



# ELECTRICAL PERMIT APPLICATION

Community Development ~ Building Division  
 333 Broadalbin ST SW / Albany, OR 97321  
 (541) 917-7553 Fax (541) 917-7598

Applications may be obtained online at:

[www.cityofalbany.net/comdev/building/permits.php](http://www.cityofalbany.net/comdev/building/permits.php)

**Job Site Information & Location: (Where the work is taking place)**

Job Site Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

**Owner Installation:** This installation is being made on property that I own which is not intended for sale, lease, rent, or exchange according to ORS 447, 449, 670, and 701.

Owner Signature: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Applicant / Contact Information: (Permit owner)**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contractor Information:**

Name of Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Oregon CCB #: \_\_\_\_\_

Active Electrical Contractor License #: \_\_\_\_\_

Supervising License #: \_\_\_\_\_

**Project Description:**

\_\_\_\_\_

As the Supervising Electrician on this project, I agree to perform the work described on this application according to the attached plans and/or specifications, and the State of Oregon's Electrical Code. All the information herein is true to the best of my knowledge:

Supervising Electrician Signature Required: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Applicant: JOB INFORMATION**

| Type of Project: (CHECK ONE)               |
|--|
| <input type="checkbox"/> Commercial        |
| <input type="checkbox"/> Residential       |
| <input type="checkbox"/> Multi-Family      |
| <input type="checkbox"/> Manufactured Home |

| Work Type: (CHECK ONE)   |  |
|--|--|
| <input type="checkbox"/> New   | <input type="checkbox"/> Sign                |
| <input type="checkbox"/> Addition  | <input type="checkbox"/> Reconnect Only      |
| <input type="checkbox"/> Alteration                                      | <input type="checkbox"/> Temporary Pole      |
| <input type="checkbox"/> Repair  | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Limited Energy Only<br>See reverse side of form |  |

|                            |
|----------------------------|
| Office Use Only            |
| Permit #:                  |
| Related Building Permit #: |

| PLAN REVIEW REQUIREMENTS   |   |             |                         |   |
|--|---|-------------|-------------------------|---|
| <b>Two sets of plans must be submitted and plan review fees paid if any boxes below are checked.</b> Please check all that apply:  |   |             |                         |   |
| <input type="checkbox"/> More than 320 amps continuous rating, non-CT metered for 1 & 2 family dwellings; or more than 225 amps for service and 400 amps or more for feeders for other than 1 & 2 family dwellings | <input type="checkbox"/> An occupant load of more than 99 persons |             |                         |   |
| <input type="checkbox"/> Building over three stories in height   | <input type="checkbox"/> Hazardous locations                      |             |                         |   |
| <input type="checkbox"/> Four or more residential units in one structure   | <input type="checkbox"/> Manufactured structures in Parks         |             |                         |   |
|  | <input type="checkbox"/> More than 600 volts nominal              |             |                         |   |
|  | <input type="checkbox"/> More than 10,000 square feet             |             |                         |   |
| FEE SCHEDULE   |   |             |                         |   |
| Number of Inspections allowed per permit ↓   |   |             |                         |   |
| Description  | Qty   | Each        | Total                   | # |
| <b>RESIDENTIAL PER UNIT: Includes attached garage.</b>   |   |             |                         |   |
| 1000 sq ft or less (per unit)  |   | \$94.50     |                         | 4 |
| Each additional 500 sq ft or portion   |   | \$16.50     |                         | 1 |
| Limited energy (in conjunction with above or other permit only)  |   | \$25.00     |                         | 1 |
| Each manufactured home/modular service/feeder  |   | \$44.50     |                         | 1 |
| <b>SERVICES OR FEEDERS: Installation, alteration or relocation- no circuits included</b>   |   |             |                         |   |
| 200 amps or less   |   | \$55.50     |                         | 2 |
| 201 to 400 amps  |   | \$66.50     |                         | 2 |
| 401 to 600 amps  |   | \$89.00     |                         | 2 |
| 601 to 1000 amps   |   | \$144.50    |                         | 2 |
| 1000+ amps or volts  |   | \$333.50    |                         | 2 |
| Reconnect only   |   | \$39.00     |                         | 2 |
| <b>TEMPORARY SERVICES OR FEEDERS: Installation, alteration or relocation</b>   |   |             |                         |   |
| 200 amps or less   |   | \$39.00     |                         | 2 |
| 201 to 400 amps  |   | \$44.50     |                         | 2 |
| 401 to 600 amps  |   | \$89.00     |                         | 2 |
| 601+ amps or volts   |   | \$333.50    |                         | 2 |
| <b>BRANCH CIRCUITS: New, alteration or extension, per panel</b>  |   |             |                         |   |
| Branch circuits <b>with</b> purchase of service or feeder fee  |   | \$2.25 each |                         | 2 |
| Branch circuits <b>without</b> purchase of service or feeder fee   |   | \$39.00     |                         | 2 |
| Each additional branch circuit   |   | \$2.25      |                         | 2 |
| <b>MISCELLANEOUS: Service or feeder NOT included</b>   |   |             |                         |   |
| Pump or irrigation circle  |   | \$40.00     |                         | 2 |
| Sign or outline lighting   |   | \$40.00     |                         | 2 |
| Signal circuits or limited energy panel, alteration/extension  |   | \$40.00     |                         | 2 |
| <b>ADDITIONAL INSPECTION FEES OVER THE ALLOWABLE IN ANY OF THE ABOVE</b>   |   |             |                         |   |
| Per inspection   |   | \$39.00     |                         |   |
| Miscellaneous <u>hourly</u> fee for Master Label inspections, industrial plant inspections and other inspections (1 hour minimum)  |   | \$65.00     |                         |   |
| Master Label Permit  |   | \$100.00    |                         |   |
| <b>ELECTRICAL PERMIT FEES</b>  |   |             |                         |   |
|  |   |             | Subtotal                |   |
| Plan Review, 25% of subtotal   | Subtotal x .25  |             |                         |   |
| State surcharge, 12% of subtotal   | Subtotal x .12  |             |                         |   |
| Document Imaging Fee, \$1.00 per page  | # pages x \$1.00  |             |                         |   |
|  |   |             | <b>TOTAL PERMIT FEE</b> |   |

