



Renewable Energy Electrical Permit Application

Department of Consumer and Business Services
 Building Codes Division • Coos Bay Field Office
 1155 S. 5th St., Coos Bay, OR 97420
 541-266-1098 • Fax: 541-266-1146 • TTY: 503-373-1358
 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 918-309-0410. 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 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:	
Contact phone:	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:	
Contact phone:	Fax:
Email:	
CCB lic.:	BCD lic. no.:
Signature:	
Name of signing supervisor:	Lic. no.:

FEE SCHEDULE			
Renewable energy installation per system total	No. of items	Cost ea.	Sum
5 kva or less		\$79.00	\$
5.01 to 15 kva		\$94.00	\$
15.01 to 25 kva		\$156.00	\$
Solar each additional kva 25.01 to 100		\$6.25	\$
Wind 25.01 to 50 kva		\$204.00	\$
Wind 50.01 to 100 kva		\$469.00	\$
Wind 100.01 or greater:			
Service or feeders of 601 to 1,000 amps		\$204.00	\$
Service or feeders over 1,000 amps or volts		\$469.00	\$

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

Fax for credit card payment:
 541-266-1146

Make checks or money orders 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

DCBS fiscal use only:



440-2933-CB (11/19/COM)