6) Inspections*</i> ):	\$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:	\$
<b>Total:</b>	<b>\$</b>

(10) 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.
Please contact the Klamath County Tax Office for all Manufactured Home transactions prior to placing, moving, or demolition. A trip permit to move a manufactured home from property to property, or to Landfill can be obtained through the Tax Office as well.
Contact: Klamath County Tax Office 305 Main Street Klamath Falls, OR 97601 (541) 883-4297 Phone (541) 883-5165 Fax proptax@klamathcounty.org Hours: Monday through Friday   8:00 am to 5:00 pm

**(11) 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 (must be processed by Klamath County Tax Office)

[https://aca.oregon.accela.com/OR\\_MHODS/](https://aca.oregon.accela.com/OR_MHODS/)

**(12) Special Notes**

**1. Demolition or removal of a Manufactured Dwelling or other Manufactured Structure:**

**Asbestos:** The Asbestos Survey and ASN forms (not just a lab report) from a certified asbestos inspector will need to be presented at the landfill when disposing of asbestos containing materials. These forms are located on the Klamath County Solid Waste website.

**Landfill Disposal Requirement:** All mobile homes disposed of at the landfill MUST have a signed and dated 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.”*