



RESTRICTED ENERGY ELECTRICAL APPLICATION

BUILDING DEPARTMENT

215 E. Gladys Ave. • Hermiston, OR 97838 • Phone 541.667.5025 • Fax 541.567.6731

PLEASE COMPLETE ALL SECTIONS

1. LOCATION OF INSTALLATION

Address _____

City _____

Directions _____

PERMITS ARE NON-TRANSFERABLE AND NON-REFUNDABLE AND EXPIRE IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

2. CONTRACTOR APPLICATION

Contractor _____ Type _____

Address _____

Date _____

Property Owner _____

Contractor's Board Reg. # _____ Lic. # _____

Phone _____

3. OWNER APPLICATION

Print Owner's Name _____

Phone _____

Address _____

City, State, Zip _____

THIS PERMIT IS ISSUED UNDER OAR 918-320-370. THE APPLICANT AGREES TO MAKE ONLY RESTRICTED ENERGY INSTALLATIONS (100 VOLT AMPS OR LESS) UNDER THIS PERMIT AND TO DO THE FOLLOWING:

1. Only use electrical licensed persons to do installations where required. (Certain residential and other transactions are exempt from licensing. These have asterisks (*). All others need licensing.)
2. Call for an inspection when all of the installations under this permit are ready for inspection.
3. Purchase separate permits for all installations that are not ready for inspection when the inspector is out to inspect under this permit.
4. Assume responsibility for assuring that all corrections required by the inspector are done, and
5. Assume responsibility for calling for a final inspection when all of the corrections are completed.

THE PERSON SIGNING THIS PERMIT MUST BE THE APPLICANT OR A PERSON AUTHORIZED TO BIND THE APPLICANT.

Signature _____

Authority if other than applicant _____

PERMIT # _____ LABEL # _____

DATE _____ RECEIPT # _____

ISSUED BY _____

4. TYPE OF WORK:

RESIDENTIAL Restricted Energy Fee \$ 25.00
(FOR ALL SYSTEMS)

CHECK TYPE OF WORK INVOLVED:

- Audio and Stereo Systems*
- Burglar Alarm
- Garage Door Opener*
- Fire Alarm
- Heating, Ventilation and Air Conditioning Systems*
- Vacuum Systems*
- Other _____

COMMERCIAL Fee for each System \$ 50.00
(See OAR 918-309-0070)

CHECK TYPE OF WORK INVOLVED:

- Audio and Stereo Systems
- Boiler Controls
- Clock Systems
- Data Telecommunication Installations
- Fire Alarm Installation
- HVAC
- Instrumentation
- Intercom and Paging Systems
- Landscape Irrigation Control*
- Medical
- Nurse Calls
- Outdoor Landscape Lighting*
- Protective Signaling
- Other _____

_____ Number of Systems

* No Licenses are required.
Licenses are required for all other installations.

5. FEES

A. Enter Fees: \$ _____

12 % Surcharge (.12 X Total Above) \$ _____

TOTAL \$ _____