

Residential Restricted Energy Electrical Application

DEPARTMENT USE ONLY

Permit no.:

Date:

Jurisdiction name: _____
 Address: _____
 Phone: - - - - - Fax: - - - - -
 E-mail: _____ Web: _____

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

LOCAL GOVERNMENT APPROVAL		
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Job site address: _____		
City: _____	State: _____	ZIP: _____
Project name: _____		
Subdivision: _____		Lot no.: _____
PROPERTY OWNER INSTALLATION		
Name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Phone: - - - - -	Fax: - - - - -	
E-mail: _____		
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: _____
Phone: - - - - -	Fax: - - - - -	
E-mail: _____		
CCB license no.: _____		BCD license no.: _____
Signing supervisor's license number: _____		
Print name of signing supervisor: _____		
Signature of signing supervisor: _____		

FEE SCHEDULE	
A. Fee for all systems (includes two inspections):	\$ _____
Check type of work involved:	
<input type="checkbox"/> Audio and stereo systems	
<input type="checkbox"/> Data telecommunications	
<input type="checkbox"/> Doorbell	
<input type="checkbox"/> Garage-door opener	
<input type="checkbox"/> Heating, ventilation, and air-conditioning systems	
<input type="checkbox"/> Landscape lighting and sprinkler controls	
<input type="checkbox"/> Landscape irrigation controls*	
<input type="checkbox"/> Outdoor landscape lighting*	
<input type="checkbox"/> Vacuum systems	
<input type="checkbox"/> Other: _____	
Number of systems: _____	
B. Each additional inspection:	\$ _____
* Exception: BCD license is required unless work is done by a licensed landscape contractor, ORS 671.510 to 671.710.	
APPLICANT USE	
C. Enter total of above fees (A+B):	\$ _____
D. Enter 12% surcharge (.12 x [C]):	\$ _____
E. Plan review, if required, (% x [C]):	\$ _____
TOTAL fees and surcharges (C through E):	\$ _____

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - - - - -
_____ / _____	
Credit card number	Expiration
Name of cardholder as shown on credit card	
_____	\$ _____
Cardholder signature	Amount