Statewide Code Interpretation Application

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
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DEPARTMENT USE ONLY
Request no.:
Date:

INSTRUCTIONS

This form may be used in place of a written memorandum and supporting documentation. You may attach supporting materials when you submit this application.

Questions? Please refer to OAR 918-008-0075 to 918-008-0085 and our Web site for more information.

PETITIONER INFORMATION

Name:		Date:
Business name:		
Address:		
City:	State:	ZIP:
Phone: ( )	Fax: ( )	E-mail:
Specialty code:	Edition (year):	
Applicable code section:		
Have you filed a code appeal or taken other action? ☐ Yes ☐ No		
If **yes**: Appeal #:	Date filed:	

QUESTION PRESENTED

Please explain your reasons for requesting a statewide code interpretation. Attach additional sheets as necessary.

BCD OFFICE USE ONLY

Chief inspector:	Distribution to advice group:
Request for reconsideration? ☐ Yes ☐ No	Reconsideration granted? ☐ Yes ☐ No
Communication to Board:	