



Site-Specific 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, 918-008-0080, 918-008-0090, and our Web site for more information.

LOCAL OFFICIAL INFORMATION

Name:		Date:	
Title:		Jurisdiction:	
Address:			
City:		State:	ZIP:
Phone: ()	Fax: ()	E-mail:	
Location of job site:			
Specialty code:		Edition (year):	
Applicable code section:			
Has the permit holder 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 site-specific code interpretation. Attach additional sheets as necessary.

BCD OFFICE USE ONLY

Chief inspector:	Distribution to advice group:
Request for reconsideration (denial only)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reconsideration granted? <input type="checkbox"/> Yes <input type="checkbox"/> No