

# Residential Renewable Energy

Gresham/East Multnomah County

1333 NW Eastman Parkway Gresham, OR 97030

Phone: 503-618-2845 Fax: 503-618-2224

www.GreshamOregon.gov



TYPE OF WORK	
<input type="checkbox"/> New Construction	
<input type="checkbox"/> Addition/Alteration/Replacement	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2-Family Dwelling/Accessory	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg/Apt:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Ph:	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Name:	
Address:	
City/State/Zip:	
Ph:	Email:
ELECTRICAL CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Ph:	Fax:
*CCB Lic.#:	Elec. Lic.#:
*Supervising Electrician Signature (Required):	
Sup. Lic.#:	Date:
Print Name:	

\*A Valid CCB# is Required for all Contractors

Owner/Authorized Signature: \_\_\_\_\_

Print Signer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY				
Application #:				
FEE SCHEDULE FOR SOLAR				
Number of Inspections Per Item				
Renewable Energy Installation Per System Total	Qty	Fee(ea.)	Total	
5 kva or less		\$109		2
5.01 to 15 kva		\$135		2
15.01 to 25 kva		\$200		2
Structural Attachment *A Re-Inspection Fee will be charged if more than one inspection is needed		\$105		*1
PERMIT FEES (OFFICE USE ONLY)				
Subtotal			\$	
State Surcharge (12% of Permit Fee)			\$	
<b>Total Fee</b>			<b>\$</b>	
FEE SCHEDULE FOR WIND				
Number of Inspections Per Item				
Renewable Energy Installation Per System Total	Qty	Fee(ea.)	Total	
5 kva or less		\$109		2
5.01 to 15 kva		\$135		2
15.01 to 25 kva		\$200		2
Structural Attachment *A Re-Inspection fee will be charged if more than one inspection is needed		\$105		*1
PERMIT FEES (OFFICE USE ONLY)				
Subtotal			\$	
State Surcharge (12% of Permit Fee)			\$	
<b>Total Fee</b>			<b>\$</b>	
STRUCTURAL CONTRACTOR (If Different than Electrical Contractor)				
Business Name:				
Address:				
City/State/Zip:				
Phone:		Email:		
*CCB Lic. #:				
Electrical Lic. #:				