



# Renewable Electrical Energy Permit Application

Department of Consumer and Business Services  
 Building Codes Division • Web: [bcd.oregon.gov](http://bcd.oregon.gov)  
 Lake County Contract Office  
 513 Center St.  
 Lakeview, OR 97630  
 541-947-6032 • Fax: 541-947-6015

DEPARTMENT USE ONLY	
Permit no.:	
Office:	
By:	Date:
LOCAL GOVERNMENT APPROVAL	
Zoning approval verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This permit is issued under OAR 918-309-0410. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Project name:	
Directions to job site:	
Subdivision:	Lot no.:
DESCRIPTION OF WORK	
Job no.:	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Contact phone: ( )	Email:
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)]	
Sign here:	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Contact phone: ( )	Fax: ( )
Email:	
CCB lic.:	BCD lic. no.:
Signature:	
Name of signing supervisor:	Lic. no.:

FEE SCHEDULE			
Number of inspections per item ( ) Renewable energy installation per system total	No. of items	Cost ea.	Sum
5 kva or less (3)		\$79.00	\$
5.01 to 15 kva (3)		\$94.00	\$
15.01 to 25 kva (3)		\$156.00	\$
Solar 25.01 to 100 kva (3)		\$6.25	\$
Wind 25.01 to 50 kva (3)		\$204.00	\$
Wind 50.01 to 100 kva (3)		\$469.00	\$
Wind 100.01 or greater:			
Service or feeders of 601 to 1,000 amps (2)		\$204.00	\$
Service or feeders over 1,000 amps or volts (2)		\$469.00	\$
Miscellaneous fees, hourly rate		\$86.00	\$
Each additional inspection (1) (OAR 918-309-0070)		\$55.00	\$

FISCAL USE	APPLICANT USE	
70111/1195	(A) Enter total of above fees	\$
70111/1195	(B) Investigative fee	\$
70111/1291	(C) Enter 12% surcharge (.12 x [A+B])	\$
70111/1212	(D) Plan review 25%, if required (.25 x [A])	\$
<b>TOTAL fees and surcharges (A+B+C+D):</b>		<b>\$</b>

**Make checks or money orders payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign the credit card information box. Do *not* send cash.**  
**Secure fax for credit card payments: 503-947-2333**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: ( )
Credit card number		Expiration	
Name of cardholder as shown on credit card			
Cardholder signature		\$	
		Amount	

**DCBS fiscal use only:**



440-2933-LAKBCO (12/13/COM)