

# Renewable Electrical Energy Permit Application

Washington County, 155 N. 1<sup>st</sup> AV, Suite 350, MS 12, Hillsboro, OR 97124

Phone: 503-846-3470/ lutbldg@co.washington.or.us

Inspection Requests: 503-846-3699/www.WashCoORACA.com

Project # \_\_\_\_\_

Permit # \_\_\_\_\_

| CATEGORY OF CONSTRUCTION                                                                                                                                                                                                             |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> 1- and 2-family dwelling                                                                                                                                                                                    | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Multi-family                                                                                                                                                                                                | <input type="checkbox"/> Accessory building    |
| <input type="checkbox"/> Master builder                                                                                                                                                                                              | <input type="checkbox"/> Other:                |
| JOB SITE INFORMATION AND LOCATION                                                                                                                                                                                                    |                                                |
| Job no.:                                                                                                                                                                                                                             | Job address:                                   |
| City/State/ZIP:                                                                                                                                                                                                                      |                                                |
| Suite/bldg./apt. no.:                                                                                                                                                                                                                | Project name:                                  |
| Cross street/directions to job site:                                                                                                                                                                                                 |                                                |
| Subdivision:                                                                                                                                                                                                                         | Lot no.:                                       |
| Tax map/parcel no.:                                                                                                                                                                                                                  |                                                |
| DESCRIPTION OF WORK                                                                                                                                                                                                                  |                                                |
| <input type="checkbox"/> PROPERTY OWNER                                                                                                                                                                                              |                                                |
| <input type="checkbox"/> TENANT                                                                                                                                                                                                      |                                                |
| Name:                                                                                                                                                                                                                                |                                                |
| Address:                                                                                                                                                                                                                             |                                                |
| City/State/ZIP:                                                                                                                                                                                                                      |                                                |
| Phone:                                                                                                                                                                                                                               | Email:                                         |
| <b>Owner installation:</b> 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 or rent. (ORS 479.540(1) and 479.560(1). |                                                |
| Owner signature: _____                                                                                                                                                                                                               | Date: _____                                    |
| <input type="checkbox"/> APPLICANT                                                                                                                                                                                                   | <input type="checkbox"/> CONTACT PERSON        |
| Business name:                                                                                                                                                                                                                       |                                                |
| Contact name:                                                                                                                                                                                                                        |                                                |
| Address:                                                                                                                                                                                                                             |                                                |
| City/State/ZIP:                                                                                                                                                                                                                      |                                                |
| Phone:                                                                                                                                                                                                                               |                                                |
| E-mail:                                                                                                                                                                                                                              |                                                |
| CONTRACTOR                                                                                                                                                                                                                           |                                                |
| Business name:                                                                                                                                                                                                                       |                                                |
| Address:                                                                                                                                                                                                                             |                                                |
| City/State/ZIP:                                                                                                                                                                                                                      |                                                |
| Email:                                                                                                                                                                                                                               |                                                |
| Phone:                                                                                                                                                                                                                               | CCB lic. no.:                                  |
| Electrical lic. no.:                                                                                                                                                                                                                 | City or metro lic.:                            |
| Supervising electrician signature, required:                                                                                                                                                                                         |                                                |
| Print name:                                                                                                                                                                                                                          | Date:                                          |
| Authorized signature:                                                                                                                                                                                                                |                                                |
| Print name:                                                                                                                                                                                                                          | Date:                                          |

| FEE SCHEDULE                                                            |     |                                                       |       |   |
|-------------------------------------------------------------------------|-----|-------------------------------------------------------|-------|---|
| Description                                                             | Qty | Fee                                                   | Total | * |
| <b>All Renewable energy installations per system-total up to 25 KVA</b> |     |                                                       |       |   |
| 5 KVA or less                                                           |     | \$110.00                                              |       | 2 |
| 5.01 to 15 KVA                                                          |     | \$165.00                                              |       | 2 |
| 15.01 to 25 KVA                                                         |     | \$219.50                                              |       | 2 |
| <b>Wind generation system over 25 KVA</b>                               |     |                                                       |       |   |
| 25.01 to 50 KVA                                                         |     | \$291.63                                              |       | 3 |
| 50.01 to 100 KVA                                                        |     | \$546.63                                              |       | 3 |
| 100.1 KVA and over:<br>[OAR 918-309-0040]                               |     | Use standard electrical service or feeder fees below. |       |   |
| <b>Service or feeders in amps per OAR 918-309-0040</b>                  |     |                                                       |       |   |
| 200 amps or less                                                        |     | \$110.00                                              |       | 2 |
| 201 amps to 400 amps                                                    |     | \$165.00                                              |       | 2 |
| 401 amps to 600 amps                                                    |     | \$219.50                                              |       | 2 |
| 601 amps to 1,000                                                       |     | \$329.00                                              |       | 2 |
| Over 1,000 amps                                                         |     | \$658.00                                              |       | 2 |
| <b>Branch circuits -new, alteration, or extension, per panel</b>        |     |                                                       |       |   |
| Each branch circuit with above service or feeder(s).                    |     | \$9.75                                                |       | 2 |
| <b>Solar generation system over 25 KVA</b>                              |     |                                                       |       |   |
| Each KVA over 25.01 up to 100 KVA                                       |     | \$6.87                                                |       | 3 |
| 100.01 KVA and over<br>[OAR 918-309-0070 (11)(c)(B)]                    |     | No Additional Fee                                     |       |   |
| <b>Each additional inspection over allowable</b>                        |     |                                                       |       |   |
| Per inspection                                                          |     | \$110.00                                              |       | 1 |
| Miscellaneous Fee (hourly rate)                                         |     | \$110.00                                              |       | 1 |
| Other:                                                                  |     |                                                       |       |   |
| ELECTRICAL PERMIT FEES                                                  |     |                                                       |       |   |
| Subtotal                                                                |     |                                                       |       |   |
| Plan review ( 25% of permit fee)                                        |     |                                                       |       |   |
| State surcharge (12% of permit fee)                                     |     |                                                       |       |   |
| <b>TOTAL PERMIT FEE</b>                                                 |     |                                                       |       |   |

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete**

\* Number of inspections allowed per permit.