



BUILDING PERMIT APPLICATION FORM

Please fill out the following form completely and accurately. There must be a notation in each blank space. If an item is not applicable to your submission than place the notation N/A for not applicable in the appropriate space.

Development Services • 10 S. Oakdale, Room 100 • Medford, OR 97501 • 541-774-6900 • Fax 541-774-6948

PROPERTY INFORMATION					
Address (If not assigned then place street name in blank space)			City		
Township	Range	Section	Tax Lot (parcel number)		
OWNER INFORMATION					
Name					
Mailing Address		City	State	Zip	
Telephone Numbers: Home #		Cell #	Fax #		
Applicant Information: (check all that apply)		<input type="checkbox"/> Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Design Professional			
Name					
Address		City	State	Zip	
Telephone Numbers: Home #		Cell #	Fax #		
CCB Number (if applicable)			Expiration Date		
BUILDING INFORMATION					
Description of Work (include type of structure and any plumbing): _____					
<input type="checkbox"/> New		<input type="checkbox"/> Addition		<input type="checkbox"/> Alteration	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.					
Bid Valuation: \$					
Building Area: (square footages)			Total:		
1 st Floor:		Garage:		Decks (covered):	
2 nd Floor:		Carport:		Decks (uncovered):	
Porch:		Other:			
Mechanical System: (check all that apply)			Number of Bath/Laundry Room Fans:		
Heating System:		<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Other
Hot Water Heater:		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar	
<input type="checkbox"/> Range Hood	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other Describe		

I understand that plan review will not commence if any conflicts exist with planning and/or sanitation requirements. Plan check fees are non-refundable.

Owner/Applicant Signature: _____ Date: _____