



Planning a Placement of a Manufactured Dwelling

The application for a residential building or structure usually involves two or more government agencies. The following steps will help lead you through the permit process:

STEP 1: DO YOU HAVE A CURRENT PROPERTY DESCRIPTION (ASSESSOR'S MAP AND TAX LOT NUMBER) OF THE PROPERTY, INCLUDING TOWNSHIP, RANGE, SECTION AND TAX LOT NUMBER?

- YES: Bring it with you when you apply for permits or have it available when you call with questions.
- NO: Look on your property tax statement in the box marked Property Description (Map Number) or contact the Clatsop County Tax Assessor's Office (503-325-8522) to obtain the property description.

STEP 2: IS YOUR PROPERTY LOCATED WITHIN CITY LIMITS OR AN URBAN GROWTH BOUNDARY?

- YES: Contact the appropriate City Planning Department for their planning and building permit requirements.
- NO: Contact Clatsop County Land Use Planning (325-8611) for:
 - a) Zoning, Overlay Districts, and allowed uses
 - b) Conditional uses in zones and procedures for obtaining a Conditional Use Permit
 - c) Building setbacks from property lines
- If located in a Geologic Hazard, Flood Hazard or other overlay district, additional development requirements may apply.
- If located within a Homeowner's Association, approval and sign-off by the Homeowner's Association is required.
- If located in a Rural Fire Protection District (RFPD), specific development requirements may apply. See attached contact information.
- IF UNSURE - Contact the Clatsop County Tax Assessor's Office to determine if property is located within city limits.

STEP 3: DO YOU HAVE QUESTIONS REGARDING BUILDING PERMITS OR CONSTRUCTION REQUIREMENTS IN THE COUNTY?

- YES: The Clatsop County Building Codes Division issues and inspects the following permits for rural areas in Clatsop County: Building, Manufactured Dwellings, Mechanical, and Plumbing. They also issue Electrical permits for rural areas *and* all cities located within Clatsop County.

Inspectors are available at 503-338-3697 and for office visits Monday through Friday, 7:30 am to 9:00 am.

STEP 4: OBTAIN ROAD ACCESS PERMIT FOR LEGAL ACCESS FROM YOUR PROPERTY ONTO AN EXISTING ROAD.

County Road: Contact the Clatsop County Road Division at 503-325-8631. Requires a two (2) week time period to receive a permit. Access must be constructed and approved by the Clatsop County Road Division prior to the issuance of a Development Permit.

State Highway: Contact the Oregon Department of Transportation at 503-325-7222.

Requires a two to three (2-3) week time period to receive a permit.

In a Subdivision: You may not need a road access permit Check with the appropriate agency.

Private Road: Provide a copy of easement/owners approval that clearly identifies your right to use the roadway.

STEP 5: DRAW A PLOT PLAN & EROSION CONTROL PLAN FOR THE PROPOSED STRUCTURE OR DEVELOPMENT.

(Use forms provided on pages 6 & 7 or 8.5" x 11" paper) These drawings are suitable for review by all agencies.

- a. Draw property lines and all existing and proposed structures on the property. Include use of structure.
- b. Draw and label all roads adjacent to or providing access to the site, and driveways on the site.
- c. Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components, including drainfield areas.
- d. Include a north arrow.
- e. Include erosion control measures, if applicable.
- f. Make two (2) copies of the plot plan.
- g. Clatsop County Building Codes requires plans be drawn to scale.
- h. Indicate off-street parking spaces, if required (size, location, number).
- i. Identify any wetlands, streams, lakes, etc. on-site.

STEP 6: OBTAIN APPROVAL FROM THE LOCAL SEWER DISTRICT or ONSITE WASTEWATER.

Signature required on the Agency Review Form (page 8, #2).

Check with Clatsop County Onsite Wastewater at 503-325-9302 for records of any existing septic systems on your property and the required setbacks to ensure you do not build over the drainfield or otherwise encumber the septic system. An accurate property description (assessor's map and tax lot number) that includes township, range, section and tax lot number must be provided.

