



Electrical Permit Application

Marion County Public Works

5155 Silverton Rd NE, Salem, Oregon 97305

Phone: (503) 588-5147 Fax: (503) 588-7948

Email: Building@co.marion.or.us

Internet address: www.co.marion.or.us

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Government <input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION	
Owner name:	
Owner phone number:	
Job site address:	
City/State/Zip:	
Suite/Bldg/apt no.:	Project name:
Cross Street:	
Subdivision:	Lot no:
Tax map/parcel no:	
DESCRIPTION OF WORK	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ ZIP:	
Phone:	Fax:
Email:	
Owner Installation: 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).	
Signature:	Date:
CONTRACTOR INSTALLATION	
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax :
E-mail:	
CBB License no:	Electrical Lic:
Supervising Electrician Lic no:	
Print name of signing supervisor:	
Signature of signing supervisor:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

PLAN REVIEW				
Please check all that apply:		<input type="checkbox"/> Service or feeder at 600 amps or over <input type="checkbox"/> Building over three stories <input type="checkbox"/> Marinas and boatyards <input type="checkbox"/> Floating buildings <input type="checkbox"/> Commercial-use agricultural buildings <input type="checkbox"/> Installation of 150 KVA or larger separately derived system <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy <input type="checkbox"/> Recreational vehicle parks <input type="checkbox"/> Health-care facilities <input type="checkbox"/> Hazardous locations		
<input type="checkbox"/> Service or feeder 400amps	or more where the available fault current exceeds 10,000 amps at 150 volts or less to ground, or exceeds 14,000 amps for all other installations			
<input type="checkbox"/> Fire pump				
<input type="checkbox"/> Emergency system				
<input type="checkbox"/> Addition of new motor load of 100HP or more				
<input type="checkbox"/> Six or more residential units				
FEE SCHEDULE				
Description	Qty.	Fee	Total	*
Residential single-or-multifamily dwelling unit. Includes attached garage.				
1,000 sq. ft. or less		\$139.75		4
Ea. Add'l 500 sq ft or portion		\$26.00		
Limited energy, residential (with above sq ft)		\$67.25		2
Each manufactured or modular dwelling, service, and/or feeder		\$67.25		2
Services or feeders installation, alteration, and/or relocation				
200 amps or less		\$82.75		2
201 amps to 400 amps		\$98.25		2
401 amps to 600 amps		\$163.50		2
601 amps to 1,000 amps		\$212.00		2
Over 1,000 amps or volts		\$491.50		2
Reconnect only		\$67.25		1
Temporary services or feeders installation, alteration, and/or relocation				
200 amps or less		\$67.25		2
201 amps to 400 amps		\$89.00		2
401 amps to 599 amps		\$129.50		2
Over 600 amps or 1,000 volts, see services or feeders section above				
Branch circuits – new, alteration, or extension, per panel				
A. Fee for branch circuits with above service or feeder fee, each branch circuit		\$5.50		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		\$67.25		2
Each add'l branch circuit		\$5.50		
Miscellaneous (service or feeder not included)				
Pump or irrigation circle		\$67.25		2
Sign or outline lighting		\$67.25		2
Signal circuit(s) or limited energy panel, alteration, or extension, Describe:		\$67.25		2
Hourly rate (no. of hrs. x fee per hour)		\$67.25		
Dwelling Permit Labels		NC		
Each additional inspection over allowable in any of the above				
Per inspection		\$52.00		
Investigation fee				
ELECTRICAL PERMIT FEES				
(A) Enter subtotal of above fees		\$		
(B) Enter 12% State of Oregon Surcharge (0.12 x [A])		\$		
(C) Plan review, if required (0.25 x [A])		\$		
TOTAL fees and surcharges (A through C)		\$		

* Number of inspections allowed per permit.

City of _____ Received by: _____ Date: _____