



MEDFORD
FIRE

APPLICATION FOR FUMIGATION PERMIT

APPLICATION #: _____
(Issued by Fire Department)

Name of Applicant: _____

Mailing Address: _____

Telephone: (Home) _____ (Work) _____

Date(s) of Use: _____ Inspection Setup Time: _____

Site Name: _____

Site Address: _____

Other Pertinent Information: _____

Issued By: _____ Date: _____

Permit Fee: \$50.00*

**PROVISIONS OF THE OREGON FIRE CODE CHAPTER 17 SHALL APPLY TO THE
ISSUANCE OF THIS PERMIT (See attached Fire Safety Requirements)**

The following information is required at the time of permit application:

- MSDS of Chemical Used
- Confirmation of breathing apparatus
- Confirmation of watch personnel to be stationed

A site inspection shall be performed prior to the fumigation operation. The Fire Department must be notified at least 24 hours in advance before the structure is to be closed in connection with fumigation operations. The following items will be inspected:

- Sources of ignition eliminated
- Electricity service disconnected
- Warning signs installed
- Sealing of buildings

LIABILITY: THIS PERMIT DOES NOT RELIEVE THE PERMITTEE FROM CRIMINAL OR CIVIL LIABILITY FOR DAMAGES ARISING FROM EVENTS OCCURING UNDER HIS/HER CONTROL. VIOLATIONS OF THE REQUIREMENTS MAY RESULT IN THE ISSUANCE OF A CITATION OR CIVIL PENALTY.

I have read and understand the above and agree to the conditions.

Permittee or Permittee's Agent: _____ Date: _____
(Signature)