

> Program Administration Form

Department of Consumer & Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, OR
Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: 503-373-4133 • Fax: 503-378-2322 • Web: Oregon.gov/bcd

Department Use Only													
☐ New request													
Renewal													

Address:						
City: State: ZIP:						
Office location:						
Phone: Fax: Email:						
Mark program choice by indicating level:						
X – Performed by the municipality applying for the renewal						
A – Performed by a different municipality through an intergovernmental agreement with						
C – Performed by county; X and A do not apply S – Performed by state						
Please see the key at the bottom of Page 2 for definitions.						
	Builder					
	ogram tional)					
A B C F A B C M A B C M A B C M A B C M A G C	ional)					
Note: Assumption of a structural A-level program includes the requirements for accessibility [ORS 447.220]. MSI included manufactured dwelling installations; alterations, accessory structures, buildings, and cabana installations; plan review; a inspections. Park and camp includes mobile home and manufactured dwelling parks, recreation parks, organizational calend picnic parks plan review and inspection.	nd					
Respond to the following if your municipality uses a third-party building official:						
Which services are provided by the third party?:						
Name of third party building official:						
Names of all designated qualified employees:						
Attach the following:						
Completed copy of municipality's operating plan (OAR 918-020-0090)						
Electrical program requests (See requirements in OAR Chapter 918, Div. 308)						
Changes of service areas (Include map or description if applicable)						
Current fee schedules for all programs						
Name of a contact person for surcharge report of assumed programs						
Name: Phone:						
Address:						
City: State: ZIP:						
List inspectors and others, as requested, on the back of this sheet. Attach additional pages as necessary. Official delegation or assumption of the programs above is requested or being renewed for the period beginning July 1, 20_						
The undersigned agrees this form and all accompanying attachments comply with the applicable statutes and rules outling OAR 918, Division 020, and ORS Chapter 455. The undersigned further agrees this municipality's program will, at all the administered to operate in compliance with its operating plan and all applicable statutes and rules.	ned in					
Authorized signature: Title: Date:						

This form will not be accepted without signature. Electronic signatures are accepted if the form is sent via email from the signor.

Name of inspector	Building		Pla					/lech				Elec			Plumbing						D.C.I			
and/or person responsible for program	official	examiner				inspector				inspector				inspector				inspector					MSI	PCI
responsible for program		A	В	С	F	A	В	С	M	Α	В	С	M	A	В	С	M	A	В	С	S	M		
Cities covered by cou	nty progra	m:																						
Cities with complete of	or partial p	rogr	am:																					
Emergency manager:	•														P	hone):							
Address:																								
State fire marshal offi (See OAR 918-020-0020)	cial/design	nee:													P	hone	»:							
Address:																								
Health department con	ntact:														P 1	hone):							
Address:															1.		•							
Permit issuance phone	a·																							
-																								
Planning/zoning phon	e:																							
Key:																								
A A Level – All buildings of code	r structures, ex	cept o	dwelli	ng	C			nd two			elling				MSI								n inspector etup	r:
code B Level – Any building or structure not required to be designed by an Oregon-registered architect or engineer, except H or I occupancies over 1,500 sq. ft. and one- or two-family dwelling F Fire and life safety M Master permit program												electrical, plumbing, hook-up and setup PCI Park and camp inspector S Limited plumbing inspector: sewer												

440-2510A (11/21/COM/WEB) Program Administration Request