

## **Residential Limited Energy Electrical Application**

Department of Consumer and Business Services Building Codes Division • Pendleton Field Office

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DEPARTMENT	USE ONL	Y			
Permit no.:					
Office:					
By:	Date:				
LOCAL GOVERNMENT APPROVAL					
Zoning approval verified?	Yes	□No			

This permit is issued under OAR 918-309-0400. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOBSITE INFORMATION	ON AND LOCATION	FEE SCHEDULE				
Jobsite address:		For all systems installed during new construction:\$25				
City/State/ZIP:		For multifamily new construction:\$45				
Project name:		For installation in existing structures:\$63				
Directions to jobsite:		Check type of work involved:				
		Audio and stereo systems				
Parcel no.:		Data telecommunications				
DESCRIPTION	N OF WORK	Doorbell				
		☐ Garage-door opener				
Job no.:		Heating, ventilation, and air-conditioning systems				
PROPERTY OWNER	R INSTALLATION	Landscape lighting and sprinkler controls				
Name:		Landscape irrigation controls*				
Address:		Outdoor landscape lighting*				
City/State/ZIP:						
Phone: Fax:		☐ Vacuum systems				
Email:		U Other:				
This installation is being made on resime or a member of my immediate fan	idential or farm property owned by nily. This property is not intended	Number of systems:				
for sale, exchange, lease, or rent. (OR		* Exception: BCD licenses are not required only when work is done by a licensed landscape contractor, under ORS 671.510 to 671.710				
Sign here:		FISCAL USE APPLICANT USE				
CONTRACTOR IN	STALLATION	70111/1195		\$		
Business name:			(A) Enter total of above fees			
Address:		70111/1291	(B) Enter 12% surcharge (.12 x [A])	\$		
City/State/ZIP:		70111/1212	(C) Plan review, if required (.25 x [A])	\$		
Phone:	Fax:	ТОТ	TAL fees and surcharges (A+B+C):	\$		
Email: Fax for credit card payments:						
CCB lic. no.:	B lic. no.: 541-276-9244					
Signature:			or money orders payable to Depar			
Name of signing supervisor:		<b>Consumer and Business Services.</b> If paying by credit card applicant must sign the credit-card information box. Do <b>not</b>				
Signing supervisor's license no.:		send cash.	8			
☐ Visa ☐ MasterCard ☐ Discov	er Phone:					
Credit card number	Expiration					
Name of cardholder as shown on cre	edit card					
Cardholder signature	Amount					