



State Building Code Appeal Application

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
 Phone: (503) 378-4133 • Fax: (503) 378-2322
 Web: bcd.oregon.gov

DEPARTMENT USE ONLY	
Request no.:	
Date:	

Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

INSTRUCTIONS

Complete and return this form with a \$20 appeals fee. The applicant must complete Steps 1-4; Step 5 is to be completed by the building official. **NOTE:** You must appeal within **30 days** of the local decision; failure to do so will invalidate the appeal. Each appeal item requires its own application and fee. **Questions?** Please refer to OAR 918-008-0120 and our Web site for more information.

STEP 1 APPLICANT INFORMATION

Name:		Company:	
Address or P.O. box:			
City:		State:	ZIP:
Phone: ()	Fax (optional): ()	E-mail (optional):	

STEP 2 BUILDING INFORMATION

Street address:	
City:	ZIP:
Building type (check one): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Manufactured dwelling	
Project type (check one): <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Other (specify):	
Code occupancy classification (group, division):	Permit #:

STEP 3 CODE CITATION

Specialty code (check ONE only):	Edition (year):
<input type="checkbox"/> Oregon Electrical Specialty Code 70111 1195	Code section:
<input type="checkbox"/> Oregon Mechanical Specialty Code 70711 1195	Date of local jurisdiction's decision:
<input type="checkbox"/> Oregon Plumbing Specialty Code 70611 1195	Has a stop work order been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Oregon Residential Specialty Code 70711 1195	
<input type="checkbox"/> Oregon Structural Specialty Code 70711 1195	

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** fax; do **not** send cash.

The building code appeal fee is \$20.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____ / _____	_____ / _____
Credit card number	Expiration date
Name of cardholder as shown on credit card	
_____ \$ _____	_____
Cardholder signature	Amount

DCBS Fiscal use only:

STEP 4**APPEAL INFORMATION**

Explain why you believe you have standing to appeal the decision of the building official in your jurisdiction.

Explain why you are appealing the local jurisdiction's decision and why it should be reversed. Attach additional sheets if necessary.

SUPPORTING DOCUMENTATION (OPTIONAL)

Briefly describe the attachments, if any, that are included with this form.

Written documents:

Drawings or plans:

Other:

STEP 5**BUILDING OFFICIAL OR DESIGNEE INFORMATION**

Name:		Municipality:
Street address:		City:
Phone: ()	Fax (optional): ()	E-mail (optional):

I understand the applicant is filing an appeal of a code decision made in my inspecting jurisdiction with the State Building Codes Division.

Building official/designee signature: _____ Date: _____

BCD OFFICE USE ONLY

Chief inspector:	Received (date):
Decision appealed to board: <input type="checkbox"/> Yes <input type="checkbox"/> No	Appeal date:
Major code interpretation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Distribution date: