



# State Building Code Appeal Application

Department of Consumer and Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Phone: 503-383-4133 • Fax: 503-378-2322

oregon.gov/bcd

## DEPARTMENT USE ONLY

Request no.:

Date:

**Mail application with payment to:**

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

## INSTRUCTIONS

Complete and return this form with a \$20 appeals fee. The applicant must complete Steps 1-4; Step 5 is to be completed by the building official. NOTE: You must appeal within **30 days** of the local decision; failure to do so will invalidate the appeal. Each appeal item requires its own application and fee. **Questions?** Refer to OAR 918-008-0120 and our website for more information.

## STEP 1

## APPLICANT INFORMATION

Name:

Company:

Address or P.O. box:

City:

State:

ZIP:

Phone:

Email (optional):

## STEP 2

## BUILDING INFORMATION

Street address:

City:

ZIP:

Building type (check one): ☐ Residential ☐ Commercial ☐ Manufactured dwelling

Project type (check one): ☐ New ☐ Remodel ☐ Other (specify):

Code occupancy classification (group, division):

Permit #:

## STEP 3

## CODE CITATION

Specialty code (check ONE only):

☐ Oregon Electrical Specialty Code 70111 1195

☐ Oregon Mechanical Specialty Code 70711 1195

☐ Oregon Plumbing Specialty Code 70611 1195

☐ Oregon Residential Specialty Code 70711 1195

☐ Oregon Structural Specialty Code 70711 1195

Edition (year):

Code section:

Date of local jurisdiction's decision:

Has a stop work order been issued? ☐ Yes ☐ No

**Make check or money order payable to the  
Department of Consumer and Business Services.**

If paying by credit card, applicant must sign credit card  
information box. Do **not** fax; do **not** send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____	/
Credit card number	Expiration date
Name of cardholder as shown on credit card	
_____	\$
Cardholder signature	Amount

**The building code appeal fee is \$20.**

**DCBS Fiscal use only:**

<b>STEP 4</b>		<b>APPEAL INFORMATION</b>
<p><b>Explain why you believe you have standing to appeal the decision of the building official in your jurisdiction.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p><b>Explain why you are appealing the local jurisdiction's decision and why it should be reversed. Attach additional sheets if necessary.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>SUPPORTING DOCUMENTATION (OPTIONAL)</b>		
<p>Briefly describe the attachments, if any, that are included with this form.</p>		
<p><input type="checkbox"/> Written documents:</p>		
<p><input type="checkbox"/> Drawings or plans:</p>		
<p><input type="checkbox"/> Other:</p>		
<b>STEP 5</b>		<b>BUILDING OFFICIAL OR DESIGNEE INFORMATION</b>
Name:	Municipality:	
Street address:	City:	
Phone:	Fax (optional):	Email (optional):
<p>I understand the applicant is filing an appeal of a code decision made in my inspecting jurisdiction with the Oregon Building Codes Division.</p>		
<p>Building official/designee signature: _____ Date: _____</p>		

<b>BCD OFFICE USE ONLY</b>	
Chief inspector:	Received (date):
Decision appealed to board: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appeal date:
Major code interpretation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distribution date: