



# Commercial Job Trailer Application

Crook County  
Building Department  
300 NE 3<sup>rd</sup> St. Prineville, OR 97754  
(541) 447-3211 Fax: (541) 416-2139

Received:

Planning Approval: \_\_\_\_\_ Septic Approval: \_\_\_\_\_ Flood Zone? ☐ Yes ☐ No

## Jobsite

|          |      |             |
|----------|------|-------------|
| Address: |      | Unit/Suite: |
| City:    | Zip: | Map/Tax:    |

## Property Owner

|                  |         |      |
|------------------|---------|------|
| Name:            |         |      |
| Mailing Address: |         |      |
| City:            | State:  | Zip: |
| Phone #:         | E-mail: |      |

## Applicant

|                        |          |            |
|------------------------|----------|------------|
| Company/Business Name: |          | Signature: |
| Mailing Address:       |          |            |
| City:                  | State:   | Zip:       |
| Phone #:               | E-mail:  |            |
| Contact for Issuance:  | Phone #: |            |

## Contractor Performing Work

|                  |         |                |
|------------------|---------|----------------|
| Name:            |         | CCB License #: |
| Mailing Address: |         |                |
| City:            | State:  | Zip:           |
| Contact Person:  |         |                |
| Phone #:         | E-mail: |                |

## Unit Information

|                                      |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--------------------------------------|--|
| Proposed Use of Trailer:             |                                      |                                      |  |
|                                      |                                      |                                      | Gold Seal Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Year:                                | Make:                                | Model:                               | Purchase Price:  |
| Length of Placement Time?            |                                      | Dimensions:                          |  |
| <input type="checkbox"/> Single Wide | <input type="checkbox"/> Double Wide | <input type="checkbox"/> Triple Wide |  |

**This application MUST be accompanied by:**

- |  |   |
|--|---|
| <input type="checkbox"/> Code Summary                | <input type="checkbox"/> Floor plan                     |
| <input type="checkbox"/> Engineered foundation plans | <input type="checkbox"/> A copy of the Oregon Gold Seal |
| <input type="checkbox"/> Location / Site Map         |   |

**Will this unit be connected to any of the following? If so, an application for each must be submitted.**

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
|-------------------------------------|-------------------------------------|-----------------------------------|