

Electrical Permit Application

Washington County, 155 N. 1st AV, Suite 350, MS 12, Hillsboro, OR 97124, Phone: 503-846-3470/ lutbldg@washingtoncountyor.gov Inspection Requests: 503-846-3699/www.WashCoORACA.com

Project # _	 	
Permit #_	 	

	000 010 00001	THE THE MEDICAL CONTROLLED							
TYPE OF WORK				PLAN REVIEW					
New construction ☐ Addition/alteration/replacement ☐ Other:				Please check all that apply: ☐ Service or feeder 400 amps ☐ Hazardous locations					
				or more where the available Service or feeder 600 amps or more					
CATEGORY OF CONSTRUCTION				fault current exceeds Building over three stories					
☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building				10,000 amps at 150 volts or Marinas and boatyards less to ground, or exceeds					
☐ Multi-family ☐ Master bu	ilder [Other:		14,000 amps for all other installations Commercial-use agricult				a1	
JOB SITE INFORMAT	TION AND LOC	ATION		mstanations.	_ Comr buildi		e agriculu	ıraı	
Job no.: Job address:			7 [ation of 15	0 KVA oı	r large	
					separa	tely derive	d system		
City/State/ZIP:				load of 100HP or more		E,""I-2,""			
Suite/bldg./apt. no.: Project name:				Six or more residential units		ational ve ly voltage			
	,		\dashv \mid \vdash	Health-care facilities		olts nomir		.nan	
Cross street/directions to job site:			FEE SC						
Subdivision:	Lot no.:		D	escription	Qty.	Fee	Total	*	
Tax map/parcel no.:				desidential single- or multi-fam	ily dwel	ling unit.			
DESCRIPTION OF WORK				ncludes attached garage.		****			
DECORAL TIO	it of World			,000 sq. ft. or less		201.00		4	
			E	ach add. 500 sq. ft. or portion		56.00		<u> </u>	
				Limited energy, residential (with above sq. ft.)		130.00		2	
D PROPERTY OWNER		T TENANT		Limited energy, multi-family		120.00		2	
☐ PROPERTY OWNER		☐ TENANT	4 _	residential (with above sq. ft.)		130.00		2	
Name:				ervices or feeders installation,	alteratio		relocatio		
Address:			I 1	00 amps or less		130.00		2	
				01 amps to 400 amps		194.00		2	
City/State/ZIP:				01 amps to 600 amps		259.00		2	
Phone:			01 amps to 1,000 amps		388.00		2		
Owner installation: This installation is being made of	n residential or farm	nronerty owned by me or a member		over 1,000 amps or volts	-4.11.4	775.00	4	2	
of my immediate family. This property is not intended for			-	'emporary services or feeders i elocation	nstanati	on, aitera	tion, and	/or	
479.560(1).				00 amps or less		130.00		2	
Owner signature:		Date:		01 amps to 400 amps		194.00		2	
☐ APPLICANT	□ c	ONTACT PERSON	4	01 amps to 599 amps		259.00		2	
Business name:	•		В	ranch circuits – new, alteration	n, or ext	ension, po	er panel		
			A	. Fee for branch circuits with					
Contact name:			above service or feeder fee,		11.50		2		
Address:		B	each branch circuit Fee for branch circuits				2		
C'. C. ZID		- -	without service or feeder		130.00		l		
City/State/ZIP:		_ _	fee, first branch circuit		11.50		2		
Phone:				ach add'l branch circuit		11.50			
E-mail:				Iiscellaneous (service or feeder ach manufactured or modular	not inc	luded)			
	CTOR			welling, service, and/or feeder		137.00		2	
CONTRACTOR				econnect only		130.00		1	
Business name:		P	ump or irrigation circle		130.00		2		
Address:				ign or outline lighting		130.00		2	
City/State/7ID:				ignal circuit(s) or limited-					
City/State/ZIP:				nergy panel, alteration, or xtension. Describe:		130.00			
Email:	1							2	
Phone:	CCB lic. no.:			ach additional inspection over	allowab	130.00	of the abo	ove	
Electrical lic. no.:	City or metro lic.:			er inspection nvestigation fee (See compliance)		130.00		-	
Supervising electrician				Other:					
signature, required:				ELECTRICAL	PERMIT	r FFFS		_	
<u> </u>		T_	$\dashv \vdash$	LLLGIRICAL		-			
Print name:	Date:	╛┝	Subtotal Plan review (25% of permit fee)						
Authorized			*	_					
signature:	T	$\bot \vdash$	State surcharge (12% of permit fee) TOTAL PERMIT FEE						
Print name:		Date:		This permit application expires if a permit is no				ed	

within 180 days after it has been accepted as complete

^{*}Number of inspections allowed per permit. Updated: 7/2022