



OREGON STATE BOARD OF ARCHITECT EXAMINERS 205 LIBERTY STREET NE, SUITE A  
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**OBSERVATION CHANGE NOTIFICATION FORM**

*This form is not required for exempt projects. See [OAR 806-010-0050](#) for details on observation.*

**ARCHITECT OR FIRM OF RECORD**

REGISTRATION NUMBER                      ARI-                                      or                                      ARF-

FULL NAME

FIRM NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

E-MAIL ADDRESS

**PROJECT OWNER**

FULL NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

E-MAIL ADDRESS

**PROJECT INFORMATION**

NAME

ADDRESS

CITY, STATE, ZIP

COUNTY

1. Approximate ground area of the structure
2. Approximate height of the structure (from the lowest flooring to the highest interior finish)
3. Date construction started (or is scheduled to start)                                      Permit No.
4. Have you notified the owner of the project of the requirements in Oregon for observation services on non-exempt projects?                                      Yes                                      No  
If **Yes**, date notification was made
5. Provide your reason for no longer providing observation services on this project (be specific)
  
6. You are required to notify the building officials (or permitting agencies) that you will no longer provide observation services for the project. Have you done so?                                      Yes                                      No  
If **Yes**, date notification was made  
Building Official Name                                      Agency  
Phone Number                                      E-mail Address
7. Are you aware of whether another architect has been engaged to provide observation services on this project?                                      Yes                                      No  
If **Yes**, provide the following information regarding the other architect:  
Name  
Address  
City, State, Zip  
Phone Number                                      E-mail Address

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief.

SIGNATURE (required): \_\_\_\_\_ TITLE

DATE