

COMMERCIAL ELECTRICAL PERMIT APPLICATION



CITY OF NEWPORT
 Community Development Dept.
 169 SW Coast Hwy
 Newport, OR 97365
 (541) 574-0629
 (541)574-0644 Fax
 INSP: BuildingPermits.Oregon.gov
 or phone: 1-888-299-2821

| Office Use only | |
|---------------------------|--------------------|
| Permit #: | _____ |
| Parent Permit Applicable? | Yes _____ No _____ |
| Parent #: | _____ |

Applications may be obtained online at:
www.newportoregon.gov/business/formsAppsPermits.asp

Application MUST be complete for processing, or will be returned.

1. Job Information (where work is taking place)

Job Site Address: _____

2. Owner's Name: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

3. Applicant Information (owner or authorized agent)

Mark if same as owner Mark if same as contractor

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/company performing work)

Name of contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

OR CCB # (req'd): _____ Active?

Elec. Contr. Lic # (req'd): Type: _____

#: _____

City Business License # (req'd): _____

5. Contact Person (receives permit correspondence)

same as: owner contractor applicant

Name of Contact: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. Full Description of work proposed: _____

7. JOB INFORMATION – to be completed by Applicant:

| Construction Category: (check one) | Work Type: (check one) | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> New | <input type="checkbox"/> Temp. Pole |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Addition | <input type="checkbox"/> Reconnect Only |
| <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Alteration | <input type="checkbox"/> Ltd. Energy Only |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Repair | <input type="checkbox"/> Move |
| <input type="checkbox"/> Non-residential | <input type="checkbox"/> Demolition | <input type="checkbox"/> Replacement |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Other | <input type="checkbox"/> Tenant improvement |

| FEE SCHEDULE | | | | |
|--|------------|-------------|--------------|----------|
| No. of inspections allowed per permit → | | | | |
| NEW Multi-Family Dwelling unit (3 units or more) | | | | |
| Total # of apartments: _____ | | | | |
| Sq ft of largest apartment: _____ | | | | |
| Description | Qty | Each | Total | # |
| LARGEST APARTMENT: | | | | |
| 1,000 sq ft or less (per unit) | | \$140.00 | | 4 |
| Each additional 500 sq ft or portion | | \$30.00 | | |
| REMAINING APARTMENTS: | | | | |
| Total cost of largest apt. _____ x 50% | | | | 4 |
| Ltd. Energy, multi-family (with above) | | \$30.00 | | 1 |
| Services or Feeders – installation, alteration, and/or relocation | | | | |
| 200 amps or less | | \$75.00 | | 2 |
| 201 to 400 amps | | \$95.00 | | 2 |
| 401 to 599 amps | | \$150.00 | | 2 |
| 600 amps | | \$150.00 | | 2 |
| 601 amps to 1,000 amps | | \$200.00 | | 2 |
| Over 1,000 amps or volts | | \$440.00 | | 2 |
| Service Reconnect Only | | \$60.00 | | 2 |
| Temporary Services or Feeders – installation, alteration, and/or relocation | | | | |
| 200 amps or less | | \$60.00 | | 2 |
| 201 to 400 amps | | \$70.00 | | 2 |
| 401 to 599 amps | | \$125.00 | | 2 |
| 600 amps | | \$125.00 | | 2 |
| 601 amps to 1,000 amps | | \$190.00 | | 2 |
| Over 1,000 amps or volts | | \$400.00 | | 2 |
| Branch Circuits – new, alteration, or extension per panel | | | | |
| A) Fee for branch circuits with above service or feeder, each branch circuit | | \$5.00 | | 2 |
| B) Fee for branch circuits without above service or feeder, first branch circuit | | \$60.00 | | 2 |
| Ea. Add'l branch circuit (w/B above) | | \$7.00 | | 2 |
| Miscellaneous (service or feeder not included) | | | | |
| Ea. Pump or irrigation circle | | \$50.00 | | 2 |
| Ea. Sign or outline lighting | | \$50.00 | | 2 |
| Signal(s) – circuit or ltd. energy panel, alteration, or extension | | \$50.00 | | 2 |
| Ea. Add'l inspection over the allowable in any of the above, per inspection | | | | |
| Inspection, re-inspection, or special insp. | | \$85.00 | | 2 |

| ELECTRICAL PERMIT FEES | |
|---|---|
| A) Permit Subtotal (from above checklist) | |
| B) Minimum Permit Fee (only if Line A is less than \$50 = \$50) | |
| C) Permit Total (A or B above) | |
| Investigation fee – working without permits (\$65/hr. w/1-hr. min) | |
| Plan Review (25% of Permit Total = C x 0.25) | |
| State Surcharge (12% of Permit Total = C x 0.12) | |
| TOTAL PERMIT FEE | |
| For calculation of Limited Energy Panel fees | |
| * asterisks indicate work that is exempt from licensing | |
| <input type="checkbox"/> Audio stereo systems* | <input type="checkbox"/> Intercom & Paging systems |
| <input type="checkbox"/> Boiler controls | <input type="checkbox"/> Protective signaling/burglar alarm |
| <input type="checkbox"/> Clock systems | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Voice/Data/Video installations | <input type="checkbox"/> Nurse calls |
| <input type="checkbox"/> Fire Alarm installations | <input type="checkbox"/> Landscape lighting & irrigation |
| <input type="checkbox"/> HVAC/Thermostat controls* | <input type="checkbox"/> Outdoor landscape lighting* |
| <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Landscape irrigation control* |
| <input type="checkbox"/> Garage door opener* | <input type="checkbox"/> Vacuum systems* |
| (Insert total # from this section under "Miscellaneous: Ltd. Energy Panel" on front of form.) | |

Note: This permit becomes null & void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

COMMERCIAL PLAN REVIEW REQUIREMENTS

| Two (2) sets of plans must be submitted & plan review fees paid if <u>any</u> boxes below are checked. Please check all that apply: | |
|--|---|
| <input type="checkbox"/> Service or feeder 400 amps 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"/> Installation of 150 KVA or larger separately derived systems |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Supply voltage for more than 600 volts nominal |
| <input type="checkbox"/> Emergency System | <input type="checkbox"/> Building over 3 stories |
| <input type="checkbox"/> Addition of new moto load of 100 HP or more | <input type="checkbox"/> Recreational vehicle parks |
| <input type="checkbox"/> 6 or more residential units | <input type="checkbox"/> Emergency systems with a service or feeder 600 amps or more |
| <input type="checkbox"/> Healthcare facilities | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy |
| <input type="checkbox"/> Hazardous locations | <input type="checkbox"/> Marinas, boatyards, floating buildings |

I hereby certify I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

Copyright Release: I hereby grant permission to the City of Newport to replicate, scan and post to the internet, in whole or part, drawings & all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities and members of the general public.

By attaching a signature, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form. I agree: _____

Authorized/Owner Signature: _____

Print Name: _____

Date: _____