

LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Steve Michaels, Director

*Room 114, Linn County Courthouse*

*PO Box 100, Albany, Oregon 97321*

 *Phone 541-967-3816, 1-800-319-3816 Fax 541-926-2060*

# LINN COUNTY MANUFACTURED HOME PLACEMENT PERMIT APPLICATION REQUIREMENTS

The following approvals must be obtained before a building permit can be issued.

1. **LAND USE APPROVAL:**
2. If your building project is within a city, you must obtain land use approval from the city.
3. If your building project is within Linn County, and not within city limits, land use approval must be obtained from the Linn County Planning and Building Department.

**NOTE:** Some planning reviews or hearings may delay your project. You should begin this process well before you wish to start building. Talk to the city or county planner about your project for specific requirements.

1. **SANITATION:**
2. If your property is served by a municipal sewer system, approval must be obtained from the municipality.
3. If a public system is not available, an on-site sewage disposal system may be used. For information regarding an existing or new disposal system, contact Environmental Health at (541) 967-3821, or 1-800-304-7468. (Please contact this department regardless of type of proposed structure).

**NOTE:** Some delay may be experienced in obtaining sanitation approval. You should begin this process well before you wish to start building. Talk to a sanitarian about your project for specific requirements.

1. **BUILDING PLAN REVIEW:**
2. Residential: Three complete sets of building and site (plot) plans along with a signed residential plan submittal checklist shall be submitted for review. This review can take up to ten working days after ***completed*** plans have been submitted.
3. Commercial: A pre-application meeting is required for all commercial or industrial building projects. Contact John Hixson, extension #2233, to schedule an appointment with a plans examiner.

May 6, 1999

# MANUFACTURED HOME PLACEMENT PERMIT

# APPLICATION WORKSHEET

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner/Applicant Information:**

1. Applicant(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (hm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Property Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (hm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contractor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CCB# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (hm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Information:**

Map Number: (Twp) \_\_\_\_\_\_\_ (Range) \_\_\_\_\_\_\_ (Section) \_\_\_\_\_\_\_\_\_\_ (TaxLot) \_\_\_\_\_\_\_\_\_

Site Address (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit Information:**

Please give a brief description of the proposed work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of work will be done?

\_\_\_\_\_\_\_\_\_\_Structural \_\_\_\_\_\_\_\_\_\_Plumbing \_\_\_\_\_\_\_\_\_Mechanical \_\_\_\_\_\_\_\_\_Electrical

Fees Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12% State Surcharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Fees Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

December 31, 2007

LINN COUNTY PLANNING AND BUILDING DEPARTMENT

CHECK LIST FOR MANUFACTURED HOME PLACEMENT PERMITS

**Year Made \_\_\_\_\_\_\_\_\_ Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Size\_\_\_\_\_\_\_\_\_ Serial or X Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*In an effort to have all permits issued in one visit, please answer the following*:

 Will the manufactured home be placed on concrete footings (runners) or a slab?

 If yes, who will be doing the work?

 Owner

 Contractor name:

Check one of the following:

 \_\_\_\_\_\_\_ Single wide

 \_\_\_\_\_\_\_ Double wide

 \_\_\_\_\_\_\_ Triple wide

 Will you be installing a new electrical service? If yes, who will be doing the installation?

Owner

 Electrical contractor name:

 Is your manufactured/mobile home equipped with gas appliances?

 If yes, who will be installing the gas line?

 Owner

 Name:

 Will you be installing a wood burning, pellet stove, or gas room heater?

 If yes, who will be doing the work?

 Owner

 Contractor name:

 Will your manufactured home be equipped with a heat pump or air conditioner?

 If yes, who will be installing the electrical circuit(s)?

 Owner

 Electrical contractor name:

 Will you or an electrical contractor be installing either a septic or well pump?

 If yes, who will be installing the electrical circuit(s)?

 Owner

 Electrical contractor name:

 Owner/Contractor

Signature Date

**Application Check List (for EHD Staff Only)**

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Septic Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_ Site Plan Approved: \_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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December 31, 2007

**Application Check List (for Planning Staff Only)**

 Map Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planning Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Accepted By: \_\_\_\_\_\_\_\_\_\_\_\_\_ Site Plan Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Setbacks-Front\_\_\_\_\_\_\_\_\_\_ Rear \_\_\_\_\_\_\_\_ Side \_\_\_\_\_\_\_\_Riparian \_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_

Zoning District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legal Lot: \_\_\_\_\_\_\_\_\_ Wetlands: \_\_\_\_\_\_\_\_\_\_ GeoHazard: \_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application Check List (for Building Department Staff only)**

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Accepted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Floodplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flood Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Application Deemed Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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[www.co.linn.or.us](http://www.co.linn.or.us/)

### Manufactured Dwelling Plot Plan

#### Permit Application Checklist

##### Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Map Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following items are required for plan review an shall be used by Linn County to determine a

**complete plot plan and compliance with OAR 918-500-0060.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | N/A |
| **1** | **Site/Plot plan drawn to scale.** |  |  |
| **2** | **Approximate elevations at each corner of the lot.** |  |  |
| **3** | **Location of all cuts and fills on the lot.** |  |  |
| **4** | **Location of the manufactured dwelling and all accessory buildings and structures including retaining walls.** |  |  |
| **5** | **Setbacks from property lines, lot lines, streets, public sidewalks, easements of record and other structures on the same or adjacent lots.** |  |  |
| **6** | **Intended finished grade.** |  |  |
| **7** | **Location and type of all site drainage including rain drains.** |  |  |
| **8** | **Where there is more than a 12-inch difference in elevation between two adjacent corners of a site, the plot plan shall include contour lines or shall be submitted with a cross-sectional drawing of the lot showing the approximate elevations of the lot.** |  |  |
| **9** | **When installed outside a manufactured dwelling park, other information such as location of wells, septic tanks, leach lines, petroleum tanks, natural water ways, easements of record and other information necessary to assure health and safety may be required by Linn County.** |  |  |

**Linn County specific requirements.**

|  |  |  |  |
| --- | --- | --- | --- |
| **14** | **Floodplain Elevation Certificate (Pre & Post Construction)** |  |  |
| **15** | Geo Technical Report for Geo Hazard Areas |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |

***Checklist must be completed before plan review start date. Minor changes or notes on submitted plans may be in blue or black ink. Red ink is reserved for department use only.***

Insert sample plot plan here (see “sample plot plan” file on Planning & Building web page)