



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.co.klamath.or.us
To apply online go to: <https://aca.oregon.accela.com/oergon/>

(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	<input type="checkbox"/> Demolition / Removal: (<i>See special note (1) 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) <input type="checkbox"/> SET-UP / INSTALLATION 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) <input type="checkbox"/> SKIRTING CONTRACTOR	
Company name:	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CCB lic. no.:	Exp. date:
Skirting lic. no.:	Exp. date:
MDI/ LSI lic. no.:	Exp. date:
Signature:	Date:
(9) <input type="checkbox"/> FOR MDI CONTRACTOR ONLY INSTALLATION	
Name:	
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:
(10) 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:	\$
Total:	\$
(11) 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.	

(12) 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

(13) For More Information

For more information on Manufactured Homes and Codes, please visit the Oregon State Building Codes Division website at:

www.bcd.oregon.gov

click on: Code Programs

click on: Manufactured Dwellings Program

click on: Manufactured Dwelling Installation Specialty Code

Or contact the State office at:

Office Location
1535 Edgewater NW
Salem, OR

Mailing Address
Building Codes Division
PO Box 14470
Salem, OR 97309-0404

Phone: 503-378-4133 or 800-442-7457
Fax: 503-378-2322
TTY: 503-373-1358

(14) Special Notes

1. **Demolition or removal of a Manufactured Dwelling or other Manufactured Structure:** Prior to permit application, applicant shall complete a “Manufactured Structure Multipurpose Change Application”, including sign-off by the Klamath County Assessor’s office. Contact the Assessor’s office for assistance. File completed and signed application with Klamath County Planning Division.

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.”