



Community Development Center
 Ph. 503-543-7184 Fx. 503-543-5679
 scappoosebuildingdept@cityofscappoose.org

DEMO-REMOVAL PERMIT

PERMIT # _____

Date Rcv'd: _____

Date Issued: _____

ENTIRE BUILDING DEMO - REMOVAL	DEMOLITION CHECKLIST (by city inspection or provide proof)	YES-NO-N/A-	INPECT DATE
SITE INFORMATION (acquire data from tax assessor)	WATER SUPPLY		
Address:	A. Meter to be removed- line to be cap at property line		
Legal Description:	B. Meter to remain and be protected.		
Assessed Valuation:	C. Private well to be filled and capped		
Existing Use:	D. Private well to be used for other purposes		
Building Square Feet:			
Lot Size:	SANITARY SEWER		
Approx. date of demolition:	A. Sewer to be capped		
PROPERTY OWNER INFORMATION	B. Existing line to remain and be used by new structure		
Owner Name:	SEPTIC SYSTEM		
Address:	A. Tank to be removed or drained/filled, -permit via Columbia County Sanitarian		
City, State, Zip:	B. Copy of County permit to be submitted to Scappoose Building Dept.		
Phone/Fax:	ELECTRICAL SUPPLY		
Email:	A. Electricity to be shut-off and meter removed -permit via Columbia County		
APPLICANT CONTACT INFORMATION	GAS		
Contact Info:	A. Gas to be shut-off and meter removed		
Firm/Company Name:	EXISTING FOUNDATION		
Address:	A. Foundations destroyed and removed		
City, State, Zip:	B. Basement – Destroyed or back-filled		
Phone/Fax:	C. All debris removed from site; lot to be restored to original condition. Receipts must be submitted to the Building Dept.		
Email:			
CONTRACTOR INFORMATION			
Firm/Company Name:			
Contact Name:			
Address:			
City, State, Zip:			
Phone/Fax:			
CCB#: _____ Exp. Date: _____			
Email:			
VERIFICATION OF DEMOLITION			
Inspector Signature: _____			
Date: _____			
DEMOLITION FEES			
Engineering Review (if required \$85)			85.00
Planning Dept. Review (if req'd, \$85)			85.00
DEMO Fee			104.35
Plumbing Fee (water/sewer caps)			104.35
12% State Plumbing Surcharge			12.52
GRAND TOTAL		\$	
Date Paid: _____		Recpt. #:	
ADD ADDITIONAL COMMENTS OR INFORMATION BELOW:			

Applicant must hold an Oregon Construction Contractors license (CCB) to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS. IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.

Owner's Signature: _____

Date: _____

Contractor Signature: _____

Date: _____



Manufactured Structure Multipurpose Change Application

INSTRUCTIONS

This form and all supporting documents must be filed with the taxation/assessment office of the county where the home is currently located.

If the county refuses to process this transaction, forward this form along with the county refusal form to the State of Oregon, Building Codes Division, P.O. Box 14460, Salem, OR 97309-0404.

Filing information

Box 1. Nature of filing. This is a multipurpose form; mark the box that reflects the purpose of this filing.

Home information

- Box 2. Home ID number.** Identification numbers are assigned by the state of Oregon for all manufactured structures for which ownership has been established in the state. An existing number is located on the Ownership Document or Status of Manufactured Home Ownership. If this is an initial filing for a new structure, leave this space blank. If you are an agent for BCD, enter the ID number on this form after building the account. If the home was previously titled by the Driver and Motor Vehicle Services Division (DMV), you may provide the DMV license plate number (X-plate) in Box 4 instead of the home ID number.
- Box 3. Dwelling type.** Mark the appropriate dwelling type for this home using the following criteria:
Manufactured dwelling - a structure built on a permanent chassis, being used for residential purposes; for example: a residential trailer, mobile home, or manufactured home.
Pre-fab housing - a building or subassembly, more than 8½ feet wide, built in a factory according to the Oregon Residential Specialty Code, for assembly at a site.
Recreational unit/park model - a structure designed to be an RV or park model. RVs/park models more than 8½ feet wide must be recorded with the county taxation/assessment office. RVs/park models less than 8½ feet wide are to be titled with DMV.
- Box 4. DMV X-plate number.** If ownership of the structure was established with DMV prior to May 2005, enter the X-plate number, if known. Either the X-plate number or the home ID number must be provided to identify the structure.
- Box 5. Manufacture year.** The year the structure was manufactured.
- Box 6. Manufacturer.** The manufacturer's business name.
- Box 7. Model.** The name that differentiates this structure from other structures produced and sold by the manufacturer.
- Box 8. Dwelling section information.** Include the full manufacturer's serial number and HUD label numbers for each section of the structure, if available.

