



# Program Administration Request

 New Renewal

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, OR

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: (503) 373-4133 • Fax: (503) 378-2322

Web: bcd.oregon.gov

Municipality: \_\_\_\_\_ Building official: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office location: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Mark program choice by indicating level:

X – Performed by municipality

C – Performed by county

S – Performed by state

Plans				Structural				Mechanical				Electrical			Plumbing				Manufactured Structures (MSI)	Park Camp (PCI)	Master Builder Program (optional)
A	B	C	F	A	B	C	M	A	B	C	M	A	B	M	A	C	S	M			

**Note:** Assumption of a structural A-level program includes the requirements for disabled access [ORS 447.233(5)]. MSI includes manufactured dwelling installations; alterations, accessory structures, buildings, and cabana installations; plan review; and inspections. Park/camp includes mobile home and manufactured dwelling parks, recreation parks, organizational camps, and picnic parks plan review and inspection.

### Attach the following:

- Completed copy of municipality's operating plan (OAR 918-020-0090)
- Electrical program requests (See requirements in OAR Chapter 918, Div. 308.)
- Changes of service areas (Include map or description.)
- Current fee schedules for all programs
- Name of a contact person for surcharge report of assumed programs

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

List inspectors and others, as requested, on the back of this sheet. Attach additional pages as necessary.

Official delegation or assumption of the program(s) above is requested for the period beginning July 1, 20 \_\_\_\_\_ .

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Request will not be accepted without signature.**



