



**City of Medford  
Building Safety Department**

200 S. Ivy St.  
Medford, OR 97501  
Phone (541) 774-2350, Fax (541) 618-1707  
http:// www.ci.medford.or.us • 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.:	
Is property in flood plain?	Is a soils report required?
Indicate which two <b>Additional Measures</b> you will be using from Table N1101.1(2) from pg 11-3 of the 2011 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	
Contractor name:	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:

**Letter of Authorization is required by owner for all Commercial Building Permits Applications.**

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.

**Permit #** \_\_\_\_\_

**Date Rec'd** \_\_\_\_\_ **BY** \_\_\_\_\_

PLAN ROUTING PROCESS
<input type="checkbox"/> Building Plan Review By _____ Date _____
<input type="checkbox"/> Zoning/Site Plan Review By _____ Date _____
<input type="checkbox"/> Engineering Review By _____ Date _____
<input type="checkbox"/> _____ By _____ Date _____

BUILDING PERMIT		
Application/Permit #:		
Temporary Power #:		
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
New building area: _____ square feet
Number of stories:
Mezzanine: _____ Basement: _____
Type of construction:
Occupancy groups: _____ Occ. Load: _____
Existing:
New:

**This permit application expires if a permit is not obtained within 90 days after it has been accepted as complete.**