

Cannon Beach 163 W. Gower St. P.O. Box 368 Cannon Beach, OR 97110 503-436-2045 www.ci.cannon-beach.or.us building@ci.cannon-beach.or.us

MANUFACTURED DWELLING PLACEMENT PERMIT	DEPARTMENT USE ONLY		
APPLICATION	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.

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CONSTRUCTION CATEGORY	I haraby cartiful have read and everying d	this application and		
☐ Manufactured Dwelling		I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws		
For Mfd/RV Park, pull Area Development Permit separately		and ordinances governing this type of work will be complied		
– for Non-Dwelling Modular Placement Permit (ie. modular	with whether specified herein or not.			
classroom, job trailer, etc), pull Structural Permit	with whether specimed herein or hot.			
TYPE OF WORK	Applicant Signature:			
□ New □ Replacement □ Other	DECLUBED INFORMATION			
For work defined as addition, alteration, or repair – a	REQUIRED INFORMATION Manufactured Home Siting Permits One single permit is			
Residential Structural Application would be required.	Manufactured Home Siting Permit: One single permit is assessed to cover the installation and setup to include the			
JOB SITE INFORMATION & LOCATION	concrete slab, runners or foundations when prescriptive,			
Job site address:	electrical feeder and plumbing connections (up to 30 lineal			
City/State/ZIP:	feet each – water, sewer, storm) and all cross-over			
Project Name:	connections.			
Parcel #:				
Directions to job site:	Associated Permits: The manufactured dwelling permit does			
DESCRIPTION OF WORK	not include utility connections beyond 30 lineal feet, new			
	electrical services or additional branch circ			
Job # (optional):	plumbing, and other such items that fall u	_		
PROPERTY OWNER INSTALLATION	code and may require separate permits up	_		
Name:	decks, other accessory structures, and nor foundations.	i-prescriptive		
Address:	Placement is: Inside Park Outside	e Park/Private Lot		
City/State/ZIP:	Number of Awnings:			
Phone:	Serial Number:			
Email:	Length: Width:			
☐ Owner acknowledges installation is being made on	Height (original grade to highest roof point):			
residential or farm property owned by me or a member of my	Year: Model:	•		
immediate family. This property is not intended for sale,	Work being performed in Floodplain:	□ Yes □ No		
exchange, lease, or rent. ORS 479-540(1) and 479.560(1).	and the second s			
Signature:	MANUFACTURED DWELLING FEE SCHEDULE			
CONTRACTOR INSTALLATION				
Business name:	Mfd Dwelling Placement fee \$			
Address:	Earthquake-resistant bracing \$			
City/State/ZIP:	system install (if applicable)	,		
Phone:	Subtotal: (add up ALL fees)			
Email:	12% surcharge (.12 x subtotal)			
Contractor CCB license #:	State Manufactured Dwelling Fee	\$30.00		
BCD license #:	GRAND TOTAL (fees + surcharges)			
MDI license #:	- ·			
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Last revised: 10/1/2018