

City of Florence Manufactured Home Permit Application

MFH PERMIT #

250 hwy 101 Florence, OR 97439

Building Inspection 541-997-2141

BUILDING PERMIT #

Fax Number: 541-902-2189

TYPE OF PERMIT			
<input type="checkbox"/> 1 & 2 Family dwelling or accessory	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Multi-family	<input type="checkbox"/> New construction
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Tenant improvement	<input type="checkbox"/> Fire sprinkler/alarm	<input type="checkbox"/> Plumbing
		<input type="checkbox"/> Demolition	<input type="checkbox"/> Mechanical
			<input type="checkbox"/> Other
			<input type="checkbox"/> Manufactured Home
JOB SITE INFORMATION			
Job address:		/ Impervious Surface %:	All Enclosed Building %:
Map number:	Tax Lot:	Subdivision:	
Description of work:		/ Garage & Flatwork Valuation amount \$	
Cont.		/ Commercial Mechanical Bid or Valuation Amount \$	
OWNER		STAFF-Planning Department	
Name:		<u>Office Use</u>	
Mailing address:		Subdivision	
City:	State:	Zip:	Lot#
Ph:	Fax:	Cell:	Tax Lot #
APPLICANT		Map #	
Name:		Zone	
Mailing Address:		Lot Size In square feet	
City:	State:	Zip:	Use Permitted In this Zone ____ Yes ____ No
Ph:	Fax:	Cell:	Historic Review Required ____ Yes ____ No
CONTRACTOR / Installer		Flood Plain ____ Yes ____ No	
Business name:		Set Backs—Front ____ Back ____ Side ____	
Address:		Side Of Corner Lot	
City:	State:	Zip:	Airport Zone ____ YES ____ No
Ph:	Fax:	Cell:	State Highway Involvement ____ Yes ____ No
CCB number:		Special Site or Parking Requirements:	
Florence City Lic. #		Yes ____ No ____ <u>IF YES ATTACH</u>	
MANUFACTURED HOME INSTALLER		PLUMBING CONTRACTOR	
Name:		Business name:	
Address:		Address:	
City:	State:	Zip:	City:
Ph:	Fax:		State:
CCB LIC. # :		MDI # :	
ENGINEER		ELECTRICAL CONTRACTOR	
Name:		Business name:	
Address:		Address:	
City:	State:	Zip:	City:
Ph:	Fax:		State:
E-mail:		Zip:	
I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.		Ph:	
Authorized signature: _____		Fax:	
Print name _____ Date: _____		Cell:	
		CCB number:	
		Supervisor #:	
		Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.	