Instructions continued on next page

Instructions (continued)

Site information

- Box 9. Current site address.** Enter the physical address where the structure is currently located. Include the county. This must be filed with the taxation/assessment clerk in the designated county.
- Box 10. Current park name and space number.** If the home is in a manufactured-dwelling park, enter the park name and space number.
- Box 11. New or corrected site address.** Enter the address where the home will be sited after the move. If the home will be moved into storage or dealer inventory, check the appropriate box. Note that the structure must be relocated to the new address within 30 days or the owner must refile to correctly reflect the location of the structure.
- Box 12. New or corrected park name and space number.** If the home will be located in a manufactured-dwelling park after the move, provide the name of the park and the space number.

Exemption declaration

- Box 13. Exemption.** Ownership documents for a manufactured structure must be filed with the state of Oregon unless the purchasers declare that the home is exempt from this requirement for one of the reasons listed. Select only one exemption status. Owners claiming exemption because the structure will be filed as real property in the county real estate records must file in the county where the home will be sited within 25 days of the date the notice of sale is filed.

Owner information

Complete the following fields for each owner. If there are more than four owners, submit the required information on a supplemental sheet.

- Box 14. Owner name.** Enter the owner's full name. Note that owners have the option of being notified by mail when any change of site, ownership, or security interest is filed. The first individual/entity listed will always be notified; other owners may indicate that they wish to be notified by checking the "Notify" box.
- Box 15. Owner.** Check the appropriate box.
- Box 16. Mailing address.** Enter the mailing address of the new owner. If the address is the same as the owner immediately above, check the "Same as above" box. The first owner listed must have an address listed; other owners must provide a mailing address if they wish to be notified of changes.
- Box 17. Means of possession.** Occasionally an individual or entity may secure ownership in a particular manner (e.g., minor or trustee). Check the appropriate box, if applicable.

Security-interest holder information

Complete the following fields for each security-interest holder. If more than two security-interest holders are to be filed, submit the appropriate information on a supplemental sheet.

- Box 18. Security-interest holder name.** Enter the full personal or business name of the security-interest holder.
- Box 19.** Check the appropriate box stating whether the security-interest holder is a business, individual, or trust.
- Box 20. Mailing address.** Enter the mailing address of the security-interest holder. Addresses of security-interest holders are required to fulfill statutory notification requirements.

Owner affidavit

- Box 21. Owner affidavit.** All owners must acknowledge that they have read and understand the legal requirements. Owners are also certifying that the information provided, which will be public record, is true and correct. All owners must print their name, and sign and date the form. By checking the box, owners declare *rights of survivorship*. Signers must be owners as listed on Page 4.



Manufactured Structure Multipurpose Change Application

For office use only

NOT USED FOR OWNERSHIP TRANSFERS

This form may be used for changing site status, an information update, or requesting an ownership document.

FILING INFORMATION

1. Nature of filing: (mark one)

<input type="checkbox"/> Change of site	<input type="checkbox"/> Correction or information update	<input type="checkbox"/> Demolition
<input type="checkbox"/> Change of exemption status	<input type="checkbox"/> Request for ownership document	<input type="checkbox"/> Other

HOME INFORMATION

2. Home ID number (if known): **3. Dwelling type (mark one):** Manufactured dwelling Pre-fab housing
 Recreational unit/park model

4. DMV X-plate number (if known): **5. Manufacture year:**
6. Manufacturer: **7. Model:**

8. Dwelling section information: (Complete for all sections of the dwelling; use additional sheets, if necessary.)

Section	Manufacturer serial number	HUD number
(1)		
(2)		
(3)		
(4)		

SITE INFORMATION

9. Current site address on record:
(Provide legal description if no street address available.)

County: _____

10. Current park name and space number on record (if any):

11. New or corrected site address:

County: _____

12. New or corrected park name and space number (if any):

This site is a dealer inventory or storage location (mark if applicable).

