



# ELECTRICAL

## Permit Application

Crook County Community Development

**INSPECTION LINE # 541-416-8399**

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Fax# 541-416-2139

TYPE OF WORK	CATEGORY
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1 or 2 Family Dwelling
<input type="checkbox"/> Add'n / Alt'n / Replace	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Other:	<input type="checkbox"/> Commercial / Industrial
	<input type="checkbox"/> Accessory Building

Job Site Address:

City, State, ZIP:

Property Owner:

Subdivision:

Lot #:

Map Tax Lot #:

### DESCRIPTION OF WORK

Commercial Projects complete Plan Review checklist on Page 2

PROPERTY OWNER

TENANT

Business name:

Contact person:

Address:

City, State, ZIP:

Ph #:

Fax #:

E-mail:

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent or exchange:

Signature:

Date:

DESIGN PROFESSIONAL  OTHER APPLICANT

Business name:

Contact person:

Address:

City, State, ZIP:

Ph #:

Fax #:

E-mail:

CONTRACTOR

SUB-CONTRACTOR

Business name:

Contact person:

Address:

City, State, ZIP:

Ph #:

Fax #:

E-mail:

CCB lic. #:

Exp. Date:

BCD lic. #:

Exp. Date:

Signing Supervisor lic. #:

Signing Supervisor Print:

Signing Supervisor Signature:

Date:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701. This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Every permit issued shall expire and become void if work authorized by the permit is not started, or is suspended or abandoned for a period of 180 days or more.

### OFFICE USE ONLY

Page 1

Permit #:

Plan Review Deposit Paid: \$

Cash

Check

Credit Card

Receipt #:

Date Paid:

Received by:

Approved by:

### FEE SCHEDULE

Description: ( ) is # of inspections / item	Qty	Fee	Total
<b>1 &amp; 2 FAMILY DWELLINGS: Includes attached garage</b>			
1,000 sq.ft. or less (4)		\$150.00	
Each add'l 500 sq.ft. or portion thereof		\$25.00	
Limited Energy (2)		\$35.00	
Each Manufactured Home or Modular Dwelling Service or Feeder (2)		\$66.96	

### MULTI-FAMILY DWELLINGS: 3 or more Units

1,000 sq.ft. or less (4) (largest unit)		\$150.00	
Each add'l 500 sq.ft. or portion thereof		\$25.00	
Each add'l unit 1/2 fee of largest unit price			

### SERVICES or FEEDERS: (Installation, Alteration, Relocation)

200 amps or less (2)		\$96.50	
201 to 400 amps (2)		\$114.00	
401 to 600 amps (2)		\$191.50	
601 to 1,000 amps (2)		\$249.00	
Over 1,000 amps or volts (2)		\$572.00	
Reconnect only (2)		\$66.96	

### Temp Services or Feeders: (Installation, Alteration, Relocation)

200 amps or less (2)		\$66.96	
201 to 400 amps (2)		\$105.00	
401 to 600 amps (2)		\$151.50	

**Over 600 amps or 1,000 volts, see Services or Feeders above ↑**

### Branch Circuits: (New, Alteration, Extension Per Panel)

a. Fee for Branch Circuits <u>with</u> Purchase of a Service or Feeder Fee:			
Each Branch Circuit		\$7.20	
b. Fee for Branch Circuits <u>without</u> Purchase of a Service or Feeder Fee:			
First Branch Circuit (2)		\$66.96	
Each <u>additional</u> Branch Circuit		\$7.20	

### Miscellaneous: (Service or Feeder Not Included)

See Checklist on Page 2

Each Pump or Irrigation Circle (2)		\$66.96	
Each Sign or Outline Lighting (2)		\$66.96	
Signal Circuit(s) or a Limited-Energy Panel, Alteration, or Extension (2)		\$66.96	
Hourly Rate		\$90.00	
Annual Master Electrical App. Permit Fee		\$100.00	
Master Electrical Hourly Inspection Fee		\$90.00	

### RENEWABLE ENERGY FEES PAGE 2

From Page 2:			
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### FEES COLLECTED - OFFICE USE ONLY

A. Enter Total of above fees	
B. Enter 12 percent surcharge (.12 x [A])	
C. Plan Review, if Required (.25 x [A])	

**TOTAL Fees and Surcharges:**

**SEE PAGE 2 FOR RENEWABLE ENERGY FEES,  
CHECKLIST FOR MISCELLANEOUS FEES,  
CHECKLIST FOR PLAN REVIEW REQUIREMENTS**

RENEWABLE ENERGY PERMIT FEES	
System Design: ( ) is # of inspections / item	Fee
<b>SOLAR PHOTOVOLTAIC PERSCRIPTIVE</b>	
5 KVA or less (2)	\$96.50
5.01 KVA to 15 KVA (2)	\$114.00
15.01 KVA to 25 KVA (2)	\$191.50
25.01 KVA to 45 KVA (2)	\$249.00
Over 45 KVA (2)	\$572.00
<b>WIND ENERGIZED</b>	
25.01 KVA through 50 KVA	\$204.00
50.01 KVA through 100 KVA	\$469.00
<b>SUPPLEMENTAL ELECTRICAL PERMIT FEES</b>	
<b>Plan Review:</b>	Plan review fee shall be 25% of the Electrical Permit Fee. * 150 KVA or more
<b>Reinspection or Investigation:</b>	\$90 / hour with a 1 hour minimum.
<b>Inspection or Plan Review outside of normal work hours or scope:</b>	\$129.00 / hour with a 2 hour minimum.

SIGNAL CIRCUITS / LIMITED ENERGY	
Indicate each that applies to the project. Enter total under "MISCELLANEOUS FEES" on page 1:	
<input type="checkbox"/> Audio and Stereo System <input type="checkbox"/> Data Telecommunication <input type="checkbox"/> Doorbell <input type="checkbox"/> Garage Door Opener <input type="checkbox"/> Heating, Ventilation, & Air-Conditioning	<input type="checkbox"/> Landscape Lighting & Sprinkler Controls <input type="checkbox"/> Landscape Irrigation Controls <input type="checkbox"/> Outdoor Landscape Lighting <input type="checkbox"/> Vacuum System <input type="checkbox"/> Other: _____

ELECTRICAL PLAN REVIEW REQUIREMENTS	
Indicate all that apply by checking YES or NO below. Electrical Plan Review <u>is required</u> for any YES answer(s). Provide 2 complete sets of plans, cut-sheets, specifications & calculations (refer to Oregon Administrative Rule 918-311-0040)	
<b>YES / NO</b>	
<input type="checkbox"/> / <input type="checkbox"/>	The Service or Feeder of 400 Amps or greater with an available Fault Current exceeding 10,000 Amps at 150 Volts or less is <u>to ground</u> , or exceeding 14,000 Amps for all other installations?
<input type="checkbox"/> / <input type="checkbox"/>	Derived system of 150 KVA or greater, or a motor of 100 HP or greater:
<input type="checkbox"/> / <input type="checkbox"/>	Fire pump or other emergency system?
<input type="checkbox"/> / <input type="checkbox"/>	Service or Feeder of 600 Amps or greater?
<input type="checkbox"/> / <input type="checkbox"/>	Structure more than 3 stories in height?
<input type="checkbox"/> / <input type="checkbox"/>	Six or more residential units connected?
<input type="checkbox"/> / <input type="checkbox"/>	Building listed as A, E, I-2, or I-3 occupancy?
<input type="checkbox"/> / <input type="checkbox"/>	Building listed as a special occupancy such as; Hazardous, Health Facility Patient Care area, Commercial Agriculture, or Recreational Vehicle Park?