



Additional Fees Due Notification

Department of Consumer & Business Services
Building Codes Division • State Inspection Svcs./Statewide Svcs.
 1535 Edgewater NW, Salem, Oregon
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 Phone: (503) 378-6237 • Fax: (503) 378-3656
 Web: bcd.oregon.gov

Mail this notice with payment to:

Building Codes Division
 Attention: Plan Review
 P.O. Box 14610
 Salem, OR 97309-0404

Date: _____

PLAN REVIEW INFORMATION

Project name:		
Job location:		
City:	State:	ZIP:
Plan review no.:	Job no.:	
Name of sender:	Phone: ()	
E-mail address:	Fax: ()	

FEE INFORMATION

Additional fees are due for:	Amount due	Fiscal code
<input type="checkbox"/> _____ hours of plan review (number of hours x \$60 per hour)	\$ _____	70711/1190
<input type="checkbox"/> Fire and life safety review	\$ _____	70711/1190
<input type="checkbox"/> Plumbing review	\$ _____	70611/1190
<input type="checkbox"/> Mechanical review	\$ _____	70711/1190
<input type="checkbox"/> NLEA fee.....	\$ _____	70711/1190
<input type="checkbox"/> Insignia fee.....	\$ _____	70711/1190
<input type="checkbox"/> Electrical review	\$ _____	70111/1190
<input type="checkbox"/> Sprinkler/alarm review	\$ _____	70711/1190
<input type="checkbox"/> Other: _____	\$ _____	70711/1190
Total:	\$ _____	

Explanation:

Your project will continue to be reviewed but will not be released until you pay fees due.

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do *not* send cash.

Secure fax for credit card payments:
(503) 947-2333

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

DCBS Fiscal use only:
