



Electrical Permit Application

Community Development Building Codes Division

800 Exchange St Ste 100 Astoria, OR 97103

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Request Line 503-338-3698

buildingdivision@co.clatsop.or.us

Web: co.clatsop.or.us

DEPARTMENT USE	
Permit #	
Label #	
Date:	

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

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
DESCRIPTION OF WORK	
JOB SITE INFORMATION AND LOCATION	
Property Owner:	
Job site Address:	
City:	
Phone:	
Direction:	
PROPERTY OWNER INSTALLATION	
Name:	
Mailing Address:	
City/State/Zip:	
Email:	
Phone: ()	Fax: ()
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).	
Owner's Signature:	
CONTRACTOR INSTALLATION	
Business Name:	
Mailing Address:	
City/State/Zip:	
Email:	
Phone: ()	Fax: ()
CCB Lic #	BCD Lic #
Name of Signing Supervisor:	
Signing Supr Signature:	SS Lic #

FEE SCHEDULE				
Number of inspections per item (*)	Items	Ea.	Sum	*
Residential, per unit, service included:				
1,000 sq. ft. or less		\$201.00		(4)
Each additional 500 sf or portion		\$56.00		(2)
Limited energy <i>w/above fees</i>		\$64.00		(2)
Manufactured or Modular Dwelling Service or Feeder		\$104.00		(2)
Services or feeders: (installation, alteration, relocation)				
200 amps or less		\$121.00		(2)
201 to 400 amps		\$160.00		(2)
401 to 600 amps		\$240.00		(2)
601 to 1,000 amps		\$360.00		(2)
Over 1,000 amps or volts		\$674.00		(2)
Reconnect only		\$104.00		(2)
Temporary services or feeders: (installation, alteration, relocation)				
200 amps or less		\$104.00		(2)
201 to 400 amps		\$143.00		(2)
401 to 600 amps		\$201.00		(2)
Over 600 amps or 1,000 volts. See services or feeders section, above.				
Branch circuits: (new, alteration, extension per panel)				
a. Fee for branch circuits <i>with</i> purchase of a service or feeder:				
Each branch circuit		\$8.00		(2)
b. Fee for branch circuits <i>without</i> purchase of a service or feeder				
First branch circuit		\$79.00		(2)
Each additional branch circuit		\$8.00		
Miscellaneous: (service or feeder <i>not</i> included)				
Each well pump/alarm or irrigation		\$104.00		(2)
Each sign or outline lighting cir		\$104.00		(2)
Limited-Energy panel, alteration, or extension, or signal circuit		\$104.00		(2)
Each additional inspection:		\$94.00		(1)
Each Hourly Inspection		\$106.00		(1)
PERMIT FEES				
A. Subtotal of Above Fee			\$	
B. State Surcharge (12% of A)			\$	
C. Plan Review, if required (35% of A)			\$	
D. Investigative Fee, if applicable			\$	
TOTAL Electrical Fees			\$	

PLAN REVIEW	
please check all that apply	
<input type="checkbox"/> Service or feeder 400 amps or more where the available fault current exceeds 10,000 amps at 150 volts or less to ground, or exceeds 14,000 amps for all other installations.	<input type="checkbox"/> Service or feeder 600 amps or more
<input type="checkbox"/> Fire pump	<input type="checkbox"/> Building over three stories
<input type="checkbox"/> Emergency system	<input type="checkbox"/> Marinas and boatyards
<input type="checkbox"/> Addition of new motor load of 100HP or more	<input type="checkbox"/> Floating buildings
<input type="checkbox"/> Six or more residential units	<input type="checkbox"/> Commercial-use agricultural buildings
<input type="checkbox"/> Health-care facilities	<input type="checkbox"/> Installation of 150 KVA or larger separately derived system
<input type="checkbox"/> Hazardous locations	<input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy
	<input type="checkbox"/> Recreational vehicle parks
	<input type="checkbox"/> Supply voltage for more than 600 volts nominal

Make check or money order payable to: CLATSOP COUNTY BLDG CODES

Point N Pay charges a 2.5% processing fee for credit card transactions. Min \$2

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AE	Phone: ()
Credit Card Number	Expiration Date
Name of Cardholder as shown on card	
Cardholder's Signature	Amount
Please provide mailing address where you receive your credit card statement:	
ADDRESS:	
ZIP CODE:	