

# Residential Restricted Energy Electrical Application

## DEPARTMENT USE ONLY

Permit no.:

Date:

Jurisdiction name:

Address:

Phone: - - Fax: - -

Email: Web:

**This permit is issued under OAR 918-309-0400. Permits are nontransferable and 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: ☐ Yes ☐ No

### CATEGORY OF CONSTRUCTION

☐ Residential ☐ Government ☐ Commercial

### JOB SITE INFORMATION AND LOCATION

Job site address:

City: State: ZIP:

Project name:

Subdivision: Lot 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 license no.: BCD license no.:

Signing supervisor's license number:

Print name of signing supervisor:

Signature of signing supervisor:

### FEE SCHEDULE

**A. Fee for all systems** (includes two inspections): \$

**Check type of work involved:**

☐ Audio and stereo systems

☐ Data telecommunications

☐ Doorbell

☐ Garage-door opener

☐ Heating, ventilation, and air-conditioning systems

☐ Landscape lighting and sprinkler controls

☐ Landscape irrigation controls\*

☐ Outdoor landscape lighting\*

☐ Vacuum systems

☐ Other:

Number of systems:

**B. Each additional inspection:** \$

\* Exception: BCD license is required unless work is done by a licensed landscape contractor, ORS 671.510 to 671.710.

### APPLICANT USE

**C. Enter total of above fees (A+B):** \$

**D. Investigative fee:** \$

**E. Enter 12% surcharge (.12 x [C+D]):** \$

**F. Plan review, if required, ( % x [C]):** \$

**TOTAL fees and surcharges (C+D+E+F):** \$

### CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ Discover Phone: - -

Credit card number / Expiration

Name of cardholder as shown on credit card

Cardholder signature \$ Amount



440-2932-J (12/13/COM)