

ELECTRICAL Permit Application



INSPECTIONS, INC.

445 SW 24th St.

Ontario, OR. 97914

Phone: (541) 889-7422 or (800) 916-0028 Fax: (541) 889-7529

Serving Malheur & Harney Counties

DEPARTMENT USE ONLY	
Permit No.:	
Date Issued:	
Label No.:	

This permit is issued under OAR 918-309-000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

TYPE OF WORK (Check box)			
<input type="checkbox"/> New Const <input type="checkbox"/> Addition / alteration / replacement <input type="checkbox"/> Other			
CATEGORY OF CONSTRUCTION (Check box)			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Accessory bldg <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other			
JOB SITE INFORMATION AND LOCATION			
Job site address:			
Suite/Apt/Sp #:	City:	OR	Zip:
Job site - Business name:			
Cross St / Directions to Job Site:			
DESCRIPTION OF WORK			
PROPERTY OWNER INFORMATION			
Print Name:			
Mailing Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
This installation is being made on residential property owned by me. This property is not intended for sale, exchange, lease or rent. ORS 479.540(1) & 479.560(1).			
Owner Signature:			
Print Name	Date:		
CONTRACTOR INFORMATION			
Business Name:			
Contact Person:			
Address:			
City:	ST.:	Zip:	
Phone: ()	Cell: ()		
Fax: ()	Email:		
CCB Lic. #:	Elect Bus.Lic. #:		
Signing Supervisor Lic #:	JOB #:		
Signing Supervisor's signature required :			
Print Name	Date:		
I hereby acknowledge that I have read this application, that the information given is correct, that I am registered with the State Construction Contractor's Board (or that I am exempt under the provisions of ORS 701), that I am the owner or authorized agent of the owner, that the registration No. is correct and current, that the plans submitted are in compliance with state law.			

PLAN REVIEW			
Please check all that apply & submit 2 sets of plans:			
<input type="checkbox"/> Service/feeder over 400 amps, comm'l	<input type="checkbox"/> Building over three stories		
<input type="checkbox"/> Building over 10,000 sq ft	<input type="checkbox"/> Recreational vehicle parks		
<input type="checkbox"/> Occupant load over 99 persons	<input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> "A","E","I-2","I-3" Occupancy	<input type="checkbox"/> Commercial use Ag buildings		
<input type="checkbox"/> Special Occ. as per Ch. 5 of NEC	<input type="checkbox"/> Fire pump		
FEE SCHEDULE			
Number of Inspections per item ()	Qty	Cost ea	Total
Residential dwelling per unit, service included. Includes (attached) garage:			
1,000 sq. ft. or less (4)		\$140.00	
Each additional 500 sq ft or portion thereof		\$25.00	
Limited Energy in conjunction with above (1)		\$32.00	
Each manufactured home or modular dwelling service or feeder (2)		\$80.00	
Services and / or feeders : Installation , alteration or relocations			
200 amp or less (2)		\$80.00	
201 amps to 400 amps (2)		\$100.00	
401 amps to 600 amps *** (2)		\$165.00	
601 amps to 1,000 amps *** (2)		\$215.00	
Over 1,000 amps or volts *** (2)		\$490.00	
Reconnect only (1)		\$70.00	
Temporary services or feeders : installation, alteration or relocations			
200 amps or less (2)		\$70.00	
201 amps to 400 amps (2)		\$90.00	
401 amps to 600 amps (2)		\$160.00	
Over 600 amps or 1,000 volts see service or feeder section above.			
Branch circuits: new, alteration or extension per panel			
a. The fee for branch circuits with purchase of service or feeder:			
Each branch circuit (2)		\$5.00	
b. The fee for branch circuits without purchase of service or feeder:			
First branch circuit (2)		\$60.00	
Each additional branch circuit		\$5.00	
Miscellaneous fees : (service or feeder not included)			
Each pump or irrigation circle (2)		\$130.00	
Each sign or outline lighting (2)		\$65.00	
Signal Circuits(s) or a limited energy panel, alteration, or extension (2)		\$65.00	
Additional inspections over the allowable in any of the above			
Per each additional inspection (1)		\$70.00	
Other inspection - Hourly rate (No Hrs x rate)		\$86.00	
PERMIT FEES			
(A) Enter subtotal of above fees		\$	
(B) Investigative fee (equal to (A) if applicable)		\$	
(C) Enter 12% surcharge (.12 x above (A) and /or (B))		\$	
(D) Plan review 25% above(A) subtotal fee (if required)		\$	
TOTAL Permit Fees (A thru C and/or D if required)		\$	