STEP 7: OBTAIN APPROVAL FROM LOCAL WATER DISTRICT or PROVIDE PROOF OF ADEQUATE WATER SUPPLY (250 GALLONS PER DAY) Signature required on the Agency Review Form (page 8, #3).

Well: Well log data showing the required quantity from a certified well driller for a new or existing well or a well easement (provided that no more than three households use the well as a potable source) AND A potability test for fecal coliform and nitrates from a certified water lab (see contact number). Over three households on one well must meet state potability requirements (ORS 448.115).

Public or Community System: Current receipt of written correspondence from water utility stating water is available for connection at the property line or satisfactory arrangements have been made to extend service to the property.

River, Stream, Spring or Other Surface Water: Obtain a permit from the State of Oregon Water Resources Department Watermaster, 503-815-1967 or Salem 503-986-0900 Salem, for domestic water right of at least .005 cfs (2.25 gals/min). **This process may take one to two (1-2) years to receive a permit. ** A potability test for fecal coliform and nitrates from a certified water lab is required.

STEP 8: OBTAIN APPROVAL FROM THE LOCAL FIRE PROTECTION DISTRICT (RFPD).

Signature required on the Agency Review Form (page 8, #4). This process may take up to 10 days.

STEP 9: OBTAIN APPROVAL FROM THE CLATSOP COUNTY ASSESSMENT & TAXATION.

Signature required on the Agency Review Form (page 8, #5).

STEP 10: OBTAIN APPROVAL FROM LAND USE PLANNING – ISSUANCE OF THE DEVELOPMENT PERMIT.

Requirements needed at time of development permit sign-off:

- a. Agency Review Form completed with all applicable approvals.
- b. Two (2) copies of a plot plan (see Step 5). Land Use Planning Dept will stamp plot plan.
- c. An Erosion Control Plan (see Step 5). Land Use Planning will stamp erosion control plan.
- d. Proof of water for the property.
- e. Road approach permit if property takes access through a County road, if property takes access through a private road a road approach permit is not needed.
- f. Two (2) Sets of Floor Plans of the Manufactured Dwelling being installed (Land Use Planning will stamp all building plans).
- g. Submit \$84.00 fee for development permit.
- h. Submit \$224.00 fee for an address along with a completed rural address application if the property does not have a valid rural address (see page 9).

STEP 11: OBTAIN A MANUFACTURED PLACEMENT PERMIT FROM BUILDING CODES

If the location of the placement is within a flood or geo-hazard zone, a plan review is required and could take up to 10 business days to review. If the foundation walls exceed two (2) feet in height, check with the plans examiner there may be additional requirements.

Requirements needed at the time of permit application intake:

- a. Completed Agency Review form with all approvals.
- b. Two (2) copies of signed Clatsop County development permit.
- c. Two (2) copies of the plot plan, stamped by Land Use Planning.
- d. Two (2) copies of the Floor Plan of Manufactured Dwelling and any applicable building plans.
- e. Submit application with appropriate fees for placement permit.

STEP 12: CONTACT BUILDING CODES TO SCHEDULE INSPECTIONS

Inspection line 503-338-3698 or buildingdivision@co.clatsop.or.us

The following information is required when requesting an inspection:

- a. Permit number
- b. Owner's name
- c. Situs address
- d. Date of inspection and contact phone number
- e. Type of inspection

CONTACT NUMBERS

Clatsop County Building Codes

800 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am - 4:00pm – Mon-Fri
Phone: 503-338-3697
FAX: 503-338-3666
Inspection Request Line: 503-338-3698

Clatsop County Land Use Planning

800 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am - 4:00pm - Mon-Fri
Phone: 503-325-8611
FAX: 503-338-3606

Clatsop County Onsite Wastewater

820 Exchange Street, Suite 100
Astoria, Oregon 97103
Hours: 7:30am -12pm & 1- 4:30pm, Mon-Thurs
7:30am – 11:30am Friday
Phone: 503-325-9302
FAX: 503-325-9303

Clatsop County Roads Division

1100 Olney Avenue
Astoria, OR 97103
Hours: 8:00 am - 4:30 pm - Mon-Fri
Phone: 503-325-8631
FAX: 503-325-9312

Clatsop Soil & Water Conservation District

750 Commercial, Room 207
Astoria, Oregon 97103
(US Post Office Building)
Phone: 503-325-4571

Oregon Dept of Transportation

350 W. Marine Drive
Astoria, Oregon 97103
Hours: 8:00am - 5:00pm
Phone: 503-325-7222
FAX: 503-325-1314

SEWER DISTRICTS

Arch Cape Sanitary District

Phil Chick, ACSD Manager
32065 E Shingle Mill Lane
Arch Cape, OR 97102
Phone: 503-436-2790
FAX: 503-436-1467

Miles Crossing Sanitary Sewer

Bill Mitchell
34795 Hwy 101 Business
Astoria, OR 97103
Phone: 503-325-4330
FAX: 503-338-6915

Shoreline Sanitary District

John Glen, Chairman
PO Box 732
Warrenton, OR 97146
Phone: 503-861-0574

Westport Sewer District

1100 Olney Avenue
Astoria, OR 97103
Phone: 503-325-8631
FAX: 503-325-9312

WATER SERVICE AGENCIES

Arch Cape Water and Sanitary District

Phil Chick, ACSD Manager
32065 E Shingle Mill Ln
Arch Cape, OR 97102
Phone: 503-436-2790

Burnside Water Association

PO Box 625
Astoria, OR 97103
Phone: 503-458-5525

Falcon Cove Beach Water District

PO Box 1
Arch Cape, OR 97102
Phone: 503-436-9759

Fernhill Community Water System

Valerie Ranta
92571 Fernhill Road
Astoria, OR 97103
Phone: 503-325-7097

John Day Water District

Sandi Osterholme
PO Box 1317
Astoria, OR 97103
Phone: 503-325-9680 or 503-325-3533

Knappa Water Association

Carol Bartlett, Office Manager
92755 Allen Road
Astoria, OR 97103
Phone: 503-458-6461

Olney-Walluski Water Association

90029 Hwy 202
Astoria, OR 97103
Phone: 503-325-1288 or 503-325-7677

Seaside Public Works

1387 Avenue U
Seaside, OR 97138
Phone: 503-738-5112

City of Warrenton Water District

Collin Stelzig, Public Works Director
PO Box 250
Warrenton, OR 97146
Phone: 503-861-0914
Billing: 503-861-2223

Westport Water Association

49206 Highway 30
Westport, OR 97016
Phone: 503-445-9231
Cynthia Reeves: 503-455-9201

Wickiup Water District

Julienne Olson-Armstrong
92648 Svensen Market Road
Astoria, OR 97103
Phone: 503-458-6555

Youngs River, Lewis & Clark Water

Bill Mitchell
34583 US Highway 101 Business
Astoria, OR 97103
Phone: 503-325-4330

Oregon Water Resources Department

Nikki Hendricks, Watermaster Office (Local)
4000 Blimp Blvd Suite 400
Tillamook, OR 97141
Phone: 503-815-1967
FAX: 503-815-1968

Oregon Water Resources Department

725 Summer Street NE, Suite A
Salem, OR 97301
Phone: 503-986-0900
FAX: 503-986-0904

FIRE DEPARTMENTS

Astoria Fire Department

Richard Curtis
555 30th Street
Astoria, OR 97103
Phone: 503-325-4237
rcurtis@astoria.or.us

Cannon Beach RFPD

Matt Benedict
PO Box 24
Cannon Beach, OR 97110
Phone: 503-436-2949
FAX: 503-436-9639
mbenedict@cbfire.com

Elsie-Vinemaple RFPD

Mike Wammack or Hans Mulder
42644 Loyd Lane
Seaside, OR 97138
Phone: 503-755-2233
FAX: 503-755-2232
evrfd@centurytel.net

