

## **Alternate Method Ruling Application**

**Department of Consumer and Business Services Building Codes Division •** 1535 Edgewater St. NW, Salem, Oregon Mailing address: P.O. Box 14470, Salem, OR 97304

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DEPARTMENT USE ONLY			
Request no.:			
Date:			

	INSTR	UCTIONS				
This form may be used in place of a writt materials when you submit this application		and supporting	documentation. You may atta	ach supporting		
<b>Questions?</b> Please refer to OAR 918-008-0075, 918-008-0080, 918-008-0095, and our website for more information.						
PETITIONER INFORMATION						
Name:	Date:					
Business name:						
Address:						
City:	State:		ZIP:			
Phone:						
Specialty code:		Edition (year):				
Applicable code section:						
Is the material, design, or method now in use?						
Have you filed a code appeal or taken other action? Yes No						
If <b>yes</b> : Appeal no.:		Date filed:				
QUESTION PRESENTED						
supports your reasoning. Attach additions	al sheets as necess	ary.				