EXEMPTION DECLARATION

13. Exemption:

Manufactured structures in Oregon must have an ownership document or be exempt. Check the box that applies.

- Ownership to be recorded with the state of Oregon (not exempt – results in issuance of an Ownership Document).
- Exempt (check the specific reason for exemption):
 - Home to be moved out of Oregon.
 - Home to be placed on tribal lands.
 - The buyer/owner is the United States government.
 - The buyer/owner certifies that the structure will be destroyed.
 - The buyer/owner certifies that the structure has been destroyed. Date: _____
 - The buyer/owner will, within 25 days of the move or sale, apply to have the manufactured structure recorded in the county deed records.



OWNER INFORMATION (one name per box)

Owner	14. Owner name (Last, first, middle):	15. Owner (mark one): <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Trust
	16. Mailing address:	17. Owner type (mark if applicable): <input type="checkbox"/> Minor <input type="checkbox"/> Conservator <input type="checkbox"/> Trustee <input type="checkbox"/> Right of survivorship <input type="checkbox"/> Executor <input type="checkbox"/> Other (specify): _____
Owner	14. Owner name (Last, first, middle): <input type="checkbox"/> Notify	15. Owner (mark one): <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Trust
	16. Mailing address: <input type="checkbox"/> Same as above	17. Owner type (mark if applicable): <input type="checkbox"/> Minor <input type="checkbox"/> Conservator <input type="checkbox"/> Trustee <input type="checkbox"/> Right of survivorship <input type="checkbox"/> Executor <input type="checkbox"/> Other (specify): _____
Owner	14. Owner name (Last, first, middle): <input type="checkbox"/> Notify	15. Owner (mark one): <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Trust
	16. Mailing address: <input type="checkbox"/> Same as above	17. Owner type (mark if applicable): <input type="checkbox"/> Minor <input type="checkbox"/> Conservator <input type="checkbox"/> Trustee <input type="checkbox"/> Right of survivorship <input type="checkbox"/> Executor <input type="checkbox"/> Other (specify): _____
Owner	14. Owner name (Last, first, middle): <input type="checkbox"/> Notify	15. Owner (mark one): <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Trust
	16. Mailing address: <input type="checkbox"/> Same as above	17. Owner type (mark if applicable): <input type="checkbox"/> Minor <input type="checkbox"/> Conservator <input type="checkbox"/> Trustee <input type="checkbox"/> Right of survivorship <input type="checkbox"/> Executor <input type="checkbox"/> Other (specify): _____

SECURITY-INTEREST HOLDER

Secured party	18. Security-interest holder name:	19. <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Trust
	20. Mailing address:	
Secured party	18. Security-interest holder name:	19. <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Trust
	20. Mailing address:	

OWNER AFFIDAVIT

Owner affidavit

21. Owner affidavit:

I/We affirm that the information provided herein accurately reflects the ownership, siting, and exemption status of the structure.

If I/we have declared the structure will become exempt from registration with the state of Oregon because it will be filed in the county deed records, I/we certify that I/we will apply within 25 business days of the move or sale to have the manufactured structure recorded in the county deed records of the county in which the structure is sited. ORS 446.626(5)(b)

I/We acknowledge that the structure must be located on the site address provided within 30 days, or an updated site address must be filed to reflect the actual location of the structure.

I/We understand that the home cannot be relocated without a trip permit, which may be purchased from the county assessor/tax collector in the county in which the structure is currently located.

I/We understand that each lessor, mortgagee, trust-deed beneficiary, lien holder of record, and security-interest holder must be listed on this notice, or, if none are listed, the manufactured structure must be free and clear of all mortgages, deeds of trust, security interests, and liens.

I/We acknowledge that any sections of this ownership document change form left blank are assumed to be unchanged from the information on record.

Owner	Owner name (print): <input type="checkbox"/> Right of survivorship	Owner signature:	Date:
Owner	Owner name (print): <input type="checkbox"/> Right of survivorship	Owner signature:	Date:
Owner	Owner name (print): <input type="checkbox"/> Right of survivorship	Owner signature:	Date:
Owner	Owner name (print): <input type="checkbox"/> Right of survivorship	Owner signature:	Date: