

**RENEWABLE ELECTRICAL ENERGY PERMIT APPLICATION**

**Building Codes Services**

800 S.E. Emigrant Ave., #360

Pendleton, OR 97801

Phone: 541-276-7814 • Fax: 541-276-9244 • Web: www.oregon.gov/bcd

Email: building.department@oregon.gov

**DEPARTMENT USE ONLY**

Permit #: \_\_\_\_\_

County: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning approval verified?  Yes  No

*This permit is issued under OAR 918-309-0410. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

Select the appropriate county:  Gilliam  Sherman  Wheeler

**CONSTRUCTION CATEGORY**

Residential  Government  Commercial

**JOB SITE INFORMATION & LOCATION**

Job site address:

City/State/ZIP:

Project Name:

Directions to job site:

Subdivision:

Lot #:

**DESCRIPTION OF WORK**

Job #:

**PROPERTY OWNER INSTALLATION**

Name:

Address:

City/State/ZIP:

Phone:

Fax:

Email:

Owner acknowledges 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).

Signature: \_\_\_\_\_

**CONTRACTOR INSTALLATION**

Business name:

Address:

City/State/ZIP:

Phone:

Fax:

Email:

Contractor CCB license #: \_\_\_\_\_

BCD license #: \_\_\_\_\_

Name of signing supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Lic #: \_\_\_\_\_

**FEE SCHEDULE**

Renewable energy installation per system total	Fee	# of items	Total
5 kva or less	\$ 95.00		
5.01 to 15 kva	\$113.00		
15.01 to 25 kva	\$187.00		
Solar ea add'l kva 25.01 to 100 max	\$ 7.50		
Wind 25.01 to 50 kva	\$245.00		
Wind 50.01 to 100 kva	\$563.00		
Wind 100.01 or greater:			
Service or feeders of 601 to 1,000 amps – add'l to previous range	\$245.00		
Service or feeders over 1,000 amps or volts – add'l to previous range	\$563.00		
<b>Subtotal:</b> (add up above fees)			
12% surcharge (.12 x subtotal)			
Plan review, if req. (50% of subtotal)			
<b>GRAND TOTAL</b> (fees and surcharges)			

**Make check or money order payable to DCBS.** If paying by credit card, complete all information below. **DO NOT SEND CASH.**

Visa  Mastercard  Discover Phone: \_\_\_\_\_

Amount: \_\_\_\_\_ Expires: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Signature: \_\_\_\_\_