

				812 21	012	39-	.Et		
	Denue			1 8-1 0-			VB		
	LECTRICAL PERMIT		nt Services	2 /	121	) 8			
	ity of Portland, Oregon -	97201 • 503-823-7300 • TTY 503-823	3-6868 • www.por	tlandoregon.gov/bds	S				
Type of work				ermit application ex					
New construction				ed within 180 days plete.	atter it	nas be	een acce	pred	
	Other:		Plan R	eview					
Category of construction	no		Please c	heck all that apply	ſ	- 54 845 775 497 73			
1 & 2 family dwelling	Commercial/industrial	Accessory building	G Fire pur	np			three stor		
Multifamily			11	ency system	Serv or o		eder 600 a	mps	
Job site information and location				n of new motor load of P or more	_		use agricul	iltural	
Job no.: Job address: 14633 NE Rose Parkway				area health care facility	buil	dings	uoo ugnou		
City/State/ZIP: Portland Oregon				Hazardous locations					
				tional vehicle parks		-	-3' occupa		
Suite/bldg./apt. no.: BLD#6 Project name: Castle Gate Apartments				s and boatyards	-		eder 400 a		
Cross street/directions to job site: N.E. 148th				g buildings			ere the ava		
Subdivision: Lot no. Tax map/parcel no.				nore residential units	amp	os at 150	volts or le		
	xample: 3 circuits for baseme			over 600 volts nominal	-		r exceeds s for all oth	ier	
3 STORM 8 UNIT WOOD STRENGTURE BUDG & UNIT -1160 ST. FT OF LESS				ry plan review	insta	allations			
2 TOWN HOUSES \$22 ST. FT. JATOLOG WIRLING				ets of plans with any of	r the abo	ive.			
Provide RS Permit no. 15-243564				hedule					
X Property owner	Tenant		Descript	ion al single or multifamil	Qty.	Fee	Total	**	
Name: SGS Develops	mentIIc E-mail: TO	m@sgs-development.co	)m Includes a	attached garage.					
Address: 62675 Powel	l Butte HWY		1,000 sq. f	t. or less ed 500 sq. ft. or portion	18	\$266 \$58		4	
City/State/ZIP: Bend Oregon 97702				ergy, residential	11.	\$58		2	
				ergy, multi-family	3	\$58		2	
Phone: 541-318-1830 FAX: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent,				or feeders installation	, alterati	lon, and \$137	/or reloca	an a subscription of the	
or exchange.	ion is being made on property that I own,	which is not intended for sale, lease, rel	nt, 200 amps 201 to 400	amps	+ '	\$195		2	
Owner signature:	and and second statement of second	Date:	* 401 to 60	0 amps		\$255		2	
Contractor	M Subco	ntractor		s to 1,000 amps	1	\$385 \$708		2	
Business name: US Rowsk	: Construction E-mail: tyle	dependicontration con		connect Only	1	\$124		1	
Address: 11586 SE Highland Loop				y services or feeders i	installat	ion, alte	ration, an	ıd/or	
	amas BR	97615	200 amps of			\$122		2	
Phone: 503 - 804 03				to 400 amps to 600 amps		\$184 \$232		2	
Elec. lic. no. (1) (2)	the second s	209367	CONTRACTOR OF CONT	cuits - new, alteration	n, or ext	CONCESSION AND ADDRESS OF	per panel	CONTRACTOR OF THE OWNER.	
Metro or City lic no.		Date: 1-25-18		ranch circuits with or feeder fee, each	19	\$13		2	
Supervising electrician		2000. 7.05 70	branch ci		1	0.0			
Signature, required:	ALL MAL	sto.	<ul> <li>service o</li> </ul>	or feeder fee, first		\$112		2	
Print name: Tyler hi	Manski 1-	License no. 54955	Each addition	onal branch circuit		\$13		+ -	
Authorized signature:			ARCA 40, 0001000000 (81400) 800	ous (service or feede	r not inc	luded)			
Print name:		Date:		factured or modular ervice and/or feeder		\$156		2	
X Applicant	X Contac	t Person		igation circle		\$99		2	
Business name: SGS De	velopment LLc		Sign or out	it(s) or limited-energy	2	\$99 \$99		2	
Contact name: Roger H	ovt		panel, altera	ation, or extension.	P				
Address: 62765 Powell Butte Hwy 3938151				Describe: Hourly rate: \$142					
	the second se	54)°	CONTRACTOR OF CONTRACTOR	ional inspection over	Contraction of the local division of the loc	And the second second	y of the al	bove	
City/State/ZIP: Bend Or			Per inspecti			\$ 97			
Phone: 360-773-8850	FAX:		Investigation Other	n tee				+	
E-mail: Roger@sgs-de	velopment.com		22 25 30 30 30 40 40 40 40 40 40 40 40 40 40 40 40 40	permit fees*					
						btotal			
				Plan review (25% of					
			Sta	te surcharge (12% d	or perm	it tee)			

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\* Requires Plan Review

\*\* Number of inspections allowed per permit.

TOTAL PERMIT FEE