Renewable Electrical Energy Permit Application

Department of Consumer & Business Services
Building Codes Division • Web: bcd.oregon.gov
City of Boardman Contract Office
200 City Center Circle
Boardman, OR 97818
(541) 481-9252, Fax: (541) 481-3244

This permit is issued under OAR 918-309-0410. Permits are non-transferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

**JOB SITE INFORMATION AND LOCATION**

Job site address:

City/State/ZIP:

Project name:

Directions to job site:

Subdivision: Lot no.:

**DESCRIPTION OF WORK**

Job no.:

**PROPERTY OWNER INSTALLATION**

Name:

Address:

City/State/ZIP:

Contact phone: ( ) E-mail:

This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. [ORS 479.540(1) and 479.560(1)]

Sign here:

**CONTRACTOR INSTALLATION**

Business name:

Address:

City/State/ZIP:

Contact phone: ( ) Fax: ( )

E-mail:

CCB lic.: BCD lic. no.:

Signature:

Name of signing supervisor: Lic. no.:

**DEPARTMENT USE ONLY**

Permit no.:

Office:

By: Date:

**LOCAL GOVERNMENT APPROVAL**

Zoning approval verified? □ Yes □ No

**FEE SCHEDULE**

<table>
<thead>
<tr>
<th>Number of inspections per item ( ) Renewable energy installation per system total</th>
<th>No. of items</th>
<th>Cost ea.</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 kva or less (2)</td>
<td></td>
<td>$79.00</td>
<td></td>
</tr>
<tr>
<td>5.01 to 15 kva (2)</td>
<td></td>
<td>$94.00</td>
<td></td>
</tr>
<tr>
<td>15.01 to 25 kva (2)</td>
<td></td>
<td>$156.00</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous fees, hourly rate</td>
<td></td>
<td>$86.00</td>
<td></td>
</tr>
<tr>
<td>Each additional inspection (1) (OAR 918-309-0070)</td>
<td></td>
<td>$55.00</td>
<td></td>
</tr>
</tbody>
</table>

**FISCAL USE**

**APPLICANT USE**

70111/1195 (A) Enter total of above fees $

70111/1291 (B) Enter 12% surcharge (.12 x [A]) $

70111/1195 (C) Plan review, if required (.25 x [A]) $

TOTAL fees and surcharges: $

If paying by credit card, applicant must sign the credit-card information box. Do **not** send cash.

□ Visa □ MasterCard Phone: ( )

Credit card number

Expiration

Name of cardholder as shown on credit card $ Cardholder signature

Amount

DCBS fiscal use only: