

## **Electrical Permit Application**

Washington County, 155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124, Phone:503-846-3470/lutbldg@washingtoncountyor.gov Inspection Requests: 503-846-3699/www.WashCoORACA.com

Project #		
- · · · ·	_	
Permit #		

1 1									
TYPE O	F WORK			PLAN REVIEW					
□ New construction □ Addition/alteration/replacement □ Other:				Please check all that apply:  Service or feeder 400 amps Hazardous locations					
CATEGORY OF	CONSTRUCTIO	N		or more where the available [fault current exceeds	=	e or feeder (			
				10,000 amps at 150 volts or	☐ Build	ing over th	iree storie	S	
_ : : : : : : : : : : : : : : : : : : :				10,000 amps at 150 volts or Marinas and boatyards less to ground, or exceeds Floating buildings					
☐ Multi-family   ☐ Master builder   ☐ Other:				14,000 amps for all other					
JOB SITE INFORMATION AND LOCATION				installations. buildings					
Job no.: Job address:				Fire pump					
City/State/ZIP:				T A 1111		ately deriv E,""I-2,""			
City/State/ZII.	$\dashv$ $\vdash$ $\_$	load of 100HP or more		eational ve					
Suite/bldg./apt. no.:	III⊨	Six or more residential units		ly voltage					
Cross street/directions to job site:				Health-care facilities  Health-care facilities  600 volts nominal  FEE SCHEDULE					
Subdivision:	vision:				Qty.				
Tay man/manad na				esidential single- or multi-fam	- 0		Total		
Tax map/parcel no.:				ncludes attached garage.	my uwen	ing umu			
DESCRIPTIO	N OF WORK		1,	,000 sq. ft. or less		327.50	0	4	
			E	ach add. 500 sq. ft. or portion		91.25	0		
				Limited energy, residential		211.50	0	2	
			_	(with above sq. ft.)		211.50	v		
☐ PROPERTY OWNER		☐ TENANT		Limited energy, multi-family residential (with above sq. ft.)		211.50	0	2	
Name:			S	ervices or feeders installation,	alteratio	on, and/or	relocation	n	
				00 amps or less		211.50	0	2	
Address:				01 amps to 400 amps		315.75	0	2	
City/State/ZIP:				01 amps to 600 amps		421.50	0	2	
•	Б 1			01 amps to 1,000 amps		631.50	0	2	
Phone:	Email:		0	ver 1,000 amps or volts		1261.25	0	2	
<b>Owner installation:</b> This installation is being made of my immediate family. This property is not intended for 479.560(1).			re	emporary services or feeders i elocation	nstallati	1			
Owner signature:		Date:		00 amps or less		211.50	0	2	
		ONTACT PERSON	_	01 amps to 400 amps		315.75	0	2	
☐ APPLICANT		UNIACI PERSUN	_	01 amps to 599 amps		421.50	0	2	
Business name:				00 amps to 1000 amps		602.25	0		
Contact name:				ranch circuits – new, alteration. Fee for branch circuits with	n, or ext	ension, pe	r panei		
A 11				above service or feeder fee,		18.75	0	Ì	
Address:  City/State/ZIP:			B	each branch circuit . Fee for branch circuits				2	
City/State/Zir.				without service or feeder		211.50	0		
Phone:		<del> </del>	fee, first branch circuit		18.75	0	2		
E-mail:				ach add'l branch circuit			0		
CONTRA	CTOP		_	Iiscellaneous (service or feeder ach manufactured or modular	r not inci	luaea)			
	CIOK			welling, service, and/or feeder		223.00	0	2	
Business name:				econnect only		211.50	0	1	
Address:		P	ump or irrigation circle		211.50	0	2		
C'. O ITID			Si	ign or outline lighting		211.50	0	2	
City/State/ZIP:				ignal circuit(s) or limited-			0	i	
Email:				nergy panel, alteration, or ktension. Describe:		211.50	· ·	2	
Phone:	CCB lic. no.:		-	1 1114 11 41		<u> </u>	641 1		
Electrical lic. no.: City or metro lic.:		ic.:		ach additional inspection over	anowan		-	ve	
Supervising electrician				er inspection  nvestigation fee (See compliance)		211.50	0		
				other:			0		
signature, required:			$\dashv \vdash$		DEDMI	r EEEe	U		
Print name: Date:				ELECTRICAL PERMIT FEES					
Authorized				Subtotal					
signature:				Plan review (25% of permit fee)					
		Date:	$\dashv$ $lacksquare$	State surcharge (12% of permit fee)					
Print name:		Date.	┙┕	TOTAL	TOTAL PERMIT FEE				