



RESIDENTIAL PERMIT APPLICATION

City of Medford

200 S. Ivy St. 2nd Floor, Medford, OR 97501
 Phone (541) 774-2350, Fax (541) 618-1707
 Website: medfordoregon.gov
 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?	
Additional Forms if Applicable:	
<input type="checkbox"/> Residential Energy <input type="checkbox"/> Moisture Content	
Stick Frame? <input type="checkbox"/> Provide plan view design <input type="checkbox"/> 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.	
<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	
General Contractor:	
Phone:	
CCB Lic. No.	
Electrical Contractor:	
Phone:	
CCB Lic. No.	
Mechanical Contractor:	
Phone:	
CCB Lic. No.	
Plumbing Contractor:	
Phone:	
CCB Lic. No.	
Architect / Engineer:	
Phone:	
Authorized Signature:	
Print Name:	
Date:	

Required Data: 1- and 2-Family Dwelling	
Valuation: \$	
Number of Bedrooms:	
Number of Bathrooms:	
Number of Kitchens:	
Basement – Finished: Unfinished:	
Total Number of Floors:	
Existing Structures:	
SFR sq. ft. Garage sq. ft. Other sq. ft.	
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	
Temp. Power Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FOR OFFICE USE ONLY	
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	
Fees Due:	
Date Ready:	
Initials:	
Time Called:	

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.