



# Third-Party Surcharge Fee Report

Department of Consumer and Business Services  
Building Codes Division • Fiscal Services  
1535 Edgewater St. NW, Salem, Oregon  
Phone: 503-378-4133 • Fax: 503-378-2322  
Web: bcd.oregon.gov

Mail report with payment to:

DCBS Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

## SURCHARGE INFORMATION

| 1. General surcharges:                                                    | No. of hours | Inspection fees collected (without surcharge) | General surcharge fees |
|---------------------------------------------------------------------------|--------------|-----------------------------------------------|------------------------|
| Total plumbing inspection hours .....                                     | _____        | _____ X 0.12 = \$ _____                       | 70611/1291             |
| Total electrical inspection hours .....                                   | _____        | _____ X 0.12 = \$ _____                       | 70111/1291             |
| Total structural inspection hours .....                                   | _____        | _____ X 0.12 = \$ _____                       | 70711/1291             |
| Total mechanical inspection hours .....                                   | _____        | _____ X 0.12 = \$ _____                       | 70711/1291             |
| Manufactured dwelling park construction .....                             | _____        | _____ X 0.12 = \$ _____                       | 70411/1291             |
| Recreational park, picnic park, and organizational camp construction..... | _____        | _____ X 0.12 = \$ _____                       | 70411/1291             |
| <b>2. Remittance (total of fees in section 1).....</b>                    |              |                                               | \$ _____               |

## INSTRUCTIONS

### 1. General surcharge: 12 percent

The 12 percent surcharge includes:

- 4 percent to defray state administrative costs. ORS 455.210(4)(a)
- 2 percent to defray state inspection costs. ORS 455.210(4)(b)
- 1 percent to defray state administrative costs for administering and enforcing the state code. ORS 455.210(4)(c)
- 1 percent to defray the costs of training and other educational programs administered by the division. ORS 455.220(1)
- 4 percent to defray the cost of developing and administering the electronic building codes information system. ORS 455.210(4)(d)

### 2. Remittance

(Please attach inspection reports or supporting documentation.)

- **Submit third-party surcharge reports and remittance *monthly* — due 15 days after the end of each month.**

*Reports are required even if no fees were collected.  
Fax reports with no collected fees to 503-378-2322.*

**Secure fax for credit card payments:  
503-947-2333**

**Make check or money order payable to Department of Consumer & Business Services. Do not send cash.**

**If paying by credit card, applicant must sign credit card information box.**

|                                      |                         |
|--------------------------------------|-------------------------|
| Date: _____                          | Month of report: _____  |
| Third-party submitting report: _____ |                         |
| Address or P.O. Box: _____           |                         |
| City: _____                          | State: _____ ZIP: _____ |
| Phone: _____                         |                         |
| Print name of contact: _____         |                         |

|                                            |                                     |                                   |              |
|--------------------------------------------|-------------------------------------|-----------------------------------|--------------|
| <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:**

