



Prefabricated Structure Notification to Local Enforcement Agency of Incomplete Structure

Department of Consumer and Business Services
Building Codes Division • Statewide Services
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-378-8096 • Web: www.oregon.gov/bcd

DEPARTMENT USE ONLY	
Plan approval no.:	
Date received:	
Date reviewed:	

GENERAL INFORMATION

This application covers items not completed by the manufacturer at the manufacturing facility that are designed and approved to be completed on-site by the manufacturer. Before listing or attaching other incomplete items, you must obtain approval from the division.

A prefabricated structure with an Oregon-approved plan as specified on this notice requires inspection of specific work intended to be completed at the installation site. This work must remain accessible and open for inspection purposes.

The manufacturer must provide a copy of this notice to the local jurisdiction when the structure is placed at the installation site and attach a copy of this form to the inside of the window closest to the entrance door, or adjacent to the entry door.

A nonrefundable administrative fee of \$60.00 is due with the submission of this application unless this fee amount was included with plan submittal application fees.

MANUFACTURER INFORMATION

Manufacturer:	Mfr. no.:
Address:	
City/state/ZIP:	
Contact:	Phone:
Email:	

SITE INFORMATION

Owner/lessee:	
Address:	
City/state/ZIP:	County:
Manufacturer's serial no:	Occupancy classification:

INCOMPLETE STRUCTURE ITEMS TO BE INSPECTED ON SITE BY LOCAL JURISDICTION

The following items will be completed on site:

- | | |
|---|--|
| <input type="checkbox"/> Installation of hinged roof system | <input type="checkbox"/> Completion of fire-resistive wall or ceiling construction across mate lines |
| <input type="checkbox"/> Installation of truss package | <input type="checkbox"/> Customer-installed electrical installations |
| <input type="checkbox"/> Completion of plumbing system | <input type="checkbox"/> Completion of electrical system |
| <input type="checkbox"/> Stick-built roof | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attic/roof-mounted HVAC equipment | _____ |
| <input type="checkbox"/> Completion of draft-stop construction across mate line | _____ |

SIGNATURES

Manufacturer's signature:	Inspector signature:
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By signing electronically, I agree that this agreement may be electronically signed. I agree that the electronic signature on this document is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____	\$ _____
Cardholder signature	Amount

Name of cardholder as shown on credit card	/

Credit card number	Expiration date
_____	_____

Make check or money order payable to Department of Consumer and Business Services. Do *not* send cash.

If paying by credit card, applicant must sign credit card information box. **Secure fax for credit card payments 503-947-2333.**

DCBS Fiscal use only: 70711/1190

