



PLAN REVIEW APPLICATION

Medford Water Commission
 Attn: Engineering
 200 S. Ivy Street, Room 177
 Medford, OR 97501
 (541) 774-2430

engineeringreview@medfordwater.org
www.medfordwater.org

Staff Use Only:

Work Order #:

Date Received:

Date Reviewed:

Application Accepted

Application Denied

(see attached list of deficiencies)

Please complete the following information.

PROJECT INFORMATION		
Project Name:	Project Map/Tax Lot Number(s):	
Project Address/Location:		
Project Description:	If Subdivision, how many lots?	
Prior City/County Development Planning Case(s):	Date of City/County Submittal:	
OWNER / DEVELOPER	ENGINEER	
Name:	Name:	
Company:	Company:	
Mailing Address:	Mailing Address:	
Phone:	Phone:	
Email:	Email:	
APPLICANT <input type="checkbox"/> Same as Owner / Developer <input type="checkbox"/> Same as Engineer <input type="checkbox"/> Other (Complete the info below)		
Last Name:	First Name:	Company:
Mailing Address:		
Phone:	Email:	

This application will be denied if not accompanied by a signed **Responsible Party Form** and a **Project Vicinity Map** (8.5" x 11"). Project Vicinity Map shall include North arrow and show the property location with respect to the nearest cross streets.

Submit application, signed Responsible Party Form and Vicinity Map digitally with the initial plan submittal and draft easement documents, if applicable, to EngineeringReview@MedfordWater.org.