



# Citation for License or Registration Violation

## Notice of Civil Penalty

Citation no. 12462

Department of Consumer & Business Services  
Building Codes Division • Enforcement and Licensing  
Mailing address: P.O. Box 14470, Salem, OR 97309-0404  
Phone: 503-378-4133, Fax: 503-378-2322  
bcd.oregon.gov

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

<b>The undersigned observed the following:</b>		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	DI#: <u>6732056</u>	BCD#: _____ CCB#: _____
Last name: <u>ROSCA, JR.</u>	First name: <u>STEVE</u>	(M) <u>(WMM)</u>
Business name: _____		
Address: <u>28349 SE K.W. ANDERSON RD.</u>		Phone: <u>503-528-4007</u>
City: <u>GRESHAM</u>	State: <u>OR</u>	ZIP: <u>97030</u>
<b>At the following time and place:</b>		
Date: <u>9/30/15</u>	Time: <u>11:10</u>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Address: <u>14696 CATALPA WAY</u>		
City: <u>OREGON CITY</u>	State: <u>OR</u>	ZIP: <u>97045</u>
<b>Violation and factual account of observation:</b>		
Check box(es) that apply and see back of form for violation description: 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
Actions observed: <u>MR. ROSCA WAS OBSERVED INSTALLING WATER LINE FOR TOILET. FIRST OBSERVED BY HIMSELF AT 11:10 A.M. WITH NO JOURNEYMAN SUPERVISION. BY 12:10 P.M. NO CONTACT WAS POSSIBLE WITH THE JOURNEYMAN, &amp; INVESTIGATOR DEPARTED.</u>		
		Total civil penalty: \$ <u>2,000</u>
<b>Issuing official</b>		
Print name: <u>WM. R. DARLING</u>	Address: <u>PO BOX 14470</u>	
Title/jurisdiction: <u>FIELD INVESTIGATOR</u>	City, State, ZIP: <u>SALEM, OR 97309</u>	
Signature: <u>WM. R. Darling</u>	Phone: <u>(503) 378-4133</u>	

A copy of this notice was served personally on the alleged violator on: 9/30/15  
- or -  
 A copy of this notice was served by certified and regular mail on:    /   /     
Certified mail receipt no.: \_\_\_\_\_ Mailed by: \_\_\_\_\_

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

If paying by credit card, cardholder must sign credit-card information box. Make check or money order payable to Dept. of Consumer and Business Services. Do not send cash.

FISCAL USE ONLY: Violations: 1-3, 70611/0500; 4-8, 70111/0500; 9-10, 70211/0500; 11-12, 70311/0500

# FINAL ORDER

As of: October 21, 2015



White – BCD  
Pink – Issuer  
Yellow – Respondent