

Residential Limited Energy Electrical Application

Department of Consumer & Business Services Building Codes Division • Pendleton Field Office800 SE Emigrant Ave. #360, Pendleton, OR 97801
800-452-8156 or 541-276-7814 • Fax: 541-276-9244
oregon.gov/bcd

DEPARTMEN	IT USE O	NLY		
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.

JOB SITE INFORMATION	ON AND LOCATION	FEE SCHEDULE		
Job site address:		For all systems installed during new construction: \$25		
City/State/ZIP:		For multi-family new construction:		
Project name:		For installation in existing structures:		
Directions to job site:		Check type of work involved:		
		_		
		☐ Audio and stereo systems		
Parcel no.:		☐ Data telecommunications		
DESCRIPTION OF WORK		Doorbell		
		Garage-door opener		
Job no.:	D INCTALLATION	Heating, ventilation, and air-conditioning systems		
PROPERTY OWNER INSTALLATION		☐ Landscape lighting and sprinkler controls		
Name:		Landscape irrigation controls*		
Address: City/State/ZIP:		Outdoor landscape lighting*		
Phone:	Fax:	☐ Vacuum systems		
Email:	Tax.	Other:		
This installation is being made on resi	dential or farm property owned by	Number of syste	ems:	
me or a member of my immediate family. This property is not intended		* Exception: BCD licenses are not required only when work is done		
for sale, exchange, lease, or rent. (ORS	S 479.540(1) and 479.560(1))		landscape contractor, under ORS 671.510 t	
Sign here:				
CONTRACTOR IN	STALLATION	FISCAL USE	APPLICANT USE	
Business name:		70111/1195	(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	-1
CCB lic. no.:	BCD lic. no.:		credit card payments:	
Signature:			503-276-9244	
Name of signing supervisor:		Malaa ahaalaa	ou monor ou dour monoble to Donoute	
Signing supervisor's license no.:			or money orders payable to Department d Business Services. If paying by cred	
☐ Visa ☐ MasterCard ☐ Discover	Phone: ()	applicant mus	t sign the credit-card information box.	
		send cash.		
Credit card number	Expiration			
Name of cardholder as shown on cred	it card	DCBS fiscal us	e only:	
	\$	2 C2S IISCHI US	y -	
Cardholder signature:	Amount			

