

PLUMBING DEPARTMENT

ELECTRICAL PERMIT APPLICATION

City of Portland
 121 1st Avenue SW
 Portland, OR 97201
 503 488-5888
 503 488-5882 fax

PLUMBING CODE MAINTENANCE
 DEPARTMENT (2024) (2024) (2024) (2024)
 (2024) (2024) (2024) (2024)

DATE: 10/15/2024
 NUMBER: 1234567890

NAME: _____
 ADDRESS: _____ ADDRESS 2: _____
 TRADES/TYPE WORK: _____ CONTRACT NO.: _____
 DEPARTMENT: Sewer Storm Sanitary

PERMIT TYPE: New Alter Repair Replace

PERMIT VALUE: None Under \$1000 \$1000 - \$5000 Over \$5000

DATE OF WORK: _____
 New Alter Repair Replace

TYPE OF WORK:

<input type="checkbox"/> Sewer	<input type="checkbox"/> Storm	<input type="checkbox"/> Sanitary
<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire	<input type="checkbox"/> Other
<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Emission	<input type="checkbox"/> Control
<input type="checkbox"/> Noise	<input type="checkbox"/> Pollution	<input type="checkbox"/> Other

Applicant: _____
 Name: _____
 Address: _____
 Telephone: _____
 Date: _____
 Signature: _____
 Description of work to be done: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am not aware of any other person who has furnished false information in connection with this application. I understand that any false information furnished in this application may result in the revocation of my license to practice as a _____ in the State of _____ and may result in my being placed under suspension or other disciplinary action.

STATE OF _____

No.	Product	Quantity	Value

Total Value: _____

Product	Quantity	Value	Other

Total Value: _____

Signature: _____
 Date: _____