Gearhart Fire Department

Bill Eddy
PO Box 2530
Gearhart, OR 97138
Phone: 503-738-7838
FAX: 503-738-9385
gearhartfd@cityofgearhart.com

Hamlet Fire Department

Matt Verley
37240 Highway 26
Seaside, OR 97138
Phone: 503-440-5064
mverley@hotmail.com

John Day-Knappa Fire District

Kurt Donaldson
43114 Hillcrest Loop
Astoria, OR 97103
Phone: 503-458-6610
FAX: 503-458-6228
kdonaldson@knappafire.com

Lewis & Clark RFPD

Jeff Golightly
34571 Hwy 101 Business
Astoria, OR 97103
Phone: 503-325-4192 FAX: 503-325-7353
Lewisclarkfire@gmail.com

Mist-Birkenfeld RFPD

Dave Crawford or Mary Lou Busch
12525 Highway 202
Mist, OR 97016
Phone: 503-755-2710
FAX: 503-755-2556

Nehalem Bay Fire and Rescue

Perry Sherbaugh, Fire Chief
PO Box 117
Manzanita, OR 97130
Phone: 503-368-7590
FAX: 503-368-7580
Nbfr.chief@nehalem.tel.net

Olney Walluski Fire and Rescue

Ron Tyson or Jeremy MacDonald
36115 River Point Drive
Astoria, OR 97103
Phone: 503-325-5440
FAX: 503-325-3039
Olney-fire@seasurf.net

Seaside Fire & Rescue

Joey Daniels
150 S Lincoln
Seaside, OR 97138
Phone: 503-738-5420
FAX: 503-717-9318
jdaniels@cityofseaside.us

Warrenton Fire Department

Tim Demers
PO Box 250
Warrenton, OR 97146
Phone: 503-861-2494
FAX: 503-861-2351
firechief@ci.warrenton.or.us

Westport Fire & Rescue

Keith Walling
91177 Ferry Rd
Westport, OR 97016
Phone: 503-455-0727
FAX: 503-455-0727
Chief2101@msn.com

PLOT PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw property lines and all existing and proposed structures on the property
- Draw and label all roads adjacent to or giving access to the site
- Draw all driveways on the site
- Include use of accessory structure
- Include a north arrow
- Identify any wetlands, streams, lakes, etc. on-site
- Provide accurate distances from the proposed structure to all property lines, surface water bodies, wells, and existing septic system components including drainfield areas
- Show off-street parking spaces, if required (size, location, number)

(Please Use the Space Provided)

SOIL EROSION CONTROL PLAN

Sketch the appropriate structure to scale. Clatsop County Building Codes requires all plans be drawn to scale.

- Draw the streets and roadways leading to the property
- Draw the boundaries of the property
- Include a north arrow
- Draw in the proposed building on the site
- Add arrows showing the direction water will flow off the property
- Indicate the steepness of slopes by classifying them as steep, moderate or gentle
- Designate area where vegetation will be left undisturbed
- Draw in the access driveway and designate an area for vehicle parking
- Determine where soil will be stockpiled
- Draw and Label the erosion control measures

Erosion Control Guidance provided by (CREST) Columbia River Estuary Taskforce

(Please Use the Space Provided)

AGENCY REVIEW & APPROVAL FORM
Information on this form must be filled out and signed by approving agency.

1. JOB SITE INFORMATION (To be completed by applicant/owner/agent.):

Job Site Address: _____ City: _____
Owner: _____ Phone: _____
Address: _____ Email: _____
Agent: _____
Proposed Development/Construction: _____

2. ONSITE WASTEWATER OR LOCAL SEWER DISTRICT:

Legal Description: T _____ R _____ S _____ Tax Lot(s) _____
Permit Needed: Yes No Site Approved: Yes No
Agency Signature: _____ Date: _____
Remarks: _____

3. WATER DISTRICT OR PROOF OF WATER RIGHTS FROM WATER RESOURCES DEPARTMENT

Gallons per minute: _____
Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Water Resources Dept, 725 Summer St NE Suite 202, Salem, OR 97301 Phone: (503) 986-0900 Fax (503) 986-0904
Water Master (Local Office) 4000 Blimp Blvd Ste 400 Tillamook, OR Phone (503) 815-1967 Fax (50) 815-1968

4. FIRE DEPARTMENT/FIRE DISTRICT ACCESS AND WATER SUPPLY REQUIREMENTS:

Water/Fire Flow: _____ Number of Hydrants: _____ Hydrant Location(s): _____
Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Contact the local RFPD having jurisdiction.

