LAKE COUNTY
BUILDING DEPARTMENT
513 Center Street
Lakeview, OR 97630
Ph: (541) 947-6033 - Fax (541) 947-2144

Snow Load Design Criteria Request

*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

2004-0707 Snow Load Questionnaire Rev 3-12-07