Residential Renewable Energy

Gresham/East Multnomah County 1333 NW Eastman Parkway Gresham, OR 97030 Phone: 503-618-2845 www.GreshamOregon.gov

New Construction Addition/Alteration/Replacement CATEGORY OF CONSTRUCTION								
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CATEGORY OF CONSTRUCTION	□Addition/Alteration/Replacement							
CATEGORY OF CONSTRUCTION								
□1 & 2-Family Dwelling/Accessory								
□Other:								
JOB SITE INFORMATION AND LOCATION								
Job Site Address:								
Suite #: Bldg/Apt:								
Blug/Apt.								
Project Name:								
Subdivision: Lot #:								
DESCRIPTION OF WORK								
DESCRIPTION OF WORK								
PROPERTY OWNER TENANT								
Name:								
Address:								
City/State/Zip:								
City/State/Zip: Ph: Email:								
City/State/Zip: Ph: Email: APPLICANT CONTACT PERSON								
City/State/Zip: Ph: Email: Image: CONTACT PERSON Name: Contact person								
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City/State/Zip: Ph: Email: Image: CONTACT PERSON Name: Image: Address: City/State/Zip: Ph: Email: ELECTRICAL CONTRACTOR Business Name: Address: City/State/Zip: Fax: Ph: Fax: *CCB Lic.#: Elec. Lic.#:								

*A valid CCB# and signature is required.

Owner/Authorized Signature (Required):

Print Signer's Name (Required):

Date (Required):

FOR OFFICE USE ONLY

Application #:

FEE SCHEDULE FOR SOLAR							
Number of Inspections Per Item							
Renewable Energy	Qty	Fee (ea.)		Total			
Installation Per System	acy	100 (00.)		rotar			
Total							
5 kva or less		\$144			2		
5.01 to 15 kva		\$177			2		
15.01 to 25 kva		\$260			2		
Structural Attachment		\$166			*1		
*A Re-Inspection Fee							
will be charged if more							
than one inspection is							
needed							
PERMIT FEES (OFFICE USE ONLY)							
	Sub	total	\$				
State Surcharge (12% of I	Permit	Fee)	\$				
	Tota	l Fee	\$				
FEE SCHEDU	JLE FO	R WIN	ID				
Number of Inspections Per Item							
Renewable Energy	Qty	Fee(ea.)		Total			
Installation Per System							
Total							
5 kva or less		\$144			2		
5.01 to 15 kva		\$177			2		
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Structural Attachment		\$166			*1		
*A Re-Inspection fee							
will be charged if more							
than one inspection is							
needed							
PERMIT FEES (C	OFFICE	USE C	DNLY	()			
		total	\$				
State Surcharge (12% of I	Permit	Fee)	\$				
	Tota	l Fee	\$				
STRUCTURAI (If Different than)				\			
Business Name:	LIECUIC		actor)			
Address:							
City/State/Zip:							
Phone: Email:							
*CCB Lic. #:							
Electrical Lic. #:							