



# Citation for License or Registration Violation

Notice of Civil Penalty **JUL 18 2006** Citation no.: **06743**

Department of Consumer & Business Services  
Building Codes Division • Enforcement and Compliance  
Mailing address P.O. Box 14470, Salem, OR 97309-0445  
Phone: (503) 378-4133, Fax: (503) 378-2322, TTY: (503) 373-1378  
www.oregonbcd.org

Mail form with payment to:  
CBS - Fiscal Services  
P.O. Box 14470  
Salem, OR 97309-0445

# FINAL ORDER

2006-0263 7/17/06

<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	DL#:	BCD#:	CCB#:
Last name: <u>Bolohan</u>		First name: <u>JOAN</u> MI: <u>CIPRIAN</u>	
Business name: <u>7425 SE Boots Rd</u>			
Address: <u>Milwaukie Oregon</u>		Phone: <u>503 555 8813</u>	
City:		State: <u>OR</u> ZIP: <u>97267</u>	
Date: <u>6-24-06</u>		Time: <u>2:00 PM</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	
Address: <u>14505 Northern Heights Drive</u>			
City: <u>Happy Valley</u>		State: <u>OR</u> ZIP:	
Check box(es) that apply and see back of form for violation description: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Actions observed: <u>I observed this individual installing PEX potable water pipe at the above address.</u>			
			Civil penalty \$1,000 per violation
PRINT name: <u>RS Beistwhite</u>		Address: <u>P.O. Box 14470</u>	
Title/jurisdiction: <u>CIT</u>		City, State, ZIP: <u>Salem, Or 97309</u>	
Signature: <u>[Signature]</u>		Phone: <u>503 378 - 8190</u>	

A copy of this notice was served personally on the alleged violator on: 6/24/06  
 A copy of this notice was served by certified and regular mail on:    /   /     
Certified mail receipt no.: \_\_\_\_\_ Mailed by: \_\_\_\_\_

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Credit card number _____	
Expiration date _____	
Name of cardholder as shown on credit card _____	
Cardholder signature _____	\$ _____
	Amount

Make check or money order payable to Building Codes Division. If paying by credit card, cardholder must sign credit-card information box. Do not send cash.

**FISCAL USE ONLY:** Violations: 1-3, 70611/0500; 4-8, 70111/0500; 9-10, 70211/0500; 11-12, 70312/0500



White - BCD  
Pink - Issuer  
Yellow - Respondent