



Solar Permit Application

Linn County Planning and Building

300 SW 4th Street, Albany, OR 97321 Ph: (541) 967-3816 Fax: (541) 926-2060
PO BOX 100 Albany, OR 97321

DEPARTMENT USE ONLY	
Permit no.:	

**Building permits are issued under Oregon Administrative Rule (OAR) 918-460-0030.
Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

JOB SITE INFORMATION	
Job Site Address:	
City/State/Zip:	
Directions to job site:	
Tax Map/Parcel No.:	- - - -
DESCRIPTION OF WORK	
PROPERTY OWNER INFORMATION	
Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
Signature Required for Owner-Performed Residential Work: This installation is being made on residential or farm property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.	
Signature:	
CONTRACTOR INFORMATION	
Business Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	
CCB License No.:	
Contact Name:	
Contact Person	
<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor
<input type="checkbox"/> Email	
<input type="checkbox"/> Phone	
APPLICANT STATEMENT	
I hereby certify that: 1) The foregoing statements and other information attached hereto are true and accurate to the best of my knowledge and belief; 2) I understand that fees paid in association with this application may not be refunded even if a permit is not ultimately issued for the project; 3) I am either the owner of the property for which this permit is being applied or am an authorized agent of the owner; and 4) The owner of record is knowledgeable of this application if I am not the owner.	
Applicant Name:	
Applicant Phone:	
Applicant Email:	
Applicant is:	<input type="checkbox"/> Property Owner <input type="checkbox"/> Agent of Owner
Applicant Signature:	

SCOPE OF WORK	
<input type="checkbox"/> Solar	<input type="checkbox"/>
<input type="checkbox"/> Electrical Permit Included	<input type="checkbox"/> Other:
TYPE	
<input type="checkbox"/> 1- and 2- Family Dwelling	<input type="checkbox"/> Manuf. Dwelling <input type="checkbox"/> Residential Accessory
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Government <input type="checkbox"/> Other:
Valuation	
Valuation of Proposed Work:	\$
Solar Panel information:	
Brand:	200 amps or less (2) \$85 :
# of modules:	201 amps to 400 amps (2) \$100:
# of Inverters:	401 amps to 600 amps (2) \$167:
Total roof SQ Ft:	Branch Circuit with :
Total array SQ Ft:	Branch circuit(s) without:
Branch circuits \$5 with service or feeder purchase Branch circuit without is \$65 for the 1st, \$5 for each additional	
Supervising electrician signature:	
SOLAR ENERGY SYSTEMS	
System Type:	<input type="checkbox"/> Solar Photovoltaic Energy System <input type="checkbox"/> Solar Thermal Energy System
Configuration:	<input type="checkbox"/> Roof Mounted <input type="checkbox"/> Ground Mounted
Design:	<input type="checkbox"/> Engineered by a Registered Design Professional <input type="checkbox"/> Meets Prescriptive Standards of Oregon Solar Code (Must Submit Prescriptive Installation Checklist with Application)
Land use review needed: Y N	
Land Use Review: To demonstrate the proposed installation is permitted outright and is not subject to land use review, please complete and submit a "Self-Certification of Outright Permitted Use for Energy System".	
TRADE PERMITS	
In addition to this application, please submit separate electrical, mechanical and/or plumbing permit applications as applicable.	
BUILDING PERMIT FEES (DEPT. USE ONLY)	
(A) Building Permit Fee (See Fee Schedule)	\$
(B) Investigative Fee, If Applicable (Equal to [A])	\$
(C) Plan Review Fee, If Required (65% of [A])	\$
(D) Solar Fee	\$
(E) Solar Electrical Fee	\$
(F) Flood Plain Fee	\$
(G) State Surcharge	\$
(H) Miscellaneous Fees	\$
TOTAL Fees and Surcharges (A through H):	\$