## **Electrical Master Permit Application**

## **Gresham/East Multnomah County**

1333 NW Eastman Parkway Gresham OR 97030

Phone: **503-618-2845** 

Internet: www.GreshamOregon.gov/Permits

\*\* To qualify as a Renewal this permit must be renewed

within the first quarter of the following year otherwise

the Registration fee will be charged. \*\*



**FOR OFFICE USE ONLY** 

**PERMIT FEES (OFFICE USE ONLY)** 

Application Fee

12% Surcharge

Total Fee + Surcharge

Application #:

| CUSTOMER   | INFORMATIO                          | N                 |                 |                          |                        |  |  |
|--|-------------------------------------|-------------------|-----------------|--------------------------|------------------------|--|--|
| Company: Pho   |                                     |                   | one:            |                          |                        |  |  |
| Contact Name: Fax  |                                     |                   | :               |                          |                        |  |  |
| Mailing Address:   | City:                               |                   |                 | State:                   | ZIP:                   |  |  |
| Inspection Address:  | City:                               | <i>y</i> :        |                 | State:                   | ZIP:                   |  |  |
| APPLICA  | TION TYPE                           |                   |                 |                          |                        |  |  |
| Initial Registration \$117.00  | 17.00                               |                   |                 | Renewal/Roster Update ** |                        |  |  |
| RO   | STER                                |                   |                 |                          |                        |  |  |
| If applicant is an owner or operating manager, applicant shall file employed by applicant showing name, electrical license number, work is included under a master permit taken out by the owner o the permit application. OAR 918-309-0100(E6b) | and type of elec<br>r operating man | ctrical<br>nager. | license, and    | all electrical con       | tractors whose         |  |  |
| Name of Contractor/Electrician   | Staff/Contrac                       | aff/Contractor    |                 | Number                   | <b>Expiration Date</b> |  |  |
|  |                                     |                   |                 |                          |                        |  |  |
|  |                                     |                   |                 |                          |                        |  |  |
|  |                                     |                   |                 |                          |                        |  |  |
|  |                                     |                   |                 |                          |                        |  |  |
|  |                                     |                   |                 |                          |                        |  |  |
|  | SIGNATURES                          |                   |                 |                          |                        |  |  |
| Plant Electrical Supervising Electrician - Name:   |                                     |                   | License Number: |                          |                        |  |  |
| mail address:  |                                     |                   | Phone Number:   |                          |                        |  |  |
| Signature:   |                                     |                   | Date:           |                          |                        |  |  |
| Plant Site Administrator - Name:   |                                     |                   |                 |                          |                        |  |  |
| Email address:   |                                     |                   | Phone Number:   |                          |                        |  |  |
| Signature:   |                                     |                   | Date:           |                          |                        |  |  |