

THE BUILDING DEPARTMENT, LLC

TY OF CLATSKANIE

APPLICATION

Permit Number _____

Date _____

1. Location of installation:

Address _____

City _____ Building Suite No _____

Tenant Name
(if commercial) _____

Tax Lot _____ Map No. _____

Directions _____

Commercial _____ Residential _____

2a. Contractor Installation only:

Electrical Contractor _____

Address _____

Date _____ Job Number _____

Property Owner _____

Contractor's License No. _____

Contractor's Board Reg. No. _____

Signature of Supr. Elec'n. _____

License No. _____ Phone No. _____

2b. For Owner installations:

Print Owner's Name _____ Phone No. _____

Mailing Address _____

City, State, Zip _____

The installation is being made on property I own which is not intended for sale, lease or rent.

Owner's Signature _____

OFFICE USE

For inspections call

3. Complete Fee Schedule below

Service included:	Number of inspections per permit allowed *		
	Items	Cost (ea.)	Sum
A. Residential Per Unit Service included:			
1000 sq. ft. or less	_____	\$ 150.00	_____ 4
Each additional 500 sq. ft. or portion thereof	_____	\$ 35.00	_____
Limited Energy	_____	\$ 35.00	_____ 1
Each Manuf'd Home or Modular Dwelling Service	_____	\$ 100.00	_____ 2
B. Services or Feeders			
Installation, Alterations or Relocation			
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
Reconnect Only	_____	\$ 80.00	_____ 2
C. Temporary Services or Feeders			
Installation, Alterations or Relocation			
200 amps or less	_____	\$ 80.00	_____ 2
201 amps to 400 amps	_____	\$ 80.00	_____ 2
401 amps to 600 amps	_____	\$ 140.00	_____ 2
Over 600 amps to 1000 volts	_____	\$ 210.00	_____ 2
Over 1000 amps or volts	_____	\$ 445.00	_____ 2
D. Branch Circuits			
New, Alteration or Extension per Panel			
a) Each branch circuit	_____	\$ 8.00	_____ 2
b) The fee for branch circuits without purchase of service or feeder fee.			
First Branch Circuit	_____	\$ 80.00	_____ 2
Each add'l branch circuit	_____	\$ 8.00	_____ 2
E. Miscellaneous (Services or Feeder not included)			
Each pump or irrigation circle	_____	\$ 80.00	_____ 2
Each sign or outline lighting	_____	\$ 80.00	_____ 2
Signal Circuit(s) or a limited energy panel, alteration or extension	_____	\$ 80.00	_____ 2
F. Each additional inspection over the allowable in any of the above, per inspection.			
	** _____	\$ 88.00	_____ 2

** Or the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

- A. Fees total of above _____
- B. 25% of Line A for plan review (if required) _____
- C. 12% State Surcharge of Line A _____
- D. Other _____
- E. Investigation Fee _____
- Balance Due _____