Building Codes Inspection Request

Department of Consumer and Business Services
Building Codes Division • Statewide Services
1535 Edgewater NE, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-373-1210 • Fax: 503-378-3656
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MANUFACTURER INFORMATION		
Manufacturer name:		
Inspection address:		
City:	State:	ZIP:
Phone:	Fax:	
E-mail:		
Contact name:	Title:	
BILLING INFORMATION (if different)		
Billing party name:		
Mailing address:		
City:	State:	ZIP:
E-mail:		
Contact name:	Phone:	
INSPECTION INFORMATION		
Date of inspection:	☐ a.m. ☐ p.m.	Manufacturer's job number:
Plan approval no(s):		Size of structure:
☐ Cover ☐ Final ☐ ST ☐ ME ☐ PL ☐ EL ☐ OR ☐ WA ☐ ID		
☐ Other:		
Date of inspection:	☐ a.m. ☐ p.m.	Manufacturer's job number:
Plan approval no(s):		Size of structure:
☐ Cover ☐ Final ☐ ST ☐ ME ☐ PL ☐ EL ☐ OR ☐ WA ☐ ID		
☐ Other:		

Date of request:	Time of transmittal:
Comments:	

DEPARTMENT OF CONSUMER & BUSINESS SERVICES