



LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Robert Wheeldon, Director

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Phone 541-967-3816 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:**

- (A) If your building project is within a city, you must obtain land use approval from the city.
- (B) 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.

(2) **SANITATION:**

- (A) If your property is served by a municipal sewer system, approval must be obtained from the municipality.
- (B) 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. (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.

(3) **BUILDING PLAN REVIEW:**

- (A) 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.
- (B) Commercial: A pre-application meeting may be required for commercial or industrial building projects.

May 6, 1999

**MANUFACTURED HOME PLACEMENT PERMIT
APPLICATION WORKSHEET**

Date: _____
Permit #: _____

Property Owner/Applicant Information:

- A. Applicant(s) Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (hm) _____ (work) _____

- B. Property Owner _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (hm) _____ (work) _____

- C. Contractor Name _____ CCB# _____ Expiration: _____
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: _____

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: _____

Signature _____ Owner/Contractor _____ Date _____

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: _____

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: _____

Application Check List (for EHD Staff Only)

Date Received: _____ Reviewed By: _____

Septic Permit Number: _____ Site Plan Approved: _____

Comments: _____



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**Manufactured Dwelling Plot Plan
 Permit Application Checklist**

Permit Number: _____
 Map Number: _____

The following items are required for plan review and 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)