



Notification to Local Enforcement
Agency of Incomplete Structure (NLEA)

Department of Consumer and Business Services
 Building Codes Division • SWS
 1535 Edgewater NW, Salem, OR
 Phone: 503-378-3080, Fax: 503-378-3656
 Web: bcd.oregon.gov

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

Minimum \$60 pre-payment due with application. Fees not subject to refund.
The prefabricated structure identified below requires completion work at the site as specified and shall remain accessible and open for inspections.

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

MANUFACTURER INFORMATION

Manufacturer name:		Phone: - -
Address (street or P.O. Box):		
City:	State:	ZIP:

SITE INFORMATION

Owner's name:			
Address:			
City:	County:	State:	ZIP
Mfr's serial no.:	Occupancy group:	Date of arrival:	

INCOMPLETE STRUCTURE ITEMS TO BE INSPECTED BY BCD

The following items will be completed on site:		<input type="checkbox"/> Customer installed electrical installations (70111/1191)
<input type="checkbox"/> Installation of hinged roof system (70711/1191)		<input type="checkbox"/> Building electrical service (70711/1191)
<input type="checkbox"/> Installation of truss package (70711/1191)		<input type="checkbox"/> Other: (70111/1191)
<input type="checkbox"/> Completion of plumbing system (70611/1191)		
<input type="checkbox"/> Stick-built roof (70711/1191)		
<input type="checkbox"/> Attic/roof-mounted HVAC equipment (70711/1191)		
<input type="checkbox"/> Completion of draft-stop construction across mate lines (70711/1191)		
<input type="checkbox"/> Completion of fire-resistive wall or ceiling construction across mate lines (70711/1191)		
		Before listing other incomplete items, please call 503-378-3080.

The manufacturer must notify the Building Codes Division and the local jurisdiction when the structure is going to be sited. During shipping and until an insignia is applied, a copy of this form must be secured to the inside of the window closest to the entrance door of the structure, or adjacent to entry door.

Manufacturer's signature: _____ BCD Inspector's signature: _____

Secure fax for credit card payments:
503-947-2333

If paying by credit card, applicant must sign credit card information box.

<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

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

Fiscal use only: