



CITY OF ALBANY ELECTRICAL PERMIT APPLICATION

Building Division

P. O. Box 490, Albany, OR 97321
Phone (541) 917-7553 Fax (541) 917-7598
Inspection Request Line: (541) 917-7551

Twp ___ Tg ___ Section ___ Tax
Lot ___

PLEASE COMPLETE ALL SECTIONS, 1 THROUGH 5.

1. LOCATION OF INSTALLATION:

Address:
City: County:
Directions:

Job Description:

Circle one RESIDENTIAL COMMERCIAL

Work Performed By:

PERMITS ARE NON TRANSFERABLE AND NON-REFUNDABLE
AND EXPIRE IF WORK IS NOT STARTED WITHIN 180 DAYS OF
ISSUANCE IF WORK IS SUSPENDED FOR 180 DAYS.

2. (A) CONTRACTOR INSTALLATION ONLY:

Electrical Contractor:
Address:
City: State: Zip Code:
Phone No.:
Property Owner:
Contractor's Lic. No. Exp. Date
Contractor's Board Reg. No. Exp. Date

SIGNATURE OF SUPR. ELEC'N:

License No. Exp. Date

2. (B) FOR OWNER INSTALLATIONS:

Print Owner's Name:
Address:
City: State: Zip Code
Phone No.:

THIS INSTALLATION IS BEING MADE ON PROPERTY I OWN
WHICH IS NOT INTENDED FOR SALE, LEASE OR RENT.

Owner's Signature:

3. PLAN REVIEW SECTION

(Mark appropriate item and enter fee in Section 5B)

- More than 10,000 square feet
More than 320 amps continuous rating, non-CT metered for 1-and
2-family dwellings; or more than 225 amps for service and 400 amps or
more for feeders for other than 1- and 2-family dwellings
More than 600 volts nominal
More than three stories in height
Four or more residential units in one structure
An occupant load of more than 99 persons
Hazardous locations
Manufactured structures Parks

(Submit 2 sets of plans with any of the above.)

4. COMPLETE FEE SCHEDULE BELOW

Table with columns: A. Residential per unit, B. Services/Feeders, C. Temporary Services or Feeders, D. Branch Circuits, E. Miscellaneous, F. Each additional inspection. Includes sub-items like '1000 sq. ft. or less', '200 amps or less', etc.

5. FEES

- A. Enter total of above fees \$
12% Surcharge (.12 x Subtotal) \$
B. Enter 25% of line A for Plan Review
if required (Section 3) \$
BALANCE DUE \$