

ELECTRICAL PERMIT APPLICATION

	Permit Number	Date	
PLEASE PRINT	3. Complete Fee Schedule below	N	
Please complete all sections, 1 through 3.	Numl	ber of inspections per permit allow	ed ↓
1. Location of installation:	Services included:	Items Cost (ea.) Sum	
	A. Residential Per Unit Service included:		
Address	1000 sq. ft. or less	\$ 150.00	4
	Each additional 500 sq. ft.		
CityBldg Suite No	or portion thereof	\$ 35.00	
Tenant Name (if commercial	Limited Energy	\$ 35.00	1
	Each manuf'd Home or		
	Modular Dwelling Service	\$ 100.00	2
Tax Lot Map No	B. Services or Feeders		
	Installation, Alterations or Relocatin		
Directions	200 amps or less	\$ 100.00	2
	201 amps to 400 amps	\$ 125.00	2
	_ 401 amps to 600 amps	\$ 175.00	2
	601 amps to 1000 amps	\$ 275.00	2
	_ Over 1000 amps or volts	\$ 550.00	2
Commercial Residential	Reconnect Only	\$ 80.00	2
2a. Contractor Installation only:	C. Temporary Services or Feeders		
	Installation, Alterations or Relocation		
Electrical Contractor		\$ 80.00	2
	201 amps to 400 amps	\$ 80.00	2
Address		\$ 140.00	2
	601 amps to 1000 amps	\$ 210.00	2
Date Job No	-	\$ 445.00	2
Property Ouwer	D. Branch Circuits		
Property Owner	New, Alteratin or Extension per Panel a) Each branch circuit	ć 8.00	2
Contractor's License No	,	\$ 8.00	2
Contractor's License No	without purchase of service		
Contractor's Board Reg. No			
	First Branch Circuit	\$ 80.00	2
Signature of Sup. Elec'n		\$ 8.00	<u> </u>
	E. Miscellaneous (Services or feeder not		2
License No Phone No		\$ 80.00	2
	Each sign or outline lighting	\$ 80.00	2
2b. For Owner Installation	Signal Circuit(s) or a limited		
	energy panel, altration or		
	extension.	\$ 80.00	2
Print Owner's Name Phone No.	F. Each additional inspection over the a		
	inspection.		
		** \$ 88.00	
Mailing Address	** Or the total hourly cost to the jurisdiction, whichever is t	the greatest. This cost shall include supervision, ove	erhead,
	equipment, hourly wages and fringe	benefits of the employees involved.	
City, State, Zip	A. Fees total of above		
The installation is being made on property I own which is not intended for	B. 25% of Line A for plan review		
sale, lease or rent.	(if required)		
Owner's Signature	C. 12% State Surcharge of Line A		
OFFICE USE			
	D. 3% Technology Fee		
	E. Investigation Fee		
For Inspections call 1-888-299-2821 or 541-844-9155	I		
	Balance Due		

This permit becomes null and void if the work authorized by this permit is not commenced within 180 days from the date of issuance of such permit or if the work authorized is suspended or abandoned at any time after work is commenced for a period of 180 days.