

## City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue · Portland, Oregon 97201 · 503-823-7300 · w w w .portlandoregon.gov/bds

☐ New construction

Category of construction

Job site information and location

Job address

☐ 1 & 2 family dwelling

bldg./apt. no.:

Demolition

☐ Multifamily

City/State/ZIP:

Subdivision:

Job no.:

PERMIT APPLICATION

Other:

☐ Commercial/industrial

Lot no.

☐ Master builder

Project name:

Description of work (example: 3 circuits for basement receptacles)

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□ Addition/alteration/replacement

☐ Accessory building

Tax map/parcel no.

Other:

## **Subcontractor Permit Information Process**

For homeowners and subcontractors the process work as follow:

- 1. Complete all required trade permit applications. (Electrical, Plumbing, Mechanical)
- 2. Under Description of Work, check the box for Reference RS/Combination and provide Permit Number.
  - If No fees are due, check the RS Permit/No Fees Due Box at the bottom of the permit application.
  - Sign application in appropriate place.
- 3. Complete trade permit applications may be emailed to BDSSublabels@portlandoregon.gov or faxed to 503-823-7693 or submitted to the Development Services Center (DSC) at 1900 SW 4th Avenue, First Floor.

Complete applications will be processed in 24-48 hours. Inspectors will verify the information in TRACS each morning and will contact contractors to decline the inspection if the application is incomplete.

subcontractor permit application process, please contact Residential Inspections at 503-823-7388.

Permit applications are available online at www.portlandoregon.gov/bds and in the DSC.

Permit no. Reference RS / Combination ■ Property owner Tenant Name Address: City/State/ZIP: FAX. Phone: Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, NOTE: The most common reasons that delay an Owner signature inspection are a missing or illegible property ■ Contractor ■ Subcontractor address or CCB Number (if applicable). siness name ess: City tate/ZIP: Phone Elec. lic CCB lic. n Metro or y lic no. Supervisin lectrician Signature. uired: Print name: If you need more information about the Authorized sign Print name: Date ■ Applicant Contact Person Business name: Contact name: Address: Citv/State/ZIP: FAX: Phone: E-mail: RS Permit/No Fees Due ☐ Sub-contractor information can be faxed to 503-823-7693. Information is subject to change insp permitapp electrical 06/20/11