



1655 First Street
P.O Box 650
Baker City, OR 97814
EMAIL: permits@bakercity.gov

MANUFACTURED DWELLING APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER _____

INSPECTIONS/OFFICE: (541) 524 2054

JOB SITE INFORMATION		OWNER INFORMATION	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City:	State: Zip:
Directions:		Phone:	Work:
		Cell:	Fax:
		Email:	

ADDITIONAL INFORMATION		LOCAL GOVERNMENT APPROVALS				
MANUFACTURED DWELLING INFORMATION		ZONING				
NEW	USED	Zone:	Township:	Range:	Sec:	TL:
SINGLE WIDE	DOUBLE WIDE	TRIPLE WIDE	Flood Zone:	Yes	No	Permit #:
WIDTH:	LENGTH:		By:	Title:	Date:	
OCCUPANCY USE: RESIDENTIAL	STORAGE	OTHER	Comments:			
*An electrical permit may still be required for new service.						

BUILDING FEES - DEPARTMENT USE ONLY	
(A) Permit Fee:	\$530.24
(B) 12% State Surcharge Fee: (Permit Fee x 0.12)	\$63.63
(C) State Administrative Fee:	\$30.00
(D) Investigation Fee (if applicable):	\$
(E) Miscellaneous Fee:	\$
GRAND TOTAL:	\$ _____
	(A,B,C: \$509.84)

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

I AM THE PROPERTY OWNER DOING MY OWN WORK.

I AM LICENSED WITH THE CONSTRUCTION CONTRACTOR'S BOARD: CCB# _____ EXP. DATE _____

I AM LICENSED WITH THE BUILDING CODES DIVISION: INSTALLER LICENSE# _____ EXP. DATE _____

Name/Contractor:	Phone:
Address:	
Email:	
Signature:	Date: