



# State Building Code Appeal Application

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon  
Phone: (503) 378-4133 • Fax: (503) 378-2322 • TTY: (503) 373-1358  
Web: bcd.oregon.gov

DEPARTMENT USE ONLY	
Request no.:	
Date:	

**Mail application with payment to:**  
DCBS Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

## INSTRUCTIONS

Complete and return this form with a \$20 appeals fee. The applicant must complete Steps 1-4; Step 5 is to be completed by the building official. **NOTE:** You must appeal within **30 days** of the local decision; failure to do so will invalidate the appeal. Each appeal item requires its own application and fee. **Questions?** Please refer to OAR 918-008-0120 and our Web site for more information.

## STEP 1 APPLICANT INFORMATION

Name:		Company:	
Address or P.O. box:			
City:		State:	ZIP:
Phone: ( )	Fax (optional): ( )	E-mail (optional):	

## STEP 2 BUILDING INFORMATION

Street address:	
City:	ZIP:
Building type (check one): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Manufactured dwelling	
Project type (check one): <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Other (specify):	
Code occupancy classification (group, division):	Permit #:

## STEP 3 CODE CITATION

Specialty code (check ONE only):	Edition (year):
<input type="checkbox"/> Oregon Electrical Specialty Code 70111 1195	Code section:
<input type="checkbox"/> Oregon Mechanical Specialty Code 70711 1195	Date of local jurisdiction's decision:
<input type="checkbox"/> Oregon Plumbing Specialty Code 70611 1195	Has a stop work order been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Oregon Residential Specialty Code 70711 1195	
<input type="checkbox"/> Oregon Structural Specialty Code 70711 1195	

**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** fax; do **not** send cash.

**The building code appeal fee is \$20.**

<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 _____	
\$ _____	

**DCBS Fiscal use only:**

**STEP 4**

**APPEAL INFORMATION**

**Explain why you believe you have standing to appeal the decision of the building official in your jurisdiction.**

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**Explain why you are appealing the local jurisdiction's decision and why it should be reversed. Attach additional sheets if necessary.**

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**SUPPORTING DOCUMENTATION (OPTIONAL)**

Briefly describe the attachments, if any, that are included with this form.

Written documents:

Drawings or plans:

Other:

**STEP 5**

**BUILDING OFFICIAL OR DESIGNEE INFORMATION**

Name:

Municipality:

Street address:

City:

Phone: ( )

Fax (optional): ( )

E-mail (optional):

I understand the applicant is filing an appeal of a code decision made in my inspecting jurisdiction with the State Building Codes Division.

Building official/designee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BCD OFFICE USE ONLY**

Chief inspector:

Received (date):

Decision appealed to board:  Yes  No

Appeal date:

Major code interpretation:  Yes  No

Distribution date: