



# ELECTRICAL PERMIT APPLICATION

Crook County Community Development  
 300 NE 3<sup>RD</sup> ST, RM #12, Prineville OR 97754  
 Phone: (541) 447-3211 Fax: (541) 416-2139  
 Email [bld@co.crook.or.us](mailto:bld@co.crook.or.us)

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

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

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify: _____
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"/> Other, Specify: _____	
DESCRIPTION OF WORK	
JOBSITE INFORMATION AND LOCATION	
Job site address: _____	
City/State/ZIP: _____	
Suite/bldg /apt. no.: _____	
Tax/map parcel no: _____	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
OWNER INSTALLATION	
<b>This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Signature: _____	Date: _____
APPLICANT	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	
E-mail: _____	
CONTRACTOR	
Business name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: _____	CCB Lic#.: _____
E-mail: _____	BCD Lic#.: _____
Name of Signing Supervisor: _____	Lic. #: _____
CONTACT FOR ISSUANCE	
Authorized signature: _____	
Print Name: _____	Date: _____

FEE SCHEDULE				
<b>Residential single family includes attached garage</b>				
<b>Multi-family full fee for largest unit, 50% for each additional unit</b>				
Description	Qty.	Fee	Total	*
1,000 sq. ft. or less		183.25		4
Each additional 500 sq. ft. or portion		30.50		
Limited energy, residential (with above sq. ft.)		42.75		2
Limited energy, multi-family residential (with above sq. ft.)		81.75		2
Multi-family Protective signaling by floor		81.75		2
SERVICES OR FEEDERS				
200 amps or less		118.00		2
201 amps to 400 amps		139.25		2
401 amps to 600 amps		234.00		2
601 amps to 1,000 amps		306.75		2
Over 1,000 amps or volts		698.00		2
Utility reconnection		110.25		1
Generator (200 amp or less feeder only)		118.00		2
TEMPORARY SERVICES OR FEEDERS				
200 amps or less		110.25		2
201 amps to 400 amps		128.25		2
401 amps to 600 amps		185.00		2
601 amps to 1,000 amps		306.75		2
BRANCH CIRCUITS, PER PANEL				
A. Fee for branch circuits <b>with</b> above service or feeder fee, each branch circuit		8.75		2
B. Fee for branch circuits <b>without</b> service or feeder fee, first branch circuit		81.75		2
Each additional branch circuit		8.75		
MISCELLANEOUS (SERVICE OR FEEDER NOT INCLUDED)				
Each manufactured or modular dwelling, service, and/or feeder		110.25		2
Pump or irrigation circle (pivot)		81.75		2
Sign or outline lighting		81.75		2
Signal circuit(s) or limited-energy panel, alteration, or extension. <i>Describe: See page 2</i>		81.75		2
Per inspection		110.00		
Inspections outside normal business hours		170.00		
Master Electrical Program		100.00		
OFFICE USE ONLY				
Minimum Electrical Permit Fee			110.25	
Plan review (25% of permit fee)				
State surcharge (12% of permit fee)				
<b>TOTAL PERMIT FEE</b>				

**Supervising electrician MUST sign label posted on site**

\*# of inspections included per line item.

# Electrical Plan Review Requirements

Indicate all that apply by checking Yes or No below. Electrical plan review is required for any “Yes” answer. Provide 2 complete sets of plans, specifications, and calculations at least ¼ scale and must be legible. Refer to Oregon Administrative Rule 918-311-0040.

**YES    NO**

		The service or feeder of 400 AMPs or greater with an available fault current exceeding 10,000 AMPs at 150 volts or less is to ground, or exceeding 14,000 AMPs for all other installations?
		Derived system of 150KVA or greater, or a motor of 100 HP or greater?
		Fire pump or other emergency system?
		Commercial Fire Alarm?
		Service or Feeder of 600 AMPs or greater?
		Building or structure more than 3 stories in height?
		Six or more residential units connected?
		Building listed as A, E, I-2, or I-3 occupancy?
		Building listed as a special occupancy such as: Hazardous, Health Facility Patient Area, Commercial Agricultural, or Recreational Vehicle Park?
		Marina or boatyard?
		Floating buildings?

## Signal Circuits/Limited Energy

Indicate each that applies to the project.

		Audio and stereo equipment	Land lighting and sprinkler controls
		Data telecommunication / Camera system	Landscape irrigation controls
		Doorbell	Outdoor landscape lighting
		Garage door opener	Vacuum system
		Heating, ventilation, air-conditioning	Emergency system
		Commercial fire alarm	Other:

## Renewable Energy Permit Fees (SOLAR)

		5 KVA or Less	<b>\$110.25</b>
		5.01 KVA to 15 KVA	<b>\$138.75</b>
		15.01 KVA to 25 KVA	<b>\$185.00</b>
		25.01 KVA and over <i>Plan Review REQUIRED</i>	<b>\$185.00 + 6.25 per KVA over 25</b>

## Wind Energy

		25.01 KVA to 50 KVA <i>Plan Review REQUIRED</i>	<b>\$238.35</b> + add. charges as applicable
		50.01 KVA to 100 KVA <i>Plan Review REQUIRED</i>	<b>\$572.25</b> + add. charges as applicable



# Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business Registry. For questions, call 503-945-8091.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to [www.irs.gov](http://www.irs.gov).

## Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

**CONSTRUCTION CONTRACTORS BOARD**

PO Box 14140, Salem, OR 97309-5052

Telephone: 503-378-4621 – Fax: 503-373-2007

Website Address: [www.oregon.gov/ccb](http://www.oregon.gov/ccb)

# Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

**This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.**

Please check the appropriate box:

I own, reside in, or will reside in the completed structure and my general contractor is:

\_\_\_\_\_

Name

\_\_\_\_\_

CCB#

\_\_\_\_\_

Expiration Date

I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

**I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.**

\_\_\_\_\_  
Print Name of Permit Applicant

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Date

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

