



Consultation Services Request

Department of Consumer and Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon

Phone: 503-378-3080 • Fax: 503-378-3656

Web: bcd.oregon.gov

CONSULTATION SERVICES

Oregon Building Codes Division offers consultation services to parties planning to build structure(s) within the state's jurisdiction. These services include, but are not limited to, plan review consultation for approval of alternate materials or methods of construction and advice on applicable building codes, rules, or statutes.

Note: Consultation services do not include designing or engineering a project.

To request these consultation services, complete the form on Page 2. Your request must include:

- Details regarding your proposed project
- The type of consultation you are requesting
- Preference for location, date, and time of the meeting (BCD office or other — identify)
- Number of BCD staff to be included — (structural, electrical, plumbing, fire & life safety, etc.)

Note: In-state only

BCD staff will work with the owner or representative to schedule the meeting as requested, and will confirm the date, time, and location in writing. If the confirmed meeting must be canceled, the owner or representative agrees to notify BCD a minimum of 48 business hours the meeting.

Fees: Consultation service fees are charged at an hourly rate per staff member with a one-hour minimum.

- Construction codes/rules for all trades.....\$70 per hour/per BCD staff (including travel time)
- Review and approval of alternate materials and/or methods of construction (requires building official).....\$75 per hour/per BCD staff (including travel time)

Fees may be paid by cash, checks, or Visa/Mastercard/Discover. Contact MaryJane Whittemore at 503-378-6237 for submittal and payment instructions.

For more information, please contact us at: State Inspections Services Section
Building Codes Division
P. O. Box 14470
1535 Edgewater St. NW
Salem, OR 97309-0404



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OWNER / REPRESENTATIVE INFORMATION			
Name:			Work phone: - -
Mailing address:			Fax: - -
City:	State:	ZIP:	Email:
PRIMARY CONTACT INFORMATION			
Name:			Work phone: - -
Mailing address:			Fax: - -
City:	State:	ZIP:	Email:
CONSULTATION INFORMATION			
Requested meeting date: _____		Requested meeting _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
BCD staff request (check all that apply):		Requested meeting location (in-state travel only):	
<input type="checkbox"/> Structural (70711/0407)	<input type="checkbox"/> Manager	<input type="checkbox"/> BCD office	
<input type="checkbox"/> Electrical (70111/0407)	<input type="checkbox"/> Building official	<input type="checkbox"/> Alternate location: _____	
<input type="checkbox"/> Plumbing (70611/0407)	<input type="checkbox"/> Permit coordinator	Address: _____	
<input type="checkbox"/> Mechanical (70711/0407)	<input type="checkbox"/> Fire & life safety	City: _____	
<input type="checkbox"/> Other (please specify): _____			
PROJECT INFORMATION			
Include size, location, and use of structure in your description:			
Structure will be used for (check one) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			
CONSULTATION FEES			
Consultation fees are charged at an hourly rate per staff member, with a one-hour minimum. Fees may be paid by cash, check, or Visa/MasterCard/Discover. Call 503-378-3080 for submittal and payment information.			
<ul style="list-style-type: none">• Construction codes/rules for all trades disciplines.....\$70 per hour/per BCD staff (Including travel time)• Review and approval of alternate materials and/or methods of construction (requires building official).....\$75 per hour/per BCD staff (Including travel time)			

BCD staff will work with the owner or representative to schedule the meeting as requested and will confirm the date, time, and location in writing or via fax. If the confirmed meeting must be canceled, the owner or representative agrees to notify BCD a minimum of 48 business hours before the meeting.

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** send cash.

Secure fax for credit card payments: 503-947-2333

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



440-4804 (2/14/COM)

DCBS fiscal use only: