



**City of Medford
Building Safety Department**

200 S. Ivy St. 2nd Flr
Medford, OR 97501
Phone (541) 774-2350, Fax (541) 618-1707
Internet address: www.ci.medford.or.us
E-mail: building@cityofmedford.org

JOB SITE INFORMATION AND LOCATION	
Job site address:	
City / State / ZIP:	
Suite / Bldg. / Apt. No.:	
Subdivision:	Lot No.:
Tax Map / Parcel No.:	School Dist.:
Is property in flood plain?	Is a soils report required?
Indicate which two Additional Measures you will be using from Table N1101.1(2) from pg 11-3 of the 2014 ORSC.	Check One of Each Number & Letter: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G
Stick Frame? <input type="checkbox"/> Provide plan view design	Truss Design? <input type="checkbox"/> Provide Calcs.
TYPE OF WORK	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition / Alteration / Replacement	<input type="checkbox"/> Other:
PROJECT NAME, DESCRIPTION OF WORK AND USE	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
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:	
CONTRACTOR - SUBCONTRACTORS	
General Contractor:	Phone: CCB Lic. No.
Electrical Contractor:	Phone: CCB Lic. No.
Mechanical Contractor:	Phone: CCB Lic. No.
Plumbing Contractor:	Phone: CCB Lic. No.
Arch. / Engr.:	Phone:
Authorized Signature:	
Print Name:	Date:

Permit # _____
Date Rec'd _____ By _____
REVIEW ROUTING PROCESS
<input type="checkbox"/> Building By _____ Date _____
<input type="checkbox"/> Zoning / Site By _____ Date _____
<input type="checkbox"/> Engineering By _____ Date _____
<input type="checkbox"/> _____ By _____ Date _____

BUILDING PERMIT
Backflow Device Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Temp. Power Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fees Due:
Date Ready: _____ Initials: _____ Time Called: _____

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Valuation: \$
Number of Bedrooms:
Number of Bathrooms:
Number of Kitchens:
Basement – Finished: _____ Unfinished: _____
Total Number of Floors:
New Dwelling Area: _____ square feet
Garage / Carport area: _____ square feet
Covered Porch Area: _____ square feet
Deck Area: _____ square feet
Other Structure Area: _____ square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Valuation: Bldg. \$ _____ Mech. \$ _____	
Existing Building Area: _____ square feet	
Added Building Area: _____ square feet	
Mezzanine Area: _____ Basement Area: _____	
Number of Stories:	
Type of Const.: _____ Sprinkler Syst.?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupancy groups: Existing: _____ New: _____	Occ. Load: Existing: _____ New: _____

PLEASE NOTE:

- This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.
- 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.
- Letter of Authorization from owner is required for all Commercial Building Permit Applications