



Manufactured Dwelling Application

City of Troutdale

(Revised April 2015)

2200 SW 18th Way Troutdale Or 97060

Permit Specialist 503 674-7229

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection Requests: Phone: 503 674-7204

Fax: 503 667-0524

E-mail: inspection@troutdaleoregon.gov

Is Property Located In Flood Plain? No Yes, If Yes, Provide Fair Market Value Of Property \$ _____ Provide Improvement Value \$ _____

Type Of Work	
<input type="checkbox"/> Owner Installed	<input type="checkbox"/> Contractor Installed
<input type="checkbox"/> New	<input type="checkbox"/> Repair
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> Replacement:
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Site Information And Location	Plan Submittal Requirements
Address: _____ Space no.: _____	A completed Manufactured Dwelling permit application. Two 8 ½ x 11 plot plans fully dimensional and drawn to scale, showing structures, and dimensions from property lines.
Park name: _____	
Tax map/parcel no.: _____	
Description Of Work	Concrete Stringers/Slab Under Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple
	Valuation \$ _____ Square Feet _____
	Dwelling & set-up only does not include other permits
Applicant Owner	Additional Permits Required Listed Below
Name: _____	<input type="checkbox"/> Mechanical
Address: _____	<input type="checkbox"/> Plumbing
City/State/Zip: _____	<input type="checkbox"/> Electrical
Phone: _____ Fax: _____	<input type="checkbox"/> Foundation
E-mail _____	<input type="checkbox"/> Steps
Set Up Contractor	<input type="checkbox"/> Shed
Name: _____	<input type="checkbox"/> Carport
Address: _____	<input type="checkbox"/> Garage
City/State/Zip: _____	<input type="checkbox"/> Other
Phone: _____ Fax: _____	Department Approval - Initial & Date
E-mail: _____	Building Dept.: _____
CCB license no.: _____ City or Metro license no.: _____	Planning Dept.: _____
MDI license no. _____	Manufactured Home Permit Fees
Skirting Contractor	Set Up Fee \$400.00
Name: _____	12% State Surcharge \$48.00
Address: _____	State Fee \$30.00
City/State/Zip: _____	Total \$478.00
Phone: _____ Fax: _____	
E-mail: _____	This permit application expires if a permit is not obtained within 180-days after it has been accepted as complete. Permits are non-transferable and expire 180-days from issuance or last inspection.
CCB license no.: _____ City or Metro license no.: _____	
Skirting license no.: _____ MDI/LSI license no.: _____	
Authorized Signature: _____ Date: _____	