



BUILDING SAFETY DEPARTMENT  
www.ci.medford.or.us

**CITY OF MEDFORD**  
LAUSMANN ANNEX  
200 SOUTH IVY STREET  
MEDFORD, OREGON 97501

TELEPHONE (541) 774-2350  
FAX (541) 618-1707  
E-MAIL: building@cityofmedford.org

## Deferred Submittal Form

The purpose of this document is to provide the applicant and the City of Medford with the information required for a deferred submittal.

1. Check each submittal item that is deferred on the checklist and provide the valuation of each submitted item and an estimated time for each item.
2. As the submitted documents and drawings are prepared for plan review, ensure that the deferred submittal documents are reviewed by the design professional of record. The drawings must have a notation indicating that the submitted documents have been reviewed by the design professional of record and that they have been found to be in general conformance with the design of the building. OSSC 107.3.4.2
3. Deferred submittal documents and drawings must be submitted and approved prior to the construction/installation of the deferred item.
4. Additional fees will be charged for this procedure. \$100.00 registration fee plus a permit and plan review fee based on stated valuation provided below.

Items which may be deferred include, but are not limited to, the following:

<input checked="" type="checkbox"/>	Deferred Item	Date	Valuation	<input checked="" type="checkbox"/>	Deferred Item	Date	Valuation
<input type="checkbox"/>	1 Acoustical Ceiling/Suspension System			<input type="checkbox"/>	10 Post-Tensioned Concrete Structural Members		
<input type="checkbox"/>	2 Auxiliary Power Systems			<input type="checkbox"/>	11 Pre-Cast Concrete Structural Members		
<input type="checkbox"/>	3 Curtain Wall Systems			<input type="checkbox"/>	12 Prefabricated Wall Panels		
<input type="checkbox"/>	4 Electrical Systems			<input type="checkbox"/>	13 Pre-Stressed Concrete Structural Members		
<input type="checkbox"/>	5 Emergency Call Systems			<input type="checkbox"/>	14 Shelving Systems/Racking Systems		
<input type="checkbox"/>	6 Exit Illumination			<input type="checkbox"/>	15 Smoke and Heat Vents		
<input type="checkbox"/>	7 Fire Stopping			<input type="checkbox"/>	16 Specialty Retaining Walls		
<input type="checkbox"/>	8 HVAC Systems			<input type="checkbox"/>	17 Stone Veneer		
<input type="checkbox"/>	9 Plumbing Systems			<input type="checkbox"/>	18 Wooden, Steel, or Composite Floor/Roof Trusses		

I certify that the above information is correct, and understand that incorrect or missing information will cause the application to be rejected, resulting in delays for the applicant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name



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**DEMOLITION PERMIT APPLICATION**

JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
TYPE OF WORK	
<input type="checkbox"/> Single family dwelling/duplex	<input type="checkbox"/> Commercial structure
<input type="checkbox"/> Structure other than SFR	<input type="checkbox"/> Other
DESCRIPTION OF WORK	
VALUATION OF PROJECT: \$	
<input type="checkbox"/> PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: : (    )
E-mail:	
DEMOLITION CONTRACTOR	
Contractor name:	Phone:
Address::	
Plumbing Contractor:	Phone:
Arch/Engr:	Phone:
Authorized signature:	
Print name:	Date:

<b>PERMIT NUMBER</b> _____
<b>Date Rec'd</b> _____ <b>BY</b> _____
DEMOLITION REQUIREMENTS
1. Submit site plan indicating the location of all structures to be removed.
2. The applicant is responsible for the complete removal and completions of the required sewer, water, electrical and gas disconnects.
3. Letter stating that there are no hazardous materials at the site or contained within the structure.
4. Obtain asbestos site survey conducted by an accredited inspector. Copy of the inspection to be kept on site per DEQ.
5. Complete removal of foundation, other paved surfaces, debris removal and weed abatement.
6. Obtain a final inspection to verify that the demolition was completed per the permit requirements, and no deficient items remain to be done.
7. Minimum \$50 re-inspection fee if final inspection not approved.

**Letter of Authorization required by owner for all Building Permit Applications.**

This permit application expires if a valid and approved inspection has not taken place within 180 days.

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and required to have a City of Medford Business License under Medford City Ordinance 8.015.



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## REQUEST FOR FIRE ALARM/SPRINKLER PERMIT

PERMIT #: \_\_\_\_\_

COST OF PERMIT \$ \_\_\_\_\_

Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Type of Work: \_\_\_\_\_ALARM \_\_\_\_\_SPRINKLER

Valuation: \$ \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**NO FIELD INSPECTIONS WILL TAKE PLACE PRIOR TO PERMITS BEING PICKED UP AND**

**PAID FOR!** Permit fees can be paid over the phone via credit card (or with check, cash, or money order). If you would like to pay via credit card please contact our office. Otherwise, an employee will email you with fees due once the application is approved.

# PLUMBING PERMIT APPLICATION



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 200 S. Ivy 2<sup>nd</sup> Flr  
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## PERMIT NUMBER:

TYPE OF WORK	
<input type="checkbox"/> RESIDENTIAL OR <input type="checkbox"/> COMMERCIAL AND VALUATION \$ _____	
JOB SITE INFORMATION AND LOCATION	
Job address:	
City/State/ZIP:	
Subdivision:	Lot:
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> BUSINESS NAME	
Name:	
<b>Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</b>	
Owner signature: _____ Date: _____	
OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: (    )	Fax: (    )
CCB lic. no.:	
Print Name:	
Signature: _____ Date: _____	

Internet address: [www.ci.medford.or.us](http://www.ci.medford.or.us)

CREDIT CARD INFORMATION	
Name of Cardholder as shown on credit card:	
Cardholder Signature: (needed on every permit application)	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Credit card number:	We will call you                      Expiration Date:

**PERMITS ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRED IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.**

It is the responsibility of the owner or contractor to call for inspections. 541-774-2350 by 7:00 a.m. for same day inspection

FEE SCHEDULE			
Description	Qty.	Fee.	Total
<b>New Residential</b>			
1 bathroom/1 kitchen ( <i>includes first 100 feet of water/sewer lines, hose bibs, ice maker, under floor low-point drains and rain-drain packages</i> )		289.00	
2 bathrooms/1 kitchen		334.00	
3 bathrooms/1 kitchen		379.00	
Each additional bathroom (over 3)		45.00	
Each additional kitchen (over 1)		60.00	
Fire sprinkler ( _____ sq. ft.)	Per fee schedule		
<b>Fixture or item</b>			
Sink		15.00	
Lavatory		15.00	
Washing machine		15.00	
Dishwasher		15.00	
Drinking fountain		15.00	
Shower/tub		15.00	
Water closet/bidet		15.00	
Refrigerator water		15.00	
Hydronic Heating		40.00	
Garbage disposal		15.00	
Hose bib		15.00	
Water heater		40.00	
Floor drain		15.00	
Sump pump		15.00	
Replace polybutylene pipe		40.00	
Gas/vent		15.00	
Special waste connection		40.00	
Septic tank abandonment		15.00	
Swimming pool		40.00	
Backflow Device		40.00	
Catch basin or area drain		15.00	
Sanitary sewer (# linear ft.: _____)	Per fee schedule		
Storm sewer (# linear ft.: _____)	Per fee schedule		
Water service (#. linear ft.: _____)	Per fee schedule		
Rainwater harvesting	Per fee schedule		
<b>Commercial, industrial and dwellings other than one- and two-family</b>			
Each fixture ( Qty. _____ )	Per fee schedule		
Piping (# linear ft. _____ )	Per fee schedule		
<b>Medical gas piping</b>			
Value of installation and equipment \$ _____.	Per fee schedule		
<b>Plumbing permit fees</b>			
Subtotal			
Minimum <b>Commercial</b> permit fee			60.00
Minimum <b>Residential</b> permit fee			60.00
Plan review (25% of permit fee) if applicable			
State surcharge (12% of permit fee)			
<b>TOTAL PERMIT FEE</b>			



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**REVISION CHECKLIST**

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

General Requirements (please check)

- Revised drawings must retain the same file names and sizes as the originals
- Revised drawing files must be submitted as individual files
- Files must be submitted in horizontal orientation

Please Circle

YES	NO	<b>Are you the Architect or Engineer that signed the original plan set?</b> If the answer is <b>NO</b> , a letter from the Architect or Engineer of record authorizing plan modification is required. If the original plans were not drawn by an architect or engineer, please circle here: <b>N/A</b>
YES	NO	<b>Does this revision involve public right of way work?</b> If <b>YES</b> , revisions must be reviewed and approved by Public Works Engineering Department.
YES	NO	<b>Does this revision change the square footages or project valuations?</b> If <b>YES</b> , a revised building permit application must be submitted.
YES	NO	<b>Does this revision involve structural, electrical or mechanical modifications?</b> If <b>YES</b> , revisions must be reviewed and approved by Building Safety Department.
YES	NO	<b>Does this revision reduce or increase the number of plumbing fixtures?</b> If <b>YES</b> , revisions must be approved by Building Safety and Public Works Engineering Departments.
YES	NO	<b>Does this revision change the location of any structures on the site?</b> If <b>YES</b> , revisions must be reviewed and approved by Building Safety, Planning and Public Works Engineering Departments.

PROVIDE A BRIEF SUMMARY OF REVISION (REQUIRED):

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\_\_\_\_\_  
(Applicant Signature)

**Please note:**

- Revision fees will be assessed; \$60 minimum.
- If "General Requirements" are not met administrative fees will be assessed; \$30 minimum.
- If all requirements above requirements are not met this submittal may not be accepted.