5. MANUFACTURED MOBILE HOME PLACEMENT -----CLATSOP COUNTY ASSESSMENT AND TAXATION:

Agency Signature: _____ Title: _____ Date: _____
Remarks: _____

Clatsop County Assessment and Taxation, 820 Exchange St Suite 210, Astoria, OR 97103 Phone: (503) 325-8522 FAX (503) 338-3638



Clatsop County
 Community Development
 800 Exchange Street, Suite 100
 Astoria, Oregon 97103
 Phone 503 325-8611 Fax 503 338-3606
comdev@co.clatsop.or.us www.co.clatsop.or.us

New Address Request

Fee: \$224.00

Name: _____ Email: _____
 Mail Address: _____ City/State/Zip: _____
 Phone: _____ Phone: _____

Property Description: Township _____ Range _____ Section _____ Tax Lot(s) _____

Road Access Permit: ODOT _____ Clatsop County _____

Cross Street: _____ Fire Dept: _____

School: _____ Water: _____ Gas: _____

Sewer: _____ Power: _____

Driveway must be completed or physical location of the driveway must be clearly marked in the field.
 (Provide statement that driveway is complete or detailed description of how driveway is marked in the field.)
Failure to provide this information may result in the delay of your address assignment.

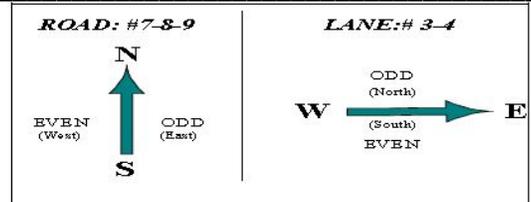
Office Use Only

NEW ADDRESS: _____

Beginning Address: _____

Distance (+/_): _____

Final: _____



Comments: _____



Clatsop County

Community Development
800 Exchange Street, Suite 100
Astoria, Oregon 97103

Phone 503 325-8611 Fax 503 338-3606

comdev@co.clatsop.or.us www.co.clatsop.or.us

Development Permit

Fee: \$84.00

INSTRUCTIONS:

1. Complete form and attach site plan.
2. For commercial and industrial uses, include parking and loading plan, sign plan and erosion control plan.
3. For residential and other uses, include an erosion control plan.
4. Review applicant's statement and sign this form.

Proposed Use: _____

Base Zone: _____ Overlay District(s): _____

Project Location:

T _____ R _____ S _____ TL _____ Acres _____

Owner: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Applicant: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Other Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone: _____

SIGNATURES: I have read and understand the statements **ON THE BACK OF THIS FORM** and agree to abide by them. **All owners of record**, per Clatsop County Assessment records, **must sign the application**. Representatives of public agencies, corporations, trusts, etc. must provide documentation of signing authority.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

