



Renewable Electrical Energy Permit Application

Department of Consumer and Business Services
Building Codes Division • Web: bcd.oregon.gov
 Pendleton Field Office
 700 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:	
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: