



APPLICATION FOR COMMERCIAL BUILDING PERMIT

Permit Number: _____ Submittal Date: _____	
Date Approved: _____ By: _____ Fee \$: _____	
Construction Address: _____ Zoning: _____	
Subdivision: _____ Lot: _____ Block: _____ STR: _____	
PERMIT TYPE (please circle) New Construction Plumbing Fire Repair Mechanical Building Addition Electrical Retaining Wall (onsite) Other (specify) _____ Tenant Finish _____ Interior Remodel	SITE PLAN REVIEW Expedited: <u>Yes/No</u> Submittal Date: _____ Approval Date: _____
If <u>new construction</u> , size of the required water meter (please circle): 5/8" 1" 1 1/2" 2" 3" Other _____	
Sewer service line (please circle): 4" 6" 8" 10" 12" Other _____	
<div style="text-align: right; font-size: small;"> <i>Official Use:</i> Meter Tap Fee: _____ Sewer Tap Fee: _____ W/Waste Fee: _____ </div>	
ARCHITECT/ENGINEER Name _____ Email Address _____ Address _____ City, State & Zip _____ Phone _____ Fax _____	
CONTRACTOR/APPLICANT Name _____ Email Address _____ Address _____ City, State, & Zip _____ Phone _____ Fax _____	
PROPOSED COMMERCIAL USE (please circle) Amusement/Recreational Church/Religion Industrial Parking Garage Service/Repair Garage Hospital/Institution Mercantile Public Utility Office, Bank, Professional School, Library Tanks (fuel) Tower (cell, etc.) Hotel, Motel, Dormitory Triplex or greater Restaurant Other _____	
Describe in detail the proposed use of the building. If use of an existing building is being changed, enter the proposed use: _____ _____ _____ _____	

<p>PRINCIPLE FRAMING</p> <p>Foundation _____</p> <p>Exterior Walls _____</p> <p>Interior Walls _____</p> <p>Fire Wall/Barriers _____</p> <p>Roof Structure _____</p> <p>Roof Decking _____</p> <p>Roof Covering _____</p> <p>Is the building being sprinkled? _____</p> <p>If yes, to what standard? _____</p> <p>_____</p>	<p>BUILDING INFORMATION</p> <p>Height of Building _____</p> <p>Number of Stories _____</p> <p>Total square footage _____</p> <p>Total square footage of remodel _____</p> <p>Total Estimated Cost _____</p> <p>NUMBER OF PARKING SPACES</p> <p>Enclosed _____</p> <p>Outdoors _____</p> <p>Accessible _____</p>
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APPLICANT INFORMATION

Owner(s)/Lessee(s) _____

Address _____ City, State & Zip _____

Phone _____ E-Mail Address _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdictions.

Applicant Signature _____ Date _____

CONTRACTOR INFORMATION

General Contractor _____ Phone _____

Mechanical _____ Phone _____

Electrical _____ Phone _____

Plumbing _____ Phone _____

Elevator _____ Phone _____

REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY:
 Submit a copy of the new business Sales Tax Permit from the Oklahoma Tax

NOTE: Upon approval of all final inspections, please call the Community Development Department at (918) 322-5409 to request the Certificate of Occupancy. Please provide your permit number and the property address.