



Renewable Electrical Energy Permit Application

Department of Consumer and Business Services
Building Codes Division • Web: bcd.oregon.gov
 Lake County Contract Office
 513 Center St.
 Lakeview, OR 97630
 541-947-6032, Fax: 541-947-6015

| 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: | |
| | |
| Subdivision: | Lot no.: |
| DESCRIPTION OF WORK | |
| | |
| Job no.: | |
| PROPERTY OWNER INSTALLATION | |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Contact phone: () | 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: | |
| Contact phone: () | Fax: () |
| E-mail: | |
| CCB lic.: | BCD lic. no.: |
| Signature: | |
| Name of signing supervisor: | Lic. no.: |

| FEE SCHEDULE | | | |
|--|--------------|----------|-----|
| Number of inspections per item () Renewable energy installation per system total | No. of items | Cost ea. | Sum |
| 5 kva or less (3) | | \$79.00 | \$ |
| 5.01 to 15 kva (3) | | \$94.00 | \$ |
| 15.01 to 25 kva (3) | | \$156.00 | \$ |
| Solar 25.01 to 100 kva (3) | | \$6.25 | \$ |
| Wind 25.01 to 50 kva (3) | | \$204.00 | \$ |
| Wind 50.01 to 100 kva (3) | | \$469.00 | \$ |
| Wind 100.01 or greater: | | | |
| Service or feeders of 601 to 1,000 amps (2) | | \$204.00 | \$ |
| Service or feeders over 1,000 amps or volts (2) | | \$469.00 | \$ |
| Miscellaneous fees, hourly rate | | \$86.00 | \$ |
| Each additional inspection (1) (OAR 918-309-0070) | | \$55.00 | \$ |

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

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: () |
| Credit card number | | Expiration | |
| Name of cardholder as shown on credit card | | | |
| Cardholder signature | | \$ | |
| | | Amount | |



440-2933-PNDTN (4/12/COM)

DCBS fiscal use only: