

DEMOLITION PERMIT APPLICATION



MEDFORD
BUILDING SAFETY

City of Medford

Building Safety Department

200 S. Ivy St. 2nd Floor

Medford, OR 97501

Phone (541) 774-2350, Fax (541) 618-1707

www.medfordoregon.gov / 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.:	
TYPE OF WORK	
<input type="checkbox"/> Single family dwelling/duplex	<input type="checkbox"/> Commercial structure
<input type="checkbox"/> Structure other than SFR	<input type="checkbox"/> Other _____
DESCRIPTION OF WORK	
VALUATION OF PROJECT: \$	SQ FT OF STRUCTURE:
<input type="checkbox"/> PROPERTY OWNER	
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:	
DEMOLITION CONTRACTOR	
Contractor name:	Phone:
Address:	
Plumbing Contractor:	Phone:
Arch/Engr:	Phone:
Authorized signature:	
Print name:	Date:

PERMIT NUMBER
DATE REC'D _____ BY _____
DEMOLITION REQUIREMENTS
1. Submit site plan indicating the location of all structures to be removed. Required prior to permit issuance.
2. Complete removal of foundation, debris removal and weed abatement. Required prior to final inspection approval.
3. Obtain a final inspection to verify that the demolition was completed per the permit requirements, and no deficient items remain to be done. Minimum \$90 re-inspection fee if final inspection is not approved.
4. Signed approval and/or waiver from each applicable utility provider. Required prior to permit issuance.

AVISTA: Disconnect Gas Service	Y / N
Signature: _____	Date: _____
PACIFIC POWER: Disconnect Elect. Service	Y / N
Signature: _____	Date: _____
WATER COMMISSION: Disconnect Service	Y / N
Signature: _____	Date: _____

Required Data: Commercial	
Fixture Type	Quantity
Bath Tub (with or without shower)	_____
Dishwasher or Disposal	_____
Swimming Pool/Fountain	_____
Drinking Fountain	_____
Floor Drain	_____
Laundry Tray	_____
Lavatory	_____
Sink - kitchen, service, or wash (each set of faucets)	_____
Shower (each head)	_____
Urinal	_____
Urinal Trough (each 2 ft. section)	_____
Washing Machine	_____
Water Closet	_____

Medford Police and Fire may be interested in using your property for training prior to demolition. Please contact the Fire Department at fire@cityofmedford.org or the Police Department at 541-774-2242 for more information.

This permit application expires if a valid and approved inspection has not taken place within 180 days.

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.