



**COMMUNITY DEVELOPMENT**  
 110 E. Main St.  
 Talent, Oregon 97540  
 Phone: 541-535-7401  
 FAX: 541-535-7423  
[www.cityoftalent.org](http://www.cityoftalent.org)

# ELECTRICAL PERMIT APPLICATION

PERMIT # \_\_\_\_\_

ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COMPLETE ALL SECTIONS, 1 THROUGH 5.

**1. LOCATION OF INSTALLATION**

\_\_\_\_\_ JOB SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

Directions to property \_\_\_\_\_

Job Description (**specify what structure**) \_\_\_\_\_

**If new residence, please give us the square foot of all living space (house, attached garage, basement, etc.)**

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. A. CONTRACTOR INSTALLATION ONLY:**

Electrical Contractor \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Job No. \_\_\_\_\_

Contractor's License No. \_\_\_\_\_

Contractor's Board Reg. No. \_\_\_\_\_

Supervising Electrician (print name) \_\_\_\_\_

Signature of Supr. Elect. \_\_\_\_\_

Supervisor's License No. \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Property Owner \_\_\_\_\_

Owner's Phone # \_\_\_\_\_

**2. B. FOR OWNER INSTALLATIONS:**

\_\_\_\_\_ Print Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*The installation is being made on property I own which is not intended for sale or lease or rent.*

Owner's Signature \_\_\_\_\_

Permit fee table effective January 23, 2012

**3. PLAN REVIEW SECTION (if Required)**

4. COMPLETE FEE SCHEDULE BELOW				Rev Code	
Number of Inspections Per Permit Allowed					
A. Residential Per Unit Service Included:	Items	Cost (ea)	Sum		
1000 sq ft or less	_____	\$132.50	_____	4	102
Each additional 500 sq ft or portion thereof	_____	\$23.75	_____		
Limited Energy	_____	\$31.25	_____	1	103
Multi Family Limited Energy	_____	\$56.25	_____	1	103
Each Manufactured Home or Modular Dwelling Service or Feeder	_____	\$78.75	_____	2	104
<b>B. Services or Feeders</b>					
Installation, Alteration or Relocation					
200 amps or less	_____	\$98.75	_____	2	105
201 amps to 400 amps	_____	\$117.50	_____	2	106
401 amps to 600 amps	_____	\$195.00	_____	2	107
601 amps to 1000 amps	_____	\$255.00	_____	2	108
Over 1000 amps or volts	_____	\$586.25	_____	2	109
Reconnect Only	_____	\$78.75	_____	1	110
<b>C. Temporary Services or Feeders</b>					
Installation, Alteration or Relocation					
200 amps or less	_____	\$78.75	_____	2	111
201 amps to 400 amps	_____	\$107.50	_____	2	112
Over 401 amps to 600 amps	_____	\$156.25	_____	2	113
<b>D. Branch Circuits</b>					
New, Alteration or Extension Per Panel					
a) The fee for branch circuits with purchase of service or feeder fee					
Each branch circuit	_____	\$5.00	_____		114
b) The fee for branch circuits without purchase of service or feeder fee					
First branch circuit	_____	\$67.50	_____	2	115
Each additional branch circuit	_____	\$5.00	_____		116
<b>E. Miscellaneous (Service or Feeder Not Included)</b>					
Each pump or irrigation circle (for domestic water, sewage, or irrigation)	_____	\$78.75	_____	2	117
Each sign or outline lighting	_____	\$78.75	_____	2	118
Signal circuit(s) or a limited energy Panel, alteration or extension	_____	\$78.75	_____	2	119
<b>F. Each additional inspection over the allowable in any of the above, per inspection</b>					
_____	_____	\$79.80	_____		120
<b>G. Special Inspection</b>					
_____	_____	\$147.75	_____		
<b>H. Renewable Energy Systems</b>					
5 KVA or less	_____	\$79.00	_____	2	
5.01 KVA to 15 KVA	_____	\$94.00	_____	2	
15.01 KVA to 25 KVA	_____	\$156.00	_____	2	
Wind Generation Systems					
25.01 KVA to 50 KVA	_____	\$204.00	_____	2	
50.01 KVA to 100 KVA	_____	\$469.00	_____	2	
over 25 KVA / \$6.25 per KVA	_____		_____		
Enter number of KVA's	_____	\$6.25	_____	2	
<b>I. Master Plan</b>					
Registration Fee	_____	\$125.00	_____		
Inspection Hourly Rate	_____	\$79.80	_____		

**5. FEES**

A. Enter total of above fees \$ \_\_\_\_\_

12% Surcharge (.12x total above) \$ \_\_\_\_\_

**SUBTOTAL**

B. Enter 25% of line A for Plan Review (if required) \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

**BALANCE DUE** \$ \_\_\_\_\_

**If locked out twice for the same inspection type, an additional fee of \$79.80 due before further inspections are made.**