



# Statewide Code 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 to 918-008-0085 and our Web site for more information.

## PETITIONER INFORMATION

Name:		Date:	
Business name:			
Address:			
City:		State:	ZIP:
Phone: (    )	Fax: (    )	E-mail:	
Specialty code:		Edition (year):	
Applicable code section:			
Have you 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 statewide code interpretation. Attach additional sheets as necessary.

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## BCD OFFICE USE ONLY

Chief inspector:	Distribution to advice group:
Request for reconsideration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reconsideration granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication to Board:	