**NOTICE:** PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. ELECTRICAL PERMITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

## LIMITED ENERGY

This permit is issued under OAR 918-309-0400. The applicant agrees to make only restricted energy installations (100 volt amps or less) under this permit and to do the following:

When required, installer must have electrical license. (Certain residential and other transactions are exempt from licensing. These have asterisks (\*). All others require licensing.)

Call for an inspection when all of the installations under this permit are ready for inspection.

Purchase separate permits or pay for reinspections for all installations that are not ready for inspection when the inspector is out to inspect under this permit.

Assume responsibility for assuring that all corrections required by the inspector are done.

Assume responsibility for calling for final inspection when all of the corrections are completed.

**The person signing this permit must be the applicant or a person authorized to bind the applicant.**

Signature: \_\_\_\_\_

Authority if other than the applicant: \_\_\_\_\_

| One & Two Family Limited Energy – Alteration, Addition or Repair                      |   |         |       |
|---|---|---------|-------|
| <b>Mark the type of work below:</b>   |   |         |       |
| <input type="checkbox"/> Burglar Alarm  | <input type="checkbox"/> Fire alarm           |         |       |
| <input type="checkbox"/> Audio stereo systems*  | <input type="checkbox"/> Thermostat controls* |         |       |
| <input type="checkbox"/> Garage door opener*  | <input type="checkbox"/> Vacuum systems*      |         |       |
| <b>* No licenses are required. Licenses are required for all other installations.</b> |   |         |       |
| Description   | Qty   | Each    | Total |
| Residential limited energy panel  |   | \$40.00 |       |
| State surcharge, 12% of Permit Total  |   |         |       |
| Document Imaging Fee, \$1.00 per page   |   |         |       |
| <b>TOTAL PERMIT FEE</b>   |   |         |       |

| Commercial Limited Energy   |   |         |       |
|---|---|---------|-------|
| <b>Mark the type of work below:</b>   |   |         |       |
| <input type="checkbox"/> Audio stereo systems   | <input type="checkbox"/> Intercom and paging systems        |         |       |
| <input type="checkbox"/> Boiler controls  | <input type="checkbox"/> Protective signaling/burglar alarm |         |       |
| <input type="checkbox"/> Clock systems  | <input type="checkbox"/> Medical                            |         |       |
| <input type="checkbox"/> Data telecomm. installations                                 | <input type="checkbox"/> Nurse calls                        |         |       |
| <input type="checkbox"/> Fire alarm installations                                     | <input type="checkbox"/> Landscape lighting and irrigation  |         |       |
| <input type="checkbox"/> HVAC   | <input type="checkbox"/> Outdoor landscape lighting*        |         |       |
| <input type="checkbox"/> Instrumentation  | <input type="checkbox"/> Landscape irrigation control*      |         |       |
| <b>* No licenses are required. Licenses are required for all other installations.</b> |   |         |       |
| Description   | Qty   | Each    | Total |
| Commercial limited energy panel   |   | \$40.00 |       |
| State surcharge, 12% of Permit Total  |   |         |       |
| Document Imaging Fee, \$1.00 per page   |   |         |       |
| <b>TOTAL PERMIT FEE</b>   |   |         |       |