



RESIDENTIAL 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 soils report required?
Indicate which two Additional Measures you will be using from Table N1101.1(2) from pg 435 of the 2017 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
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"/> PLANS – I do NOT want plans emailed to Builders Exchange/Pacific Survey.	
PROPERTY OWNER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City / State / ZIP:	
Phone: ()	Fax: ()
APPLICANT	
<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
UTILITIES
<input type="checkbox"/> Electric
<input type="checkbox"/> Gas
OTHER
Fire Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wildfire Hazard Zone

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.