



# Renewable Electrical Energy Permit Application

**Department of Consumer and Business Services**  
**Building Codes Division • Web: bcd.oregon.gov**  
 Coquille Field Office  
 749 Riverside Dr. #A  
 P.O. Box 398, Coquille, OR 97423  
 541-396-2149, Fax: 541-396-3974

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)]	
<b>Sign here:</b>	
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])	\$
<b>TOTAL fees and surcharges:</b>		<b>\$</b>

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:**