



# Electrical Permit Application

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

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Date:
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**This permit is issued under OAR 918-309-0000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Detached accessory structure	<input type="checkbox"/> Accessory building
<input type="checkbox"/> Manufactured dwelling	<input type="checkbox"/> Industrial
<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Mixed use
<input type="checkbox"/> Two-family dwelling	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Townhouses	<input type="checkbox"/> Other
<input type="checkbox"/> Other	
TYPE OF WORK	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Move	<input type="checkbox"/> New
<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
<input type="checkbox"/> Tenant improvement	<input type="checkbox"/> Other
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Project name:	
Directions to job site:	
Parcel no.:	
DESCRIPTION OF WORK	
Job no.:	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone: - -	Fax: - -
Email:	
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:	
Phone: - -	Fax: - -
Email:	
CCB lic.:	BCD Lic. no.:
Name of signing supervisor:	
Signature:	Lic. no.:

FEE SCHEDULE		
	Items	Cost ea. Sum
<b>Residential, per unit, service included (includes attached garage):</b>		
1,000 sq. ft. or less		\$106.00
Each additional 500 sq. ft. or portion thereof		\$19.00
Limited energy (new residence only)		\$25.00
Each manufactured home or modular dwelling service or feeder		\$63.00
<b>New multi-family dwelling (3 or more units):</b>		
Total number of units		
Square feet of largest unit		
<i>Description:</i>		
1,000 sq. ft. or less (per unit)		\$106.00
Each additional 500 sq. ft. or portion thereof		\$19.00
<i>Remaining apartments:</i>		
Total cost of largest apartment		/ 2
Limited energy, multi-family (with above)		\$45.00
<b>Services or feeders: (installation, alteration, relocation)</b>		
200 amps or less		\$79.00
201 to 400 amps		\$94.00
401 to 599 amps		\$156.00
600 amps		\$156.00
601 to 1,000 amps		\$204.00
Over 1,000 amps or volts		\$469.00
Reconnect only		\$63.00
<b>Temporary services or feeders: (installation, alteration, relocation)</b>		
200 amps or less		\$63.00
201 to 400 amps		\$86.00
401 to 599 amps		\$125.00
600 amps		\$125.00
Over 600 amps or 1,000 volts, see services or feeders section above.		
<b>Branch circuits: (new, alteration, extension per panel)</b>		
a. Fee for branch circuits with purchase of a service or feeder fee:		
Each branch circuit		\$4.00
b. Fee for branch circuits without purchase of a service or feeder fee:		
First branch circuit		\$54.00
Each additional branch circuit		\$4.00
<b>Miscellaneous: (service or feeder not included)</b>		
Each pump or irrigation circle		\$63.00
Each sign or outline lighting		\$63.00
Signal circuits(s) or a limited-energy panel, alteration, or extension		\$63.00



**Make check or money order payable to Department of Consumer and Business Services.** If paying by credit card, applicant must sign the credit card information box. **Do not** send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover    Phone:    -    -    -		
	/	
Credit card number	CCV2 #	Expiration
Name of cardholder as shown on credit card		
Cardholder signature	\$	Amount

FISCAL USE	APPLICANT USE	
70111/1195	(A) Enter total of above fees	
70111/1291	(B) Enter 12% surcharge (.12 x [A])	
70111/1212	(C) Plan review 25%, if required (.25 x [A])	
<b>TOTAL fees and surcharges (A+B+C):</b>		

<b>DCBS fiscal use only:</b>
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**Fax for credit card payments:  
541-272-9244**