

OREGON BOARD OF ARCHITECT EXAMINERS

Supervision Change Notification Form

Name and address of Architect or Architectural Firm of Record: _____

Name and location of project: _____

Name and address of Project Owner: _____

Is this project a single-family residence? Yes No

Approximate ground floor area of the structure: _____

Approximate height of the structure (from the lowest flooring to the highest interior overhead finish): _____

Date construction started: _____

Have you notified the Project Owner of the requirements for supervision services on non-exempt structures? Yes No

Reason for not providing supervision services: _____

The rules require architects to notify permitting agencies that supervision services are no longer being provided. Have you done so? Yes No

List Permitting Agencies Involved: _____

Are you aware of whether an architect has been retained to provide supervision services on this project? Yes No

If so, who will be performing supervision services? _____

Signed: _____

Date: _____

Title: _____

Please Submit this Form to: OBAE
205 Liberty St. NE Suite A
Salem, OR 97301
Phone: (503) 763-0662 / Fax: (503) 364-0510