



# Consultation Services Request

## Department of Consumer and Business Services

### Building Codes Division

Mailing address: P.O. Box 14470, Salem, OR 97304

1535 Edgewater St. NW, Salem, Oregon

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

oregon.gov/bcd

## 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 and life safety, etc.)

**Note:** In-state only

BCD staff members 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 before 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.

For more information, please contact by: Phone: 503-378-4133

Mail:  
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 \_\_\_\_\_ ☐ a.m. ☐ p.m.

BCD staff request (check all that apply):

☐ Structural (70111/0407)

☐ Manager

Requested meeting location (in-state travel only):

☐ BCD office

☐ Electrical (70111/0407)

☐ Building official

☐ Alternate location: \_\_\_\_\_

☐ Plumbing (70611/0407)

☐ Permit coordinator

Address: \_\_\_\_\_

☐ Mechanical (70711/0407)

☐ Fire and life safety

City: \_\_\_\_\_

☐ Other (please specify): \_\_\_\_\_

## PROJECT INFORMATION

**Include size, location, and use of structure in your description:**

Structure will be used for (check one) ☐ Commercial ☐ 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.

- 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 members will work with the owner or representative to schedule the meeting as requested and will confirm the date, time, and location in writing or by 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 the 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 _____	Expiration _____
Name of cardholder as shown on credit card _____	\$ _____
Cardholder signature _____	Amount _____

**DCBS fiscal use only:**