



RV Plan Application

Department of Consumer & Business Services
Building Codes Division • Statewide Inspection Services
 1535 Edgewater NW, Salem, OR
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 (503) 373-7542, Fax: (503) 378-4101
 Web: bcd.oregon.gov

Instructions: Application will not be processed unless signed by the owner or authorized agent. A copy will be returned to applicant after processing. List the plant identification number of each location at which vehicles will be manufactured. **Use a separate form for each type of transaction.**

Corporate name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

Plant identification no.: _____
 Phone: _____
 Fax: _____

RV PLAN APPROVAL/Q.C. MANUAL REVIEW APP.		
Model or model group: _____		
Quality control manual review fee.....\$30		\$ _____
Plan approval model review fee.....\$15 each model		\$ _____
Plan approval design option fee.....\$20 each option		\$ _____
Submit one model or model group per application. Plans expire without notice 12 months after approval. Submit two sets of plans. Keep one approved set at each plant.	Plan filing fee.....	\$ 10.00
	Total fees	\$ _____
RV PLAN APPROVAL RENEWAL APPLICATION		
Model or model group	Plan approval no.	Renewal fee
_____	_____	\$ 15.00
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Renewal plans must be identical to those on file with BCD. Plans expire 12 months after renewal. Expired plans must be resubmitted as new plans.	Plan filing fee...	\$ 10.00
	Total fees	\$ _____
RV PLAN APPROVAL SUPPLEMENT APPLICATION		
Model or model group: _____	P.A. no.: _____	
Quality control manual supplement fee	\$20	\$ _____
Model floor plan supplement	\$20 each model ..	\$ _____
Model no. supplement	\$5 each option	\$ _____
Drain, waste, and vent plumbing supplement ...	\$20	\$ _____
Potable water plumbing supplement	\$10	\$ _____
12-volt electrical supplement	\$20	\$ _____
110- to 200-volt electrical supplement.....	\$20	\$ _____
Electrical generator supplement.....	\$10	\$ _____
Mechanical supplement	\$10	\$ _____
Design option supplement	\$20 each option..	\$ _____
Submit one plan approval per application. Identify changes clearly on plans. Submittal plans retain the same expiration date as the original plan approvals.	Plan filing fee...	\$ 10.00
	Total fees	\$ _____

FOR DEPARTMENT USE ONLY
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
P.A. expiration date (month, day, year): _____, 20____
Plan approval no.: _____
Note:
New expiration date (month, day, year): _____, 20____ _____, 20____ _____, 20____ _____, 20____
APPLICANT'S CONTRACT
I hereby agree that Oregon insignias will be affixed to all structures built, converted, sold, shipped to, or installed in Oregon and certify that the structural, plumbing, mechanical, electrical, and fire safety equipment, connections, or installations of each structure bearing an Oregon insignia will be manufactured or installed in accordance with Oregon-approved plans, statutes, and rules. I herewith consent to all necessary inspections and fees incurred incidental to the issuance of Oregon plan approvals or Oregon insignias.

 Owner's or authorized agent's signature

 Title

 Date

Invoice to follow for all plan reviews, supplements, and renewals approved during calendar month.
Fees are not refundable.