



Site-Specific Interpretation Application

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: (503) 378-4133 • Fax: (503) 378-2322 • TTY: (503) 373-1358
Web: bcd.oregon.gov

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, 918-008-0080, 918-008-0090, and our Web site for more information.

LOCAL OFFICIAL INFORMATION

Name:			Date:		
Title:			Jurisdiction:		
Address:					
City:	State:		ZIP:		
Phone: ()	Fax: ()		E-mail:		
Location of job site:					
Specialty code:			Edition (year):		
Applicable code section:					
Has the permit holder filed a code appeal or taken other action? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes: Appeal #:			Date filed:		

QUESTION PRESENTED

Please explain your reasons for requesting a site-specific code interpretation. Attach additional sheets as necessary.

BCD OFFICE USE ONLY

Chief inspector:			Distribution to advice group:		
Request for reconsideration (denial only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reconsideration granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No