



COMMERCIAL PERMIT APPLICATION

City of Medford

200 S. Ivy St. 2nd Floor, 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 geotechnical report required?
Truss Design? <input type="checkbox"/>	Provide Calculations <input type="checkbox"/>
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"/> PLANS – I do NOT want plans emailed to Builders Exchange/Pacific Survey.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City / State / ZIP:	
Phone: ()	Fax: ()
Email Address:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business Name:	
Contact Name:	
Address:	
City / State / ZIP:	
Phone: ()	Fax: ()
Email Address:	
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 Received _____
By _____

ENERGY COMPLIANCE PATH	
2019 OZERCC	
<input type="checkbox"/> Com-check form ASHRAE 90.1	
<input type="checkbox"/> Oregon Zero Energy Ready Compliance Form	
<input type="checkbox"/> Zero Code Calculator form	
2018 IECC (SAM)	
<input type="checkbox"/> Com-check form 2018 IECC	
FORMS	
<input type="checkbox"/> Existing Building Supplemental Permit form	
<input type="checkbox"/> Deferred Submittal form	
<input type="checkbox"/> Phased Permit form	
<input type="checkbox"/> Owner Authorization	
<input type="checkbox"/> Tenant Improvement	
TYPE OF CONSTRUCTION	
<input type="checkbox"/> VB <input type="checkbox"/> VA <input type="checkbox"/> IV <input type="checkbox"/> IIIB <input type="checkbox"/> IIIA	
<input type="checkbox"/> IIB <input type="checkbox"/> IIA <input type="checkbox"/> IB <input type="checkbox"/> IA	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Valuation: Bldg. \$ Mech. \$ (includes Mechanical)	
Existing Building Area: square feet	
Added Building Area: square feet	
Mezzanine Area: Basement Area:	
Number of Stories:	
Sprinkler Syst.?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupancy classification: Existing: New:	Occupancy 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

TENANT / PROPERTY USE DESCRIPTION FORM - A

PUBLIC WORKS-ENGINEERING

(For All Building Permit Applications except: multi-family residential, truck/bus terminals, hotels/motels, parks, golf courses, schools, and long-term nursing care facilities. See Form-B)

1. Date: _____
2. Name of Applicant: _____
3. Address of Applicant: _____
4. Phone Number of Applicant: _____ 2nd _____
5. Address of Building Permit: _____
6. Tax Map No. and Tax Lot No. (if known): 37 _____ W _____, Tax Lot _____
7. PRIOR USE of bldg/tenant space (if existing bldg): _____
8. Name of Business or Tenant to be located at this Address (if known): _____
9. DETAILED description of INTENDED USE or BUSINESS ACTIVITY*: _____
10. SIZE OF BUILDING AND TENANT SPACE: (Complete a, b or c. Use gross floor area)

a. Interior Remodel:

- 1) If tenant space(s) only:

Space # _____, area of space: existing= _____ sq. ft. & proposed= _____ sq. ft.

Space # _____, area of space: existing= _____ sq. ft. & proposed= _____ sq. ft.

(Use back of form if more than two tenant spaces are affected)

- 2) If building:

Area to be remodeled = _____ sq. ft. and total area of building = _____ sq. ft.

b. Addition:

Area of addition _____ sq. ft. plus existing gross bldg area _____ sq. ft. = proposed gross bldg area _____ sq. ft.

Space # _____, area of space: existing= _____ sq. ft. & proposed= _____ sq. ft.

Space # _____, area of space: existing= _____ sq. ft. & proposed= _____ sq. ft.

Number of existing tenant spaces= _____ and total number of tenant spaces when complete = _____. List affected tenant spaces below:

c. New Building:

Building floor areas: 1st fl. = _____ sq. ft., 2nd fl. _____ sq. ft., mezzanine _____ sq. ft.

Tenant space # _____ and area of space = _____ sq. ft.

Tenant space # _____ and area of space = _____ sq. ft.

Tenant space # _____ and area of space = _____ sq. ft.

11. Will the SEWAGE DISCHARGE contain anything other than domestic/restroom waste? Y / N

12. Signature of Applicant or Representative: _____

*The applicant for a building permit shall be required to state in writing the intended use of the building in sufficient detail to enable the City Engineer to determine the appropriate "category-of-use" of the tenant space, building or development as defined in the Medford City Code. The "category-of-use" is used to calculate any street systems development charges that may be due as well as the monthly street utility fee. (Section 3.07 of Medford City Code).

Please refer all questions regarding the above to the Public Works Engineering Division, 411 W. 8th St., Modular Units, Medford, OR 97501, 541-774-2100

PLANNING DEPT. USE: _____ Processed by: _____ . SIC # _____

TENANT / PROPERTY USE DESCRIPTION FORM - B

PUBLIC WORKS-ENGINEERING

(For the following building permit applications only: Multi-family residential, truck/bus terminals, hotels/motels, parks, golf courses, schools, and long-term nursing care facilities. All other applications, use Form-A)

1. Date: _____
2. Name of Applicant: _____
3. Address of Applicant: _____
4. Phone Number of Applicant: _____ 2nd _____
5. Address of Building Permit: _____
6. Tax Map No. and Tax Lot No. (if known): 37 _____ W _____, Tax Lot _____
7. **PRIOR USE** of bldg/tenant space (if existing bldg): _____

8. Name of Business or Tenant to be located at this Address (if known): _____

9. **DETAILED** description of **INTENDED USE** or **BUSINESS ACTIVITY***: _____

10. SIZE of BUILDING AND TENANT SPACE:

	Existing	Proposed
• Multi-family Residential (# dwelling units)	_____	_____
• Truck or Bus Terminal (# acres)	_____	_____
• Hotels/Motels (# rooms)	_____	_____
• Parks (# acres)	_____	_____
• Golf Courses (# of holes)	_____	_____
• Nursing Care-Long-Term (# of beds)	_____	_____
• Schools (# of students-capacity)	_____	_____

11. Will the **SEWAGE DISCHARGE** contain anything other than domestic/restroom waste? **Y / N**

12. **Signature of Applicant or Representative:** _____

*The applicant for a building permit shall be required to state in writing the intended use of the building in sufficient detail to enable the City Engineer to determine the appropriate "category-of-use" of the tenant space, building or development as defined in the Medford City Code. The "category-of-use" is used to calculate any street systems development charges that may be due as well as the monthly street utility fee. (Section 3.07 of Medford City Code).

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PLANNING DEPT. USE: _____ Processed by: _____ SIC# _____



BUILDING SAFETY DEPARTMENT
SECOND FLOOR
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

LETTER OF AUTHORIZATION

I, _____, of _____,
being the owner of lands located at _____,
Jackson County, Oregon, this _____ day of _____, 20 ____ grant unto
_____ full and absolute authorization to
execute and deliver (on my behalf) any and all documents necessary to apply for and secure
permits in Medford, Oregon.

Email Address _____

Signature