

**APPLICATION FOR MANUFACTURED  
DWELLING PLACEMENT PERMIT**

**Gilliam County - City of Boardman Contract Office:**

200 City Center Circle - P.O. Box 229

Boardman, OR 97818 - Ph. 541-481-9252 - Fx. 541-481-3244

web: [www.cityofboardman.com](http://www.cityofboardman.com)

email: [jackie@cityofboardman.com](mailto:jackie@cityofboardman.com)

**DEPARTMENT USE ONLY**

Permit #: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

JOB SITE INFORMATION	OWNER INFORMATION
Address:	<i>I am the property owner doing my own work</i>
City:	Signature:
Directions to inspection site:	Mailing address:
	City/State/ZIP:
	Phone: Cell:
Is property inside city limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

**LOCAL GOVERNMENT APPROVALS**

Zoning	Flood Plain	Sanitation
Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Information verified/approved? <input type="checkbox"/> Y <input type="checkbox"/> N
Signature:	Signature:	Signature:
Jurisdiction:	Jurisdiction:	Jurisdiction:
Date: Tax lot#:		Date: Tax lot#:

**MANUFACTURED DWELLING PLACEMENT PERMIT FEES – EFFECTIVE JANUARY 1, 2014**

	FEE	# of items	Total	Dept use only
<b>Installation/Re-inspection</b>				
(a) Placement (includes placement, concrete slab / runners / foundations when prescriptive, electrical feeder, and plumbing/cross-over connections up to 30 lineal feet	\$192.00			
(b) Re-inspection (each)	\$ 78.00			
<b>Sub-total:</b>				
12% surcharge:				
State Manufactured Dwelling fee:	\$ 30.00			
Investigation fee	Actual Cost			
<b>GRAND TOTAL:</b>				

☐ I am the property owner doing my own work.

☐ I am the property owner hiring a licensed manufactured dwelling installer. License #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Building Codes Division license #: \_\_\_\_\_ PB \_\_\_\_\_ EL \_\_\_\_\_ MDI Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Construction Contractors Board registration #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.*

Applicant name:
Mailing Address:
City/State/ZIP:
Phone:
Email:
Signature: Date:

**Make check or money order payable to City of Boardman. If paying by credit card, complete all information below. DO NOT SEND CASH.**

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard - Phone: _____
Amount: _____ Expires: _____ CCV: _____
Name on card: _____
Card number: _____
Signature: _____