1. Pertaining to the subject property described, I hereby declare that I am the legal owner of record, or an agent having the consent of the legal owner of record, and am authorized to make the application for a Development Permit/Action so as to obtain the necessary building permits, sanitation permits, US Army Corps of Engineers permits, Oregon Division of State Lands permits, Oregon Department of Transportation permits, Oregon Department of Parks and Recreation permits, or Clatsop County road approach permits. I shall obtain any and all necessary permits and complete the conditions of approval as required herein within 180 days of the issuance of this permit before I do any of the proposed uses or activities. The statements within this application are true and correct to the best of my knowledge and belief. I understand that if the permit authorized was based on false statements or misrepresentation or it is determined that I have failed to fully comply with all conditions attached to and made a part of this permit, this permit approval is hereby revoked and null and void.
2. It is expressly made a condition of this permit that I at all times fully abide by all state, Federal and local laws, rules, regulations governing my activities conducted or planned pursuant to this permit.
3. As a condition for issuing this Development Permit/Action the undersigned agrees that he/she will hold Clatsop County harmless from and indemnify the County for any and all liabilities to the undersigned, his/her property, or any other person or property, that might arise from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever which might result from the signer's failure to build, improve or maintain roads which serve as access to the subject property or from the undersign's failure to fully abide by any of the conditions included in or attached to this permit.
4. WAIVER OF VESTED RIGHTS DURING APPEAL PERIOD FOR ZONING AUTHORIZATION. I have been advised that this Land and Water Development permit/Action by the Clatsop County Community Development Director may be appealed within twelve calendar days of the date of permit issuance and authorization (note: if the twelfth day is a Saturday, Sunday or legal holiday, the appeal period lasts until the end of the next day which is not a Saturday, Sunday or legal holiday). I understand that if the approval authorized by the County and referenced above is reversed on appeal, then the authorization granted prior to the end of the appeal period will be null and void. I further understand and consent to the fact that any actions taken by me in reliance upon the authorization granted during the appeal period shall be at my own risk, and that I hereby agree not to attempt to hold Clatsop County responsible for consequences or damages in the event that removal of improvements constructed during the appeal period is ordered because an appeal is sustained.
5. I am aware that failure to abide by applicable Clatsop county Land and Water Development and Use Ordinance 80-14, as amended, and Standards Document regulations may result in revocation of this permit or enforcement action by the County to resolve a violation and that enforcement action may result in levying of a fine.
6. I understand that a change in use, no matter how insignificant, may not be authorized under this permit and may require a new Development Permit/Action. You should check with the Clatsop County Community Development Department.
7. This Development Permit/Action expires 180 days from the date of issuance unless substantial construction or action pursuant to the permit has taken place. Upon expiration, a new development permit must be obtained.

Setbacks	Required	Actual	Notes
(N, S, E, W) Front	_____	_____	_____
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Side	_____	_____	_____
(N, S, E, W) Rear	_____	_____	_____

Structure Height

- 18 ft. maximum Oceanfront (Zones RSA-SFR, CBR, CR)
- 26 feet maximum
- 35 foot maximum
- Other _____

Fire District Sign Off Agency Name: _____

Sewage Disposal

- None Required
- Public Sewer Agency Name: _____
- Private Sewer Permit# or Sign Off _____
- Subsurface System

Water Requirements

- None Required
- Private Water Source _____
- Public Water Source Agency Name: _____
- Well, Spring, etc. **Potability Test and/or Watermaster Certification attached**

- Access - County or ODOT Permit# _____
- Average Grade Calculations _____
- Beaches & Dunes Stabilization and/or Revegetation
- Coastal Shorelands
- Conditional Use Permit # _____
- DSL Wetland Fill/Removal Permit# _____
- Erosion Control Plan
- Engineering Report
- Firebreak; clear & maintain firebreak of at least _____ feet radius around proposed structure
- Floodplain Permit#. _____
- Geologic Hazard or Waiver Permit# _____
- Lot Coverage _____
- Parking Plan
- Plot Plan
- Post-Construction Survey
- Resource Zone Certification (recorded with County Clerk) _____
- Road Improvement
- Storm water Drainage Plan Permit# _____
- Temporary Use Permit #. _____

Notes: _____



Manufactured Dwelling Application

**Community Development
Building Codes Division**
800 Exchange St Ste 100 Astoria, OR 97103
Ph: (503) 338-3697 Fax: (503) 338-3666
Request Line 503-338-3698
buildingdivision@co.clatsop.or.us
Web: co.clatsop.or.us

DEPARTMENT USE ONLY
Permit #
Issued By:
Date:

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.

