



**Field Issuance Remodel (FIR)
FEE PAID - CONTRACTOR RESEARCH REQUEST**

Contractor/Company Name: _____

Name of the person the FIR Inspector Met on-site: _____

Address of Inquiry/Consultation: _____

Date of Inquiry/Consultation: _____

Contact Phone: _____

Description of (Inquiry) (Investigation) (Research) (Consultation) (Phone Call)

FINDINGS: If circled (See reverse side) or (attached information)

Requestor's Signature: _____

FAX this form to (503) 823-7425 or EMAIL this form to BDSFirPermits@portlandoregon.gov