



**Development Services**

**BUILDING DIVISION**  
10 South Oakdale  
Medford, OR 97501  
Phone: 541-774-6927  
Fax: 541-774-6948

*For Building, Mechanical or Plumbing permits only*

**Request to Relinquish a Permit**

I, \_\_\_\_\_, representing \_\_\_\_\_ as the authorized  
(Print name) (Company name if applicable)  
holder of permit number \_\_\_\_\_, at \_\_\_\_\_  
(job site address)

relinquish this permit. I understand that I will not have a claim to or receive a refund of any fees paid for on this permit.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Agent or Owner)

**Request for a Permit Transfer**

I, \_\_\_\_\_, representing \_\_\_\_\_ request transfer  
(Print Name) (Company Name if Applicable)  
of permit number \_\_\_\_\_ to my name/ company. I understand that an administrative fee is required for transfer and that I / my company is responsible for any future work completed under this permit. This may include any corrections on previous work required to bring this project into compliance with applicable building code. The scope of future work is as outlined: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Agent or Owner)

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ CCB License # \_\_\_\_\_  
(if applicable)