



Electrical Permit Application

Department of Consumer and Business Services
 Building Codes Division • Coos Bay Field Office
 1155 S. 5th St., Coos Bay, OR 97420
 Phone: 541-266-1098 • Fax: 541-266-1146
 Web: oregon.gov/bcd

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Date:
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Detached accessory structure	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
TYPE OF WORK	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration <input type="checkbox"/> Tenant improvement
<input type="checkbox"/> Move	<input type="checkbox"/> New <input type="checkbox"/> Other
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/state/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	
DESCRIPTION OF WORK	
Job no.:	
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. ORS 479.540(1) and 479.560(1).	
Sign here:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/state/ZIP:	
Phone:	Fax:
Email:	
CCB lic.:	BCD lic. no.:
Name of signing supervisor:	
Signature:	Lic. no.:

FEE SCHEDULE			
Number of inspections per item ()	Qty.	Cost ea.	Total cost
Residential, per unit, service included (includes attached garage):			
1,000 sq. ft. or less (4)		\$106.00	
Each additional 500 sq. ft. or portion thereof		\$19.00	
Limited energy (2)		\$25.00	
Each manufactured home or modular dwelling service or feeder (2)		\$63.00	
New multi-family dwelling (3 or more units):			
Total number of units			
Square feet of largest unit			
<i>Description:</i>			
1,000 sq. ft. or less (per unit)		\$106.00	
Each additional 500 sq. ft. or portion thereof		\$19.00	
<i>Remaining apartments:</i>			
Total cost of largest apartment		/ 2	
Limited energy, multi-family (with above)		\$45.00	
Services or feeders: (installation, alteration, relocation)			
200 amps or less (2)		\$79.00	
201 to 400 amps (2)		\$94.00	
401 to 599 amps (2)		\$156.00	
600 amps (2)		\$156.00	
601 to 1,000 amps (2)		\$204.00	
Over 1,000 amps or volts (2)		\$469.00	
Reconnect only (1)		\$63.00	
Temporary services or feeders: (installation, alteration, relocation)			
200 amps or less (2)		\$63.00	
201 to 400 amps (2)		\$86.00	
401 to 599 amps (2)		\$125.00	
600 amps (2)		\$125.00	
Over 600 amps or 1,000 volts, see services or feeders section above.			
Branch circuits: (new, alteration, extension per panel)			
a. Fee for branch circuits with purchase of a service or feeder fee:			
Each branch circuit		\$4.00	
b. Fee for branch circuits without purchase of a service or feeder fee:			
First branch circuit (2)		\$54.00	
Each additional branch circuit		\$4.00	
Miscellaneous: (service or feeder <i>not</i> included)			
Each pump or irrigation circle (2)		\$63.00	
Each sign or outline lighting (2)		\$63.00	
Signal circuits or a limited-energy panel, alteration, or extension (2)		\$63.00	



**Fax for credit card payments:
541-266-1146**

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign the credit card information box. Do *not* send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: _____	
_____ Cardholder signature	\$ _____ Amount
_____ Name of cardholder as shown on credit card	_____ CVV
_____ Credit card number	/ _____ Expiration

FISCAL USE	APPLICANT USE	
70111/1195	(A) Enter total of above fees	
70111/1291	(B) Enter 12% surcharge (.12 x [A])	
70111/1212	(C) Plan review 25%, if required (.25 x [A])	
TOTAL fees and surcharges (A+B+C):		

DCBS fiscal use only:	
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