



Program Administration Form

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, OR

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

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Department Use Only

New request

Renewal

Municipality:					Building official:				
Address:									
City:			State:				ZIP:		
Office location:									
Phone:			Fax:			Email:			

Mark program choice by indicating level:

X – Performed by the municipality applying for the renewal

A – Performed by a different municipality through an intergovernmental agreement with _____

C – Performed by county; X and A do not apply

S – Performed by state

Please see the key at the bottom of Page 2 for definitions.

Plans				Structural				Mechanical				Electrical				Plumbing					Manufactured Structures (MSI)	Park & Camp (PCI)	Master Builder Program (optional)
A	B	C	F	A	B	C	M	A	B	C	M	A	B	C	M	A	B	C	S	M			

Note: Assumption of a structural A-level program includes the requirements for accessibility [ORS 447.220]. MSI includes manufactured dwelling installations; alterations, accessory structures, buildings, and cabana installations; plan review; and inspections. Park and camp includes mobile home and manufactured dwelling parks, recreation parks, organizational camps, and picnic parks plan review and inspection.

Respond to the following if your municipality uses a third-party building official:

Which services are provided by the third party?: _____

Name of third party building official: _____

Names of all designated qualified employees: _____

Attach the following:

- Completed copy of municipality’s operating plan (OAR 918-020-0090)
- Electrical program requests (See requirements in OAR Chapter 918, Div. 308)
- Changes of service areas (Include map or description if applicable)
- Current fee schedules for all programs
- Name of a contact person for surcharge report of assumed programs

Name:					Phone:				
Address:									
City:			State:				ZIP:		

List inspectors and others, as requested, on the back of this sheet. Attach additional pages as necessary.

Official delegation or assumption of the programs above is requested or being renewed for the period beginning July 1, 20__.

The undersigned agrees this form and all accompanying attachments comply with the applicable statutes and rules outlined in OAR 918, Division 020, and ORS Chapter 455. The undersigned further agrees this municipality’s program will, at all times, be administered to operate in compliance with its operating plan and all applicable statutes and rules.

Authorized signature:					Title:					Date:				
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**This form will not be accepted without signature.
Electronic signatures are accepted if the form is sent via email from the signor.**

