

Alternate Method Ruling Application

Boardman Building Department
200 City Center Circle, Boardman, Oregon

Mailing address: P.O. Box 1229, Boardman, OR 97818 Phone: (541) 481-9252 • Fax: (541) 481-3244 • TTY: 711

Web: cityofboardman.com

DEPARTMENT USE ONLY					
Approved Denied D					
Date:					
Signature:					

INSTRUCTIONS					
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, 918-008-0095.					
PETITIONER INFORMATION					
Name:	Date:				
Business name:					
Address:					
City:		State:		ZIP:	
Phone: ( )	Fax:	( )		E-mail:	
Specialty code:			Edition (year):		
Applicable code section:					
Is the material, design, or method now in use?					
Have you filed a code appeal or taken other action? Yes No					
If yes: Appeal #:	Date filed:				
QUESTION PRESENTED					
supports your reasoning. Attach additional	al sheet	ts as necessa	ary.		