Lake County Building Department
513 Center Street
Lakeview, OR 97830
Ph:  541-947-6033
Fax:  541-947-2144

Snow Load Design Criteria Request

Owner Name

Phone

Mail Address

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. 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

County Area Map*: G-8 G-9 G-15

Elevation*: ________ Ground Snow Load*: __________ lbs. per sq. ft.

Approved By: ___________________________ Date: ___________________________

Owner notified by: ___________________________ Date: ___________________________

*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 2/78. Erroneous information by applicant may result in incorrect determination of Ground Snow Load.

Snow Load Questionnaire 7/16/2013