



DEPARTMENT USE ONLY	
Request no.:	
Date:	

This form may be used in place of a written memorandum and supporting documentation. You may attach supporting materials when you submit this application.

Questions? Please refer to OAR 918-008-0075, 918-008-0080, 918-008-0090, and our website for more information.

Name:		Date:	
Title:		Jurisdiction:	
Address:			
City:		State:	ZIP:
Phone:	Email:		
Location of job site:			
Specialty code:		Edition (year):	
Applicable code section:			
Has the permit holder filed a code appeal or taken other action? ☐ Yes ☐ No			
If yes : Appeal no.:		Date filed:	

Please explain your reasons for requesting a site-specific code interpretation. Attach additional sheets as necessary.

[illegible]

Chief inspector:	Distribution to advice group:
Request for reconsideration (denial only)? ☐ Yes ☐ No	Reconsideration granted? ☐ Yes ☐ No