



*Commercial
Building Permit
Application*

Permit Number

PROJECT INFORMATION				
Project Address	Suite #	Addition	Lot	Block
Property Owner Name	Property Owner Address		Phone	
Property Owner Email:				
General Contractor Name	General Contractor Address		Phone	
General Contractor Email:				

DESCRIPTION OF WORK			
Interior Finish Alter/Remodel*	New Building Demolition*	Shell Only Other _____	Addition*
<i>*Please read and Sign</i>			

I certify an Asbestos Survey has been done if applicable.

Signature: _____ Date: _____

Description of work to be done:

Value of Project	Construction Type (IIA, IIB, VA, etc.)	Occupancy Type (A2, A3, B, M, R2, etc.)
Total Square Footage	Proposed Use (example: restaurant, retail, medical marijuana, or hair salon, etc.)	

Zoning must be approved before construction begins		
Setbacks: Front, Side and Rear	Building Height/Max Allowed Height	Planning/Zoning Notes

NOTICE

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced. [Please completely fill out and sign. Both pages](#)

Applicant Name	Applicant Signature	DATE
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****Fill out both pages completely. Incomplete applications may not be accepted. ****
****Contractors must be registered/licensed with the City and State. ****



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Inspections / Registration Required

State and City License Required: All Contractors must be registered with the City of Glenpool. This process is done online only: <http://glenpoolonline.com/337/Contractor-Registration>

Inspection Information: Inspections are scheduled online by the licensed contractor. All requests must be submitted before 8:00 A.M. for same day inspections, after 8:00 A.M. inspection will be scheduled for the following available working business day. <http://glenpoolonline.com/338/Inspection-Requests>

Re-inspections may require a \$50.00 payment made payable to the City of Glenpool.

Please post the Building Permit in a window visible from the public street.

***The issuance of a "Certificate of Occupancy" is required prior to occupancy. Address must appear on the Building & Mailbox to receive "Certificate of Occupancy"**

Sub-Contractor Information

Company Name	Contractor Name	E-Mail	Phone #
Electrical:			
Plumbing:			
Mechanical:			
Other:			

Meter Releases

Electrical and gas meter releases are made at the discretion of the inspector based on the conditions at the time of the request. Electrical panels must have all main breaker/main lug and sub-panels terminated, bonded, and grounded Gas must have all valves/stops installed. Low press test @ 3psi for 10 min. and Medium/High pressure @ 10 psi for 10 min. or a test pressure at least 1.5 the working pressure.

****Erosion Control Notice****

Authorized Representative	Builder / Developer	Project Site Address
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***The City of Glenpool has a comprehensive ordinance addressing erosion control. All builders and developers are required to always maintain effective erosion control measures during construction projects. This includes but is not limited to: Dirt and silt in the streets, protection of storm sewers, silt fencing around the project. Failure to maintain erosion control on your project not only violates local ordinances, but it also violates State Statute enforced by the ODEQ concerning storm water runoff. Failure to comply with erosion control requirements could result in a stop work order or any other remedies allowed by statute. The signature on this notice serves as acknowledgment of erosion control requirements and responsibilities concerning the project. ***

Applicant Name	Applicant Signature	DATE
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-----OFFICE USE ONLY BELOW THIS LINE-----

Plan Review Fee:	Received By:	Date:
Permit Fee:	Issued By:	Date: