

MASTER MECHANICAL PERMIT ANNUAL REGISTRATION APPLICATION

PLEASE PRINT CLEARLY - THANK YOU



300 NE 3rd St. Rm 12 Prineville, Oregon 97754 Ph: 541-447-3211 Fax: 541-416-2139

CUSTOMER INFORMATION			
Company:		Phone:	
Contact Person:	Phone:	Fax:	
Mailing address:	City:	State:	ZIP:
Inspection address (if different):			
City:		State:	ZIP:
REGISTRATION FEE			
<input type="checkbox"/> \$100 annual registration fee (OAR 918-309-0100(10d))		<input type="checkbox"/> Roster update (no fee required)	
ROSTER			
If applicant is an owner or operating manager, applicant shall file a roster with the inspecting jurisdiction of all electricians currently employed by applicant showing name, electrical license number, and type of electrical license, and all electrical contractors whose work is included under a master permit taken out by the owner or operating manager. The roster must be filed at the same time as the permit application. OAR 918-309-0100(E6b)			
Name of contractor/electrician (print or type)	License no.	Expiration date	
AGREEMENT			
I agree to the terms and conditions of the Master Permit Program. I have verified that the contractors/electricians listed above are currently licensed to work in the state of Oregon.			
Applicant signature:		Date:	

Print Name: _____

*Please include with application a copy of current certification for each electrician or contractor listed.

**Make check or money order payable to:
Crook County Building Division. Do not send cash.**

FEE TOTAL – APPLICANT USE		
(A) Enter \$100.00 application fee		
(B) Enter 12% surcharge (.12 x [A])		
TOTAL fee and surcharge (A + B)		