



**Building Permit Application**  
**City of Portland, Oregon - Bureau of Development Services**  
1900 SW 4th Avenue, Portland, Oregon 97201 • www.portlandonline.com/bds

**Type of work**

- ☐ New construction ☒ Addition/alteration/replacement  
☐ Demolition ☐ Other:

**Category of construction**

- ☒ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building  
☐ Multifamily ☐ Master builder ☐ Other:

**Job site information and location**

Job no.: Job address: 6810 N BALTIMORE AVE

City/State/ZIP: PORTLAND OREGON 97203

Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

Subdivision: Lot no. Tax map/parcel no.

**Description of work**

6.360KW ROOF-MOUNTED PV ARRAY AND RACKING SYSTEM

*Prescriptive*

- ☐ Reference RS / Combination Permit no.  
☒ Property owner ☐ Tenant

Name: JAMES BARNES

Address:

City/State/ZIP:

Phone: FAX:

**Owner installation:** This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: Date:

**Contractor**

Business name: SUNRUN

Address: 3380 SE 20TH AVE.

City/State/ZIP: PORTLAND, OR 97232

Phone: 503-863-1427 FAX:

CCB lic. no. 180464

Authorized signature: *[Signature]* Date: 5/27/14

Print name: DEAN YORK Date:

- ☒ Applicant ☒ Contact Person

Business name:

Contact name: DEAN YORK

Address:

City/State/ZIP:

Phone: 503-863-1427 FAX:

E-mail: DEAN.YORK@SUNRUNHOME.COM

Authorized signature: *[Signature]* Date: 5/27/14

Print name: DEAN YORK Date:

**Office Use Only**

Permit no: 16-185654 (23)

Date received: 6/9/14

By: *[Signature]*

**Required Data: One and Two Family Dwelling**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: \$ 12720  
Number of bedrooms:  
Number of bathrooms:  
Total number of floors:  
New dwelling area: square feet  
Garage/carport area: square feet  
Covered porch area: square feet  
Deck area: square feet  
Other structure area: square feet

**Required Data: Commercial Use**

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:  
Existing building area: square feet  
New building area: square feet  
Number of stories:  
Type of construction:  
Occupancy groups  
Existing:  
New:

**Notice**

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply.

**Building Permit Fees\***

**Please refer to fee schedule**

Fees due upon application  
Amount received  
Date received

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

\* Fee methodology set by Tri-County Building Industry Service Board



## Building Permit Application

### City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7310 • TTY 503-823-6868 • [www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)

#### Type of work

- ☐ New construction ☐ Addition/alteration/replacement  
☐ Demolition ☐ Other:

#### Category of construction

- ☐ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building  
☐ Multifamily ☐ Master builder ☐ Other:

#### Job site information and location

Job no.:	Job address:
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	
Lot no.	Tax map/parcel no.

#### Description of work


Provide RS Permit no.

#### ☐ Property owner ☐ Tenant

Name:	E-mail:
Address:	
City/State/ZIP:	
Phone:	FAX:

**Owner installation:** This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ☐ Contractor

Business name:	E-mail:
Address:	
City/State/ZIP:	
Phone:	FAX:
CCB lic. no.	

Authorized signature: \_\_\_\_\_  
Print name: \_\_\_\_\_ Date: \_\_\_\_\_

#### ☐ Applicant ☐ Contact Person

Business name:
Contact name:
Address:
City/State/ZIP:
Phone:
FAX:

E-mail: \_\_\_\_\_  
Authorized signature: \_\_\_\_\_  
Print name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Permit no:
Date received:
By:

#### Required Data: One and Two Family Dwelling

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

#### Required Data: Commercial Use

Permit fees\* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	

#### Occupancy groups

Existing:	
New:	

#### Notice

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

**Statement of Fact:** I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. \_\_\_\_\_ (initials)

#### Building Permit Fees\*

##### Please refer to fee schedule

Fees due upon application	
Amount received	
Date received	

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



# Renewable Electrical Energy Permit Application

## City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7363 • FAX 503-823-4172 • TTY 503-823-6868 • www.portlandoregon.gov/bds

16-185654R

### Type of work

- ☐ New construction ☒ Addition/alteration/replacement  
☐ Demolition ☐ Other:

### Category of construction

- ☒ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building  
☐ Multifamily ☐ Master builder ☐ Other:

### Job site information and location

Job no.: Job address: 6810 N BALTIMORE AVE

City/State/ZIP: PORTLAND OREGON 97203

Suite/bldg./apt. no.: Project name:

Cross street/directions to job site:

Subdivision: Lot no. Tax map/parcel no.

### Description of work

6.360ROOF-MOUNTED PV ARRAY AND RACKING SYSTEM

☐ Reference RS / Combination Permit no.

☒ Property owner ☐ Tenant

Name: JAMES BARENS

Address:

City/State/ZIP:

Phone: FAX:

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: Date:

☒ Contractor ☐ Subcontractor

Business name: SUNRUN

Address: 3380 SE 20TH AVE

City/State/ZIP: PORTLAND, OR 97202

Phone: 503-863-1427 FAX:

Elec. lic. no. C492 CCB lic. no. 180464

Metro or City lic no. Date:

Supervising electrician  
Signature, required:

Print name: SHANE SURGEON License no. 41275

Authorized signature: 5/27/14

Print name: DEAN YORK Date:

☒ Applicant ☐ Contact Person

Business name: SUNRUN

Contact name: DEAN YORK

Address: SAME AS ABOVE

City/State/ZIP:

Phone: FAX:

E-mail: DEAN.YORK@SUNRUNHOME.COM

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

### Fee Schedule

Description	Qty.	Fee	Total	**
Renewable energy installation per system total				
5 kva or less		\$120		2
5.01 to 15 kva	1	\$172		2
15.01 to 25 kva		\$225		2
Miscellaneous				
Describe:				
Hourly rate:		\$125		
Each additional inspection over allowable in any of the above				
Per inspection		\$ 85		
Investigation fee				
Other				
Electrical permit fees*				
		Subtotal		
		Plan review (25% of permit fee)		
		State surcharge (12% of permit fee)		
		<b>TOTAL PERMIT FEE</b>		

\*\* Number of inspections allowed per permit.

RS Permit/No Fees Due ☐

Sub-contractor information can be faxed to 503-823-7693.