



# Statewide Code Interpretation Application

**Department of Consumer and Business Services**  
**Building Codes Division** • 1535 Edgewater St. NW, Salem, Oregon  
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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, 918-008-0080, 918-008-0085, and our website for more information.

## PETITIONER INFORMATION

Name:		Date:
Business name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	
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 no.:		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:	