DESCRIPTION OF WORK	MANUFACTURED HOME INFORMATION																																								
	Where is the Manufactured Dwelling being relocated from: _____																																								
	Valuation: \$ _____ Square Feet: _____																																								
	Floor Plan MUST be submitted with the application. Concrete stringers/slab under home: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Permits (if required) <input type="checkbox"/> Foundation <input type="checkbox"/> Garage <input type="checkbox"/> Decks <input type="checkbox"/> Carport <input type="checkbox"/> Plumbing- Well or Sewer Pump <input type="checkbox"/> Electrical - Service <input type="checkbox"/> Mechanical- Gas Connection/Heat Pump/AC																																								
	Manufactured Dwelling Placement includes: Setup of dwelling, feeder, connection to water/sewer within 30' of unit.																																								
	FEE SCHEDULE																																								
	<table border="1"> <thead> <tr> <th>A. Description (select one)</th> <th>Cost ea.</th> <th>Qty</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Singlewide</td> <td>\$202.00</td> <td></td> <td></td> </tr> <tr> <td>Doublewide</td> <td>\$404.00</td> <td></td> <td></td> </tr> <tr> <td>Triplewide</td> <td>\$604.00</td> <td></td> <td></td> </tr> <tr> <td>B. Re-inspection, if applicable</td> <td>\$94.00</td> <td></td> <td></td> </tr> <tr> <td colspan="3">C. Subtotal</td> <td></td> </tr> <tr> <td colspan="3">D. State Surcharge (12% of C)</td> <td></td> </tr> <tr> <td colspan="2">E. Administrative Fee, State of Oregon</td> <td></td> <td>\$30.00</td> </tr> <tr> <td colspan="2">F. Astoria School Excise Tax, if applicable</td> <td>\$.25/sqft</td> <td></td> </tr> <tr> <td colspan="3">TOTAL Manufactured Dwelling Fees</td> <td></td> </tr> </tbody> </table>	A. Description (select one)	Cost ea.	Qty	Total	Singlewide	\$202.00			Doublewide	\$404.00			Triplewide	\$604.00			B. Re-inspection, if applicable	\$94.00			C. Subtotal				D. State Surcharge (12% of C)				E. Administrative Fee, State of Oregon			\$30.00	F. Astoria School Excise Tax, if applicable		\$.25/sqft		TOTAL Manufactured Dwelling Fees			
A. Description (select one)	Cost ea.	Qty	Total																																						
Singlewide	\$202.00																																								
Doublewide	\$404.00																																								
Triplewide	\$604.00																																								
B. Re-inspection, if applicable	\$94.00																																								
C. Subtotal																																									
D. State Surcharge (12% of C)																																									
E. Administrative Fee, State of Oregon			\$30.00																																						
F. Astoria School Excise Tax, if applicable		\$.25/sqft																																							
TOTAL Manufactured Dwelling Fees																																									
	Make check or money order payable to: CLATSOP COUNTY Point N Pay charges a 2.5% processing fee for credit card transactions. Min \$2.00 fee.																																								
	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AE Phone: () _____ Credit card number _____ / _____ Expiration Name of cardholder as shown on credit card _____ Cardholder signature _____ \$ _____ Amount																																								
	Please provide mailing address where you receive your credit card statement: ADDRESS: ZIP:																																								
JOB SITE INFORMATION AND LOCATION																																									
Property Owner:																																									
Jobsite Address:																																									
City:																																									
Phone:																																									
If located in park, name of park:																																									
Space #																																									
Map/Legal Description:																																									
PROPERTY OWNER INSTALLATION																																									
Owner's Name:																																									
Mailing Address:																																									
City/State/Zip:																																									
Email:																																									
Phone: () _____																																									
<i>This installation is being made on residential or farm property owned by me or a member of my immediate family.</i>																																									
Owner's Signature:																																									
CONTRACTOR INSTALLATION																																									
Business Name:																																									
Mailing Address:																																									
City/State/Zip:																																									
Email:																																									
Ph: () _____ Fax: () _____																																									
CCB no: _____ MDI no.: _____																																									
Contractor's Signature:																																									
Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provision of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following																																									