MANUFACTURED DWELLING PLACEMENT PERMIT APPLICATION



CITY OF HERMISTON

Building Department 180 NE 2ND ST. Hermiston, OR 97838

Ph: 541-667-5025 Fax: 541-567-6731 Email: building@hermiston.or.us

This permit is issued under OARs 918-500-0105 and 918-525-0370. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

		RMATION	AND LOCATION	
Individua] Park	
If setup on inc	dividual lot(outs Curb	side of park): et paved _	Check all that ap Sidewalks	ply
Setbacks:	Front:	Rear:	Side(s):	1
Parcel Info:	Map No:		Tax lot:	
	•	1 140		
Year of mfg	home:	Mfg	home size:	
Job site addre	ess:			
Owner/Occup	oant Name:			
·	ifferent from ab	nove)		
`	merent nom at			
City:		State:	Zip:	
Owner phone	: #:			
	DESCR	RIPTION OF	WORK	
	PROPERTY (OWNER IN	STALLATION	
Name:				
Address:				
		04-4	7:	
City:		State:	Zip:	
Phone:		Fax:		
E-mail:		1		
	e or a member	r of my imm	idential of farm predicte family. ALLATION	operty
Business Nar	me:			
Address:				
City/State/Zip):			
Phone		Fax:		
E-mail:		i un.		
		1	MDINI	
CCB license	no.:		MDI No:	
Signature:				
Print Name:				