

**Residential Renewable Energy  
City of Fairview**

1300 NE Village St., Fairview, OR 97024  
Permits Desk 503-674-6206

Date Received:	Permit No.:
Date Issued:	Expire Date:
Issued By:	Receipt No.:

Inspection requests may be made by: Phone: 503 674-6244 Email: [inspection@ci.fairview.or.us](mailto:inspection@ci.fairview.or.us)

TYPE OF WORK	
<input type="checkbox"/> New Construction	
<input type="checkbox"/> Addition/Alteration/Replacement	
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 & 2-Family Dwelling/Accessory	
<input type="checkbox"/> Other:	
JOB SITE INFORMATION AND LOCATION	
Job Site Address:	
Suite #:	Bldg/Apt:
Project Name:	
Subdivision:	Lot #:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/Zip:	
Ph:	Email:
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Name:	
Address:	
City/State/Zip:	
Ph:	Email:
ELECTRICAL CONTRACTOR	
Business Name:	
Address:	
City/State/Zip:	
Ph:	Email:
*CCB Lic.#:	Elec. Lic.#:
Metro/City License #:	
*Supervising Electrician Signature (Required):	
Sup. Lic.#:	Date:
Print Name:	

\* A Valid CCB# is Required for all Contractors

Owner/Authorized Signature: \_\_\_\_\_

Print Signer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

FEE SCHEDULE FOR SOLAR				
Number of Inspections Per Item				
Renewable Energy Installation Per System Total	Qty	Fee(ea.)	Total	
5 kva or less		\$130		2
5.01 to 15 kva		\$160		2
15.01 to 25 kva		\$235		2
Structural Attachment *A Re-Inspection Fee will be charged if more than one inspection is needed		\$150		*1

FEE SCHEDULE FOR WIND				
Number of Inspections Per Item				
Renewable Energy Installation Per System Total	Qty	Fee(ea.)	Total	
5 kva or less		\$130		2
5.01 to 15 kva		\$160		2
15.01 to 25 kva		\$235		2
Structural Attachment *A Re-Inspection fee will be charged if more than one inspection is needed		\$150		*1

PERMIT FEES (OFFICE USE ONLY)	
Permit Fee	\$
Plan Review Fee (65% of Permit Fee)	\$
State Surcharge (12% of Permit Fee)	\$
City Planning Review Fee	\$
<b>Total Fee</b>	<b>\$</b>

STRUCTURAL CONTRACTOR (If Different then Electrical Contractor)	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Email:
*CCB Lic. #:	
Metro/City License #:	

DEPARTMENT APPROVAL – INITIAL & DATE	
Planning Dept.:	
Building Dept.:	
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. Permits are non-transferable and expire 180 days from issuance or last inspection.	