

LAKE COUNTY
BUILDING DEPARTMENT
Snow Load Design Criteria Request

513 Center Street
Lakeview, OR 97630

Ph: (541) 947-6033 - Fax (541) 947-2144

*OWNER NAME

*PHONE

*MAIL ADDRESS or EMAIL

Provide a brief description of your project: _____

LOCATION Provide one or more of the following for your project location:

1. Address _____
2. Township / Range / Section _____
3. Latitude/Longitude _____
4. Mark location on map and attach to questionnaire.

ELEVATION at project location: _____

Additional information (site conditions, directions, etc.): _____

The above information is correct to the best of my knowledge:

Signature of Owner / Designer: _____ Date: _____

OFFICE USE ONLY below this line

SEAO adopted snow load maps: 3rd Edition Dec 2007

Elevation *: _____ Ground Snow Load*: _____ lbs. per sq. ft.

Approved By: _____ Date: _____

Owner notified by: _____ Date: _____

***Required fields**

Ground Snow Load is based on project location and elevation provided by applicant above and as derived from the Oregon Residential Specialty Code and the Snow Load Analysis of Oregon, published by the Structural Engineers of Oregon, revised 12/2007. Erroneous information by applicant may result in incorrect determination of Ground Snow Load.

It has been recommended by BCD that Lake County utilize the SEAO Snow Load mapping that the State has adopted.

We recognize some areas with anomalies in the snow load maps, and prior to development, recommend you seek advice from a local Design Professional regarding your specific development site prior to design and/or construction.

Thank you for your cooperation in this matter.

Greg Seger
Building Official
Lake County