

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# _____ Tax Lot # _____		
Ph:	Fax:	Cell:	Map # _____ Zone _____		
APPLICANT		Lot Size In square feet _____			
Name:		Use Permitted In this Zone ___ Yes ___ No			
Mailing Address:		Historic Review Required ___ Yes ___ No			
City:	State:	Zip:	Flood Plain ___ Yes ___ No		
Ph:	Fax:	Cell:	Set Backs—Front ___ Back ___ Side ___		
CONTRACTOR / Installer		Side Of Corner Lot _____			
Business name:		Airport Zone ___ YES ___ No			
Address:		State Highway Involvement ___ Yes ___ No			
City:	State:	Zip:	Special Site or Parking Requirements:		
Ph:	Fax:	Cell:	Yes _____ No _____ <u>IF YES ATTACH</u>		
CCB number:		Florence City Lic. #			
MANUFACTURED HOME INSTALLER					
Name:		<u>COPY TO PLANS</u> Notice: All contractors and subcontractors SHALL be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and Licensed with the CITY OF FLORENCE			
Address:					
City:	State:			Zip:	
Ph:	Fax:			Cell:	
PLUMBING CONTRACTOR					
CCB LIC. # :		MDI # :			
ENGINEER		Business name:			
Name:		Address:			
Address:		City:	State:		
City:	State:	Zip:	Zip:		
Ph:	Fax:	Cell:	Cell:		
E-mail:		CCB number:			
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. Authorized signature: _____ Print name _____ Date: _____		Florence City Lic. #			
		ELECTRICAL CONTRACTOR		Business name:	
		Address:		Address:	
		City:	State:	Zip:	City:
Ph:	Fax:	Cell:	Ph:		
E-mail:		CCB number:			
		Florence City Lic. #			
		Notice: This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.			