



**CITY OF SISTERS**  
 P O BOX 39  
 SISTERS, OR 97759

(541) 323-5207

**PLEASE PRINT**  
 Please complete all sections, 1 through 5.

# RESTRICTED ELECTRICAL PERMIT APPLICATION

Project No. \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Label No. \_\_\_\_\_ Date \_\_\_\_\_  
 Issued by \_\_\_\_\_ Office \_\_\_\_\_

## 1. Location of installation:

Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Tax Map \_\_\_\_\_ 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 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.** \_\_\_\_\_  
**City of Sisters Bus. License #** \_\_\_\_\_  
**Contractor's Board Reg. No.** \_\_\_\_\_  
 Phone No. \_\_\_\_\_

## 3. Owner application:

Print Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The applicant agrees to make only restricted energy installations:

- 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.)
- Call for an inspection when all the installations under this permit are ready for inspection.
- Purchase separate permits for all installations that are not ready for inspection when the inspector is out to inspect under this permit.
- Assume responsibility for assuming that all corrections required by the inspector are done, and
- Assume responsibility for calling for a final inspection when all of the corrections are completed.

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

Signature \_\_\_\_\_  
 Authority if other than applicant \_\_\_\_\_

**FOR INSPECTIONS CALL(541) 323-5206**

## 4. Type of work:

RESIDENTIAL Restricted Energy Fee \$40.00  
 (for all systems)

### Check Type of Work Involved:

- Audio and Stereo Systems\*
- Burglar Alarm
- Fire Alarm
- Garage Door Opener\*
- Heating, Ventilation & Air Conditioning Sys
- Telephone Systems\*
- Vacuum Systems\*
- Other \_\_\_\_\_

COMMERCIAL Fee for each System \$40.00

### Check Type of work involved:

- Audio and Stereo Systems\*
- Burglar Alarm
- Boiler Controls
- Clock Systems
- Data Telecommunications Installations
- Fire Alarm Installation
- Garage Door Opener\*
- HVAC
- Instrumentation
- Intercom & Paging System
- Landscape Irrigation Controls\*
- Medical
- Nurse Calls
- Outdoor Landscape Lighting\*
- Protective Signaling
- Telephone Systems\*
- Vacuum Systems\*
- Other \_\_\_\_\_

**Number of systems**

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

## 5. Fees

Enter fee \_\_\_\_\_  
 12% Surcharge (.12 x Total Above) \$ \_\_\_\_\_  
 SUBTOTAL \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_