



**KLAMATH COUNTY
BUILDING DIVISION
Snow Load Design Criteria Request**

305 Main Street | Klamath Falls, OR 97601
Ph: (541) 883-5121 | Fax (541) 885-3644
Web: www.klamathcounty.org

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.): _____

Printed name of Owner / Designer: _____ Date: _____

Signature: _____

OFFICE USE ONLY below this line

SEAO adopted snow load maps:

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 12/2007. Erroneous information by applicant may result in incorrect determination of Ground Snow Load.

It has been recommended by BCD that Klamath 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.

Building Official
Klamath County