

## 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](http://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](http://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 →				
<b>NEW Multi-Family Dwelling unit (3 units or more)</b>				
Total # of apartments: _____				
Sq ft of largest apartment: _____				
<b>Description</b>	<b>Qty</b>	<b>Each</b>	<b>Total</b>	<b>#</b>
<b>LARGEST APARTMENT:</b>				
1,000 sq ft or less (per unit)		\$168.00		4
Each additional 500 sq ft or portion		\$36.00		
<b>REMAINING APARTMENTS:</b>				
Total cost of largest apt. _____ x 50%				4
Ltd. Energy, multi-family (with above)		\$36.00		1
<b>Services or Feeders – installation, alteration, and/or relocation</b>				
200 amps or less		\$90.00		2
201 to 400 amps		\$114.00		2
401 to 599 amps		\$180.00		2
600 amps		\$180.00		2
601 amps to 1,000 amps		\$240.00		2
Over 1,000 amps or volts		\$528.00		2
Service Reconnect Only		\$72.00		2
<b>Temporary Services or Feeders – installation, alteration, and/or relocation</b>				
200 amps or less		\$72.00		2
201 to 400 amps		\$84.00		2
401 to 599 amps		\$150.00		2
600 amps		\$150.00		2
601 amps to 1,000 amps		\$228.00		2
Over 1,000 amps or volts		\$480.00		2
<b>Branch Circuits – new, alteration, or extension per panel</b>				
A) Fee for branch circuits <b>with</b> above service or feeder, each branch circuit		\$6.00		2
B) Fee for branch circuits <b>without</b> above service or feeder, <b>first</b> branch circuit		\$72.00		2
<b>Ea. Add'l branch circuit (w/B above)</b>		\$8.40		2
<b>Miscellaneous (service or feeder not included)</b>				
Ea. Pump or irrigation circle		\$60.00		2
Ea. Sign or outline lighting		\$60.00		2
Signal(s) – circuit or ltd. energy panel, alteration, or extension		\$60.00		2
<b>Ea. Add'l inspection over the allowable in any of the above, per inspection</b>				
Inspection, re-inspection, or special insp.		\$102.00		2

ELECTRICAL PERMIT FEES	
A) Permit Subtotal (from above checklist)	
B) Minimum Permit Fee (only if Line A is less than \$72 = \$72)	
<b>C) Permit Total (A or B above)</b>	
Investigation fee – working without permits (\$65/hr. w/1-hr. min)	
Plan Review (30% of Permit Total = C x 0.30)	
State Surcharge (12% of Permit Total = C x 0.12)	
<b>TOTAL PERMIT FEE</b>	
<b>For calculation of Limited Energy Panel fees</b>	
* 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.

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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: \_\_\_\_\_