



# Prefabricated Structure Plan Review Application

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

DEPARTMENT USE ONLY
Plan approval:
Date received:
Date reviewed:
Expires:

## GENERAL INFORMATION

This form is used to obtain approval from the division of the construction documents for a prefabricated structure. Submit this application, along with all required documents (including plans, calculations, specifications, test reports, NLEA, or other pertinent information). This form is also used for the separate submission of a quality control manual.

**Applications that are incomplete or submitted without proper documentation and fees will be delayed. Construction may not begin and inspections will not be performed without prior approval from the division.**

## MANUFACTURER INFORMATION

Manufacturer:			Mfr. no.:	
Address:		City:	State:	ZIP:
Contact name:	Email:		Phone:	

## STRUCTURE INFORMATION

<b>Structure type:</b>	<input type="checkbox"/> Prefabricated permanent building	<input type="checkbox"/> Prefabricated relocatable building	<input type="checkbox"/> Prefabricated component building
<b>Plan type:</b>	<input type="checkbox"/> Design master plan (two or more structures built to the same plan)		<input type="checkbox"/> Custom structure (one of a kind)
<b>Other:</b>	<input type="checkbox"/> Incomplete system (NLEA form must be submitted with plans) <input type="checkbox"/> Alteration to existing structure (list Oregon plan number):		
<input type="checkbox"/> Plan renewal	Oregon plan number:	Expiration date:	

## STRUCTURE DESIGN DATA

Occupancy type:	Seismic zone:	Wind/exposure:	Design option no. 1:
Floor LL:	Roof LL:	Energy zone:	Design option no. 2:
Plumbing:	Construction type:	Elect. svc. load:	Design option no. 3:
No. of modules:	Square footage:	Design option no. 4:	
Size of structure:		Mfr. plan/job number:	

## FEES

Plan review and permit fees calculated using <i>Prefab Structures Plan Review and Permit Fee Worksheet (form 2961)</i>	Amount	Agency adjustment
<b>Building valuation</b> Enter building valuation from line 6 (form 2961) – (valuation is for reference only)	\$ _____	\$ _____
<b>1. Structural plan review fee.</b> Enter either line 11 or line 12 (form 2961) – (65% of structural permit fee)	\$ _____	\$ _____
<b>2. Fire and life safety plan review fee.</b> Enter line 13 (form 2961) – (40% of structural permit fee)	\$ _____	\$ _____
<b>3. Plumbing plan review fee.</b> Enter line 23 (form 2961) – (30% of plumbing permit fee)	\$ _____	\$ _____
<b>4. Mechanical plan review fee.</b> Enter line 38 (form 2961) – (25% of mechanical permit fee)	\$ _____	\$ _____
<b>5. Electrical plan-review fee.</b> Enter line 50 (form 2961) – (minimum 1 hour at \$69 per hour)	\$ _____	\$ _____
<b>6. Notice to local enforcement agency.</b> (NLEA) – If required, enter line 51 (form 2961) – (\$60)	\$ _____	\$ _____
<b>7. Permit fees.</b> Enter line 53 (form 2961) – Only if paying permit fees over hourly billed inspection fees.	\$ _____	\$ _____
<b>Other fees.</b> plan revisions, changes, alterations, design options, system plans, or component parts and additions. Hourly fees as established in OAR 918-674.	\$ _____	\$ _____
<b>Plan renewal fee.</b> (50% of initial plan review fee) must be paid before expiration. Custom plans may not be renewed.	\$ _____	\$ _____
<b>Q.C. program review.</b> \$400 new program. \$200 resubmission of manual.	\$ _____	\$ _____
<i>Application will not be processed without an authorized signature and fees paid. Certain fees may not be refundable.</i>	<b>Total fees:</b> \$ _____	\$ _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 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
_____	_____

## MANUFACTURER SUBMITTAL CHECKLIST

<input type="checkbox"/> Plans	<input type="checkbox"/> Engineering calculations	<input type="checkbox"/> Specifications	<input type="checkbox"/> Test reports
<input type="checkbox"/> Fee worksheet	<input type="checkbox"/> NLEA	<input type="checkbox"/> Insignia application	<input type="checkbox"/> Q.C. manual
<b>Make check or money order payable to Department of Consumer and Business Services. Do <i>not</i> send cash.</b>			
If paying by credit card, applicant must sign credit card information box. <b>Secure fax: 503-947-2333 for credit card payments.</b>			

**Fiscal use only: 70711/1190**