

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

1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • [www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)

**Electrical Master Permit Program Facility Registration/Update Page 1**

**Date Submitted Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. You **MUST** submit an informational update every year to maintain your Electrical Master Permit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Facility Name & Address:** | | Name: | | | Address: | |
| City: | | | State / Zip: | |
| **Address of Each Additional Facility**  **\*\*(Use additional form,**  **if needed)** | | 1. Name: | | | Address: | |
| 1. Name: | | | Address: | |
| 1. Name: | | | Address: | |
| **Facility Owner** / **Client Name:**  Address: | | | | | | |
| **Applicant** *\*\* Required* | | Name: | | | ***CIRCLE ONE:* Owner / Manager / Contractor** | |
| Cell #: | | | Email: | |
| **Responsible Party \****\* Required*  **(Responsible for Monthly Reports and Electrical Installations)** | | Name: | | | | |
| Cell #: | | | Email: | |
| **Financial Responsible Party**  **(Facility or Contractor)** | | Facility: | | | Name: | |
| Contractor: | | | Name: | |
| **Accounts Payable Processor**  **(US Mail Only Statements)** | | Name/Position: | | | P.O / Address: | |
| Phone: | | | Email: | |
| **Inspection Contact** *\*\* Required*  **(Onsite person for inspections)** | | Name: | | | Electrical License #: | |
| Cell #: | | | Email: | |
| **FACILITY Electrical Signer**  **EE, PS or GS** \*\*Contractors do not sign here\*\* *(if none, enter None)* | | Name: | | | | Cell: |
| **Signature:** | | | | License #: |
| 1. The information below is **REQUIRED** for the Inspector to securely perform his inspections. | | | | | | |
| **Please list all electrical personnel employed.** *(This section does not apply to electrical contractors.)* | | | | | | |
| Do you have Journeyman Electrician(s) working as an LME? ***(YES or NO)*** | | | | | | |
| Name: | | | License Type: | | License #: | |
| Name: | | | License Type: | | License #: | |
| Name: | | | License Type: | | License #: | |
| Name: | | | License Type: | | License #: | |
| **Please list name(s) of contractor(s) whose work will be included under the master permit registration.** | | | | | | |
| **Contractor Name:** |  | | | **Type of Work:** | | |
| **Contractor Name:** |  | | | **Type of Work:** | | |



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**Electrical Master Permit Program Facility Registration/Update Page 2**

1. A written agreement (contract) **MUST** be in affect with each Contractor performing work under this Master Permit. Attach a copy of each written agreement with this update form.
2. If your facility consists of more than one building, a simple map of your facility that depicts the locations of all structures, **MUST** be submitted with this form. (You can use the space below to draw a simple diagram of your facility or attach a drawing or map of your facility).
3. Attach a copy of each Electrician’s license with this update (pictures are acceptable as well and multiple licenses on one page is fine).