



1655 First Street
 P.O. Box 650
 Baker City, OR 97814
 EMAIL: permits@bakercity.gov

RENEWABLE ELECTRICAL APPLICATION

FOR DEPARTMENT USE ONLY

PERMIT NUMBER

INSPECTIONS/OFFICE: (541) 524 2054

JOB SITE INFORMATION		OWNER INFORMATION	
Company Name:	Name:		
Contact Name:	Address:		
Address:	City:	State:	Zip:
City, State, Zip:	Phone:	Work:	
Directions:	Cell:	Fax:	
Description of work being performed:	Email:		

PERMIT FEES			
	COST EACH:	NO. OF ITEMS:	SUM:
Residential	Commercial		
Services or feeders (Installation, alteration, or relocation):			
200 amps or less:	\$101.09		
201 amps to 400 amps:	\$120.31		
**401 amps to 600 amps (plan review required):	\$200.43		
**601 amps to 1,000 amps (plan review required):	\$261.32		
Over 1,000 amps or volts:	\$601.01		
Reconnect only:	\$80.13		
Branch Circuits (New, alternation or extension per panel):			
Fee per Branch Circuit with purchase of service or feeder:	\$5.53		
Fee per Branch Circuit without purchase of service or feeder:			
↳ First Branch Circuit:	\$69.05		
↳ Each Additional Branch Circuit:	\$5.53		
2 Branch Circuits for domestic wastewater system:	\$11.08		
Renewable energy installation per system total (Solar)			
5 Kva or less:	\$86.30		
5.1 to 15 Kva:	\$102.68		
15.01 to 25 Kva:	\$170.40		
Renewable energy installation per system total (Wind)			
25.01 to 50 Kva	\$223.05		
50.01 to 100 Kva	\$512.32		
EACH ADDITIONAL INSPECTION OVER THE ALLOWABLE IN ANY OF THE ABOVE PER INSPECTION:	\$80.41		
(A) Enter total of above fees (minimum permit fee \$66.59):			\$
(B) Enter 25% Plan Review fee (0.25 x A) if applicable:			\$
(C) Enter 12% state surcharge fee (0.12 x A):			\$
GRAND TOTAL:			\$

The person performing the work must hold a valid license from the Oregon CCB, or be exempt from this requirement. By signing below you agree that all work will be performed in accordance with all Oregon Building Code laws, and will call for all required inspections. This permit is issued for 180 days and will expire if an inspection is not requested within this time. It is the responsibility of the permit holder to request all inspections.

I AM THE PROPERTY OWNER DOING MY OWN WORK

Contractor:	Phone:
Address:	
Email:	
CCB#:	Exp. Date:
Supervisor Lic#:	Exp. Date:
Signature:	Date: