

# Restricted Electrical Energy Permit Application



City of Redmond  
 411 SW 9<sup>th</sup> St  
 Redmond, OR 97756  
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 website: [www.redmond.or.us](http://www.redmond.or.us)

FOR OFFICE USE ONLY	
Received Date/By:	Permit No:
Plan Review Date/By:	Other Permits:
Date ready/By: Notified/Method:	Bulk Label No:

## 1. Location of Installation:

Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Map No. \_\_\_\_\_  
 Directions \_\_\_\_\_

Commercial  Residential

Tenant Name  
 (if commercial) \_\_\_\_\_

**This permit becomes null and void if the work authorized by the permit is not commenced within 180 days from date of issuance of such permit or if the work authorized is suspended or abandoned at any time after work is commenced for a period of 180 days. Electrical Permits are non-transferable.**

## 2. Contractor application:

Electrical Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_ Job Number \_\_\_\_\_  
 Property Owner \_\_\_\_\_  
 Contractor's License \_\_\_\_\_  
 Contractor's Board Reg. No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_

## 3. Owner application:

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

This permit is issued under OAR 918-309-0000. 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 person 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 the installations under this permit are read 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 assuming 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 - \_\_\_\_\_

## 4. Type of Work

**Residential Restricted Energy Fee \$55.20**  
**(for all systems)**

Check type of work involved:

- Audio and Stereo Systems\*
- Burglar Alarm
- Telephone Systems\*
- Garage Door Opener
- Fire Alarm
- Heating, Ventilation & Air Conditioning
- Vacuum Systems\*
- Other \_\_\_\_\_

**Commercial Fee for each system \$55.20**  
**(see OAR 918-309-0000)**

Check type of work involved:

- Boiler Controls
- Clock Systems
- Data Telecommunications Installations
- Fire Alarm Installation
- HVAC
- Instrumentation
- Intercom and Paging System
- 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** total of above \$ \_\_\_\_\_  
 Minimum Permit Fee \$ 90.00  
 12% State Surcharge \$ \_\_\_\_\_  
 Investigation Fee \$ \_\_\_\_\_

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