



City of Ashland
Building Safety Department

Address: 51 Winburn Way, Ashland OR 97520
 Phone: 541-488-5305 Fax: 541-488-6006
 Web: www.ashland.or.us

**RESTRICTED ENERGY ELECTRICAL
PERMIT APPLICATION**

Permit #: BD - _____

Date: _____

This permit is issued under OAR 918-460-0030. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

LOCAL GOVERNMENT APPROVAL		
Zoning approval verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> Residential	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial
JOB SITE INFORMATION AND LOCATION		
Job site address:		
City:	State:	ZIP:
Project name:		
Subdivision:	Lot no.:	
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
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))		
Sign here:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	ZIP:
Phone: - -	Fax: - -	
E-mail:		
CCB license no.:	BCD license no.:	
Signing supervisor's license number:		
Print name of signing supervisor:		
Signature of signing supervisor:		

FEE SCHEDULE	
A. Fee for all systems (includes two inspections):	\$ 25
Check type of work involved:	
<input type="checkbox"/> Audio and stereo systems	
<input type="checkbox"/> Data telecommunications	
<input type="checkbox"/> Doorbell	
<input type="checkbox"/> Garage-door opener	
<input type="checkbox"/> Heating, ventilation, and air-conditioning systems	
<input type="checkbox"/> Landscape lighting and sprinkler controls	
<input type="checkbox"/> Landscape irrigation controls*	
<input type="checkbox"/> Outdoor landscape lighting*	
<input type="checkbox"/> Vacuum systems	
<input type="checkbox"/> Other:	
Number of systems:	
B. Each additional inspection:	\$ 90 per hr.
* Exception: BCD license is required unless work is done by a licensed landscape contractor, ORS 671.510 to 671.710.	
APPLICANT USE	
C. Enter total of above fees (A+B):	\$
D. Enter 12% surcharge (.12 x [C]):	\$
E. Plan review, if required, (% x [C]):	\$
TOTAL fees and surcharges (C through E):	\$

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
Credit card number	Expiration
Name of cardholder as shown on credit card	\$
Cardholder signature	Amount