CITY OF AURORA

21420 Main St. NE



Aurora, OR 97002

PLEASE PRINT

1. Location of installation:	,			
Address				
Tenant Name (if commercial)	Bldg Suite No			
Tax Lot	Map No			
Commercial 2a. Contractor:	Residential			
Electrical Contractor				
Address				
Date	Job No			
Email				
	Phone No.			
2b. Owner:	_ Phone No			
Print Owner's Name	Phone No.			
Mailing Address				
Email The installation is being made on please or rent	property I own which is not intended for sale			
Owner's Signature				
Revised July 2020				
For Inspections call 1-888-299-2821				

ELECTRICAL PERMIT APPLICATION

Number of inspections per permit allowed $\ \ \downarrow$

Permit Number _	Date	
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3. Complete Fee Schedule below

Services included:	Items	Cost (ea.)	Sum
A. Residential Per Unit Service included:			
1000 sq. ft. or less		\$ 150.00	
Each additional 500 sq. ft.			
or portion thereof		\$ 35.00	
Limited Energy		\$ 35.00	
Each manuf'd Home or			
Modular Dwelling Service		\$ 100.00	
B. Services or Feeders			
Installation, Alterations or Relocatin			
200 amps or less		\$ 100.00	
201 amps to 400 amps		\$ 125.00	
401 amps to 600 amps		\$ 175.00	
601 amps to 1000 amps		\$ 275.00	
Over 1000 amps or volts		\$ 550.00	
Reconnect Only		\$ 80.00	
Installation, Alterations or Relocation			
200 amps or less		\$ 80.00	
201 amps to 400 amps		\$ 110.00	
401 amps to 600 amps		\$ 140.00	
601 amps to 1000 amps		\$ 210.00	
Over 1000 amps or volts		\$ 445.00	
D. Branch Circuits			
New, Alteratin or Extension per Panel			
a) Each branch circuit		\$ 8.00	
b) The fee for branch circuits			
without purchase of service			
or feeder fee.			
First Branch Circuit		\$ 80.00	
Each add'l branch circuit		\$ 8.00	
2			
Each pump or irrigation circle		\$ 80.00	
Each sign or outline lighting		\$ 80.00	
Signal Circuit(s) or a limited			
energy panel, altration or			
extension.		\$ 80.00	
F. Each additional inspection over the allo	wable in	any of the	above, per
inspection.			
*:	*	\$ 88.00	
** Or the total hourly cost to the jurisdiction, whichever i			
overhead, equipment, hourly wages and fring	e nerietits 0	i die employees i	ivolveu.
A. Fees total of above			
B. 25% of Line A for plan review			
(if required)			
C. 12% State Surcharge of Line A			
D. Other			
D. Other E. Investigation Fee			