

## Renewable Electrical Energy Permit Application

## **Marion County Public Works**

5155 Silverton Rd NE, Salem, Oregon 97305 Phone: (503) 588-5147 Fax: (503) 588-7948

Email: <u>Building@co.marion.or.us</u>

Internet address: <u>www.co.marion.or.us</u>

Renewable Electrical Energy Systems in excess of 25 kva are considered complex by OAR 918-311-0040 and require two sets of plans to be submitted with this application for review

FEE SCHEDULE

Otv.

Fee

\$79.00

\$94.00

**Total** 

**Number of inspections** 

Renewable energy installation per

SOLAR GENERATION SYSTEMS

per item (3)

system total

5 kva or less

5.01 to 15 kva

| CATEGORY OF CONSTRUCTION                                                                                                                                                                                                                                         |          |                |               |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------|--|--|--|
| ☐ Residential                                                                                                                                                                                                                                                    | Gover    | nment          | ☐ Commercial  |  |  |  |
| JOB SITE INFORMATION AND LOCATION                                                                                                                                                                                                                                |          |                |               |  |  |  |
| Job site address:                                                                                                                                                                                                                                                |          |                |               |  |  |  |
| City/State/Zip:                                                                                                                                                                                                                                                  |          |                |               |  |  |  |
| Suite/Bldg/apt no.:                                                                                                                                                                                                                                              | P        | Project name:  |               |  |  |  |
| Cross Street:                                                                                                                                                                                                                                                    |          |                |               |  |  |  |
| Subdivision:                                                                                                                                                                                                                                                     | L        | Lot no:        |               |  |  |  |
| D                                                                                                                                                                                                                                                                | ESCRIPT  | IPTION OF WORK |               |  |  |  |
|                                                                                                                                                                                                                                                                  |          |                |               |  |  |  |
|                                                                                                                                                                                                                                                                  |          |                |               |  |  |  |
| PROPERTY OWNER INFORMATION                                                                                                                                                                                                                                       |          |                |               |  |  |  |
| Name:                                                                                                                                                                                                                                                            |          |                |               |  |  |  |
| Address:                                                                                                                                                                                                                                                         |          |                |               |  |  |  |
| City/State/ ZIP:                                                                                                                                                                                                                                                 |          |                |               |  |  |  |
| Phone:                                                                                                                                                                                                                                                           | F        | ax:            |               |  |  |  |
| Email:                                                                                                                                                                                                                                                           | ·        |                |               |  |  |  |
| <b>Property Owner<sup>1</sup> Installation:</b> This installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479.540(1) and 479.560(1). |          |                |               |  |  |  |
| Signature:                                                                                                                                                                                                                                                       |          | Date:          |               |  |  |  |
| CONTRACTOR INFORMATION                                                                                                                                                                                                                                           |          |                |               |  |  |  |
| Business name:                                                                                                                                                                                                                                                   |          |                |               |  |  |  |
| Contact name:                                                                                                                                                                                                                                                    |          |                |               |  |  |  |
| Address:                                                                                                                                                                                                                                                         |          |                |               |  |  |  |
| City/State/ZIP:                                                                                                                                                                                                                                                  |          |                |               |  |  |  |
| Phone:                                                                                                                                                                                                                                                           |          | Fax:           |               |  |  |  |
| E-mail:                                                                                                                                                                                                                                                          |          |                |               |  |  |  |
| CCB License no:                                                                                                                                                                                                                                                  |          | Electrica      | l License no: |  |  |  |
| Supervising Electrician Lice                                                                                                                                                                                                                                     | ense no: |                |               |  |  |  |
| Print name of                                                                                                                                                                                                                                                    |          |                |               |  |  |  |
| signing supervisor: Signature of signing supervisor:                                                                                                                                                                                                             |          |                |               |  |  |  |

| 3.01 to 13 kva                                                                  | ΨЭ                                | 4.00     |  |  |  |  |
|---------------------------------------------------------------------------------|-----------------------------------|----------|--|--|--|--|
| 15.01 to 25 kva                                                                 | \$15                              | 6.00     |  |  |  |  |
| Solar systems in excess of 25 kva                                               | \$15                              | \$156.00 |  |  |  |  |
| Plus for each additional kva<br>over 25 up to 100 kva                           | \$6.25                            |          |  |  |  |  |
| Solar systems in excess of 100 kva                                              | \$624.75                          |          |  |  |  |  |
| WIND GENERATION SYSTEMS                                                         |                                   |          |  |  |  |  |
| 5 kva or less                                                                   | \$79.00                           |          |  |  |  |  |
| 5.01 kva to 15 kva                                                              | \$94.00                           |          |  |  |  |  |
| 15.01 to 25 kva                                                                 | \$156.00                          |          |  |  |  |  |
| 25.01 to 50 kva                                                                 | \$204.00                          |          |  |  |  |  |
| 50.1 to 100 kva                                                                 | \$469.00                          |          |  |  |  |  |
| Over 100 kva                                                                    | Use electrical permit application |          |  |  |  |  |
| ELECTRICAL PERMIT FEES                                                          |                                   |          |  |  |  |  |
| Subtotal                                                                        |                                   |          |  |  |  |  |
| Plan review, if required (25% of permit fee) Required when system exceed 25 kva |                                   |          |  |  |  |  |
| State surcharge (12% of permit fee)                                             |                                   |          |  |  |  |  |
|                                                                                 |                                   |          |  |  |  |  |

TOTAL PERMIT FEE

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

1. For property owner installations, owner must be a natural person, cannot be a corporation, LLC, or trust – OAR 918-261-0040.