CITY OF HERMISTON
Building Department
180 NE $2^{\text {ND }}$ ST.
Hermiston, OR 97838
PH: 541-667-5025 FAX: 541-567-6731
Email: building@hermiston.or.us

## ELECTRICAL PERMIT APPLICATION

This permit is issued under OAR 918-309-000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

| CATEGORY OF CONSTRUCTION |  |
| :--- | :--- |
| $\square$ Residential | $\square$ Commercial |
| JOB SITE INFORMATION AND LOCATION |  |
| Job site address: |  |
| Owner/Occupant Name: |  |
| Address: (if different from above) |  |
| City: | State: |

## DESCRIPTION OF WORK

## PROPERTY OWNER INSTALLATION

Name:
Address:

| City: | State: | Zip: |
| :--- | :--- | :--- |
| Phone: | Fax: |  |
| E-mail: |  |  |

E-mail:
This installation is being made on property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479.540(1) and 479.560(1)

Signature:
CONTRACTOR INSTALLATION
Business Name:
Address:
City/State/Zip:
Phone
Fax:
E-mail:
CCB license no.:
BCD Lic No:
Signature of signing supervisor:

License no:

## CREDIT CARD INFORMATION

$\square$ Visa $\square$
MasterCard $\square$ Discover
Exp:
CCV:
Credit card Number:
Name on credit card:


Rev. 03/1/2023

