



Electrical Permit Application

Department of Consumer and Business Services
Building Codes Division • Pendleton Field Office
800 S.E. Emigrant Ave., #360, Pendleton, OR 97801
800-452-8156 or 541-276-7814 • Fax: 541-276-9244
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	



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:	-	-
Credit card number			/		
			Expiration		
Name of cardholder as shown on credit card					
Cardholder signature			\$		
			Amount		

Secure fax for credit card payments:
503-276-9244

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: