

# Electrical Permit Application

Jurisdiction name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: - - - - - Fax: - - - - -  
 Email: \_\_\_\_\_ Web: \_\_\_\_\_

DEPARTMENT USE ONLY	
Permit no.:	_____
Date:	_____

**This permit is issued under OAR 918-309-0000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Job site address: _____	
City: _____	State: _____ ZIP: _____
Subdivision: _____	Lot no.: _____
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: - - - - -	Fax: - - - - -
Email: _____	
This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. OAR 479.540(1) and 479.560(1).	
Signature: _____	
CONTRACTOR INSTALLATION	
Business name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: - - - - -	Fax: - - - - -
Email: _____	
CCB license no.: _____	BCD license no.: _____
Signing supervisor's license no.: _____	
Print name of signing supervisor: _____	
Signature of signing supervisor: _____	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - - - - -
Credit card number _____	Expiration _____ / _____
Name of cardholder as shown on credit card _____	\$ _____
Cardholder signature _____	Amount _____

FEE SCHEDULE			
Number of inspections per item ( )	Qty.	Cost ea.	Total cost
<b>Residential, per unit, service included:</b>			
1,000 sq. ft. or less (4)		\$	\$
Each additional 500 sq. ft. or portion thereof		\$	\$
Limited energy (2)		\$	\$
Each manufactured home or modular dwelling service or feeder (2)		\$	\$
Multifamily residential (1)		\$	\$
<b>Services or feeders: installation, alteration, relocation</b>			
200 amps or less (2)		\$	\$
201 to 400 amps (2)		\$	\$
401 to 600 amps (2)		\$	\$
601 to 1,000 amps (2)		\$	\$
Over 1,000 amps or volts (2)		\$	\$
Reconnect only (2)		\$	\$
<b>Temporary services or feeders: installation, alteration, relocation</b>			
200 amps or less (2)		\$	\$
201 to 400 amps (2)		\$	\$
401 to 600 amps (2)		\$	\$
Over 600 amps or 1,000 volts, see services or feeders section above			
<b>Branch circuits: new, alteration, extension per panel</b>			
a. Fee for branch circuits with purchase of a service or feeder fee:			
Each branch circuit		\$	\$
b. Fee for branch circuits without purchase of a service or feeder fee:			
First branch circuit (2)		\$	\$
Each additional branch circuit		\$	\$
<b>Miscellaneous fees: service or feeder not included</b>			
Each pump or irrigation circle (2)		\$	\$
Each sign or outline lighting (2)		\$	\$
Signal circuit or a limited-energy panel, alteration, or extension (2)		\$	\$
Hourly rate (no. of hrs. x fee per hr.)		\$	\$
<b>Each additional inspection: (1)</b>		\$	\$
APPLICANT USE			
(A) Enter subtotal of above fees		\$	
(B) Investigative fee		\$	
(C) Enter 12% surcharge (.12 x [A+B])		\$	
(D) Plan review, if required ( % of [A])		\$	
<b>TOTAL fees and surcharges (A+B+C+D):</b>		\$	