



# Renewable Electrical Energy Permit Application

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

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)]	
<b>Sign here:</b>	
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])	\$
<b>TOTAL fees and surcharges (A+B+C):</b>		<b>\$</b>

**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. Fax for credit card payment: 541-276-9244

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: ( )		
Credit card number	CCV2 #	Expiration
Name of cardholder as shown on credit card		
Cardholder signature		\$
		Amount

**DCBS fiscal use only:**