



RESTRICTED ELECTRICAL ENERGY APPLICATION

Phone 541-997-2141 • Fax 541-902-2189

CITY OF FLORENCE
COMMUNITY DEVELOPMENT / BUILDING

250 HIGHWAY 101
FLORENCE, OR 97439

PLEASE PRINT

Please complete all sections, 1 through 5.

1. Location of Installation:

Address _____

City _____ Zip Code _____

Tax Lot _____ Map No. _____

Directions _____

Commercial ☐ Residential ☐

Tenant Name _____

(if commercial)

This permit becomes null and void if the work authorized by the permit is not commenced within 180 days from the date of issuance of such permit or if the work authorized is suspended or abandoned at any time after work is commenced for a period of 180 days. Electrical permits are non-refundable and non-transferable.

2. Contractor application:

Electrical Contractor _____

Address _____

Date _____ Job Number _____

Property Owner _____

Contractor's License No. _____

Contractor's Board Reg No. _____

City License No. _____

Phone No. _____

3. Owner applications:

Print Owner's Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

This permit is issued under OAR 918-320-370. The application agrees to make only restricted energy installations (100 volt amps or less) under the permit and to do the following:

- 1. Only use electrical licensed persons to do installations where required. (Certain residential and other transactions are exempt from licensing. These have asterisks (*). All others need licensing.)*
- 2. Call for an inspection when all the installations under this permit are ready for inspection.*
- 3. Purchase separate permits for all installations that are not ready for inspection when the inspector is out to inspect under this permit.*
- 4. Assume responsibility for assuming that all corrections required by the inspector are done, and*
- 5. Assume responsibility for calling for a final inspection when all of the corrections are complete.*

The person signing this permit must be the applicant or a person authorized to bind the applicant.

Signature _____

Authority if other than applicant _____

Rev. 01/23

Project No. _____ Permit No. _____

Label No. _____ Date _____

Issued By _____ Office _____

4. Type of work:

RESIDENTIAL

Restricted Energy Fee \$78.00
(for all systems combined)

Check type of work involved:

- ☐ Audio and Stereo Systems*
- ☐ Burglar Alarm
- ☐ Telephone Systems*
- ☐ Garage Door Opener*
- ☐ Fire Alarm
- ☐ Heating, Ventilation and Air conditioning systems*
- ☐ Vacuum Systems*
- ☐ Other

COMMERCIAL

For each system \$78.00
(see OAR 918-260-260)

- ☐ Boiler Controls
- ☐ Clock Systems
- ☐ Data Telecommunication Installations
- ☐ Fire alarm Installation
- ☐ HVAC
- ☐ Instrumentation
- ☐ Intercom and Paging Systems
- ☐ Landscape Irrigation Control*
- ☐ Medical
- ☐ Nurse Calls
- ☐ Outdoor Landscape Lighting*
- ☐ Protective Signaling
- ☐ Other

_____ **Number of Systems**

* No licenses are required. Licenses are required for all other installations.

5. Fees:

Enter Fee from column \$ _____

12% State Surcharge \$ _____

15% Admin fee (if applicable) \$ _____

Total Due \$ _____

Building Department email florencepermits@ci.florence.or.us
(541) 997-2141 ext. 3
FOR INSPECTIONS CALL