

# PLUMBING PERMIT APPLICATION



**City of Medford**  
**Building Safety Department**  
 200 S. Ivy 2<sup>nd</sup> Flr  
 Medford, OR 97501  
 Phone (541) 774-2350, Fax (541) 618-1707

## 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:	<b>We will call you</b> 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>			