

Building Permit Application

Commercial
Demolition
Residential

Rev. 1/07											
Project Name :							Application #				
Project Address :									County		
Legal Description	Lot :	# Block # Subdivision			Subdivision	:			re attached sheet if netes and bounds or split lots		
Owner Inform	natio	n	Name:								
Address:							City: State:				
E-mail :				Phone #	ŧ		Fax #	Zip:			
Contractor Information Name:											
Address: City:									State:		
E-mail:				Phone #	!		Fax #	Zip:			
Applicant Inf	orma	tion	Name:						Same as Owner Same as Contractor		
Address:							City:		State :		
E-mail: Phone # Fax #								Zip:			
Permit Information		☐ Ere	ct	(Please check only one. If more Remodel Move on		i more than on	ne applies, list in remarks below.) ☐ Fire Restoration ☐ Modular ☐ Install				
Number of Sto	of Stories Overall		ll Height	l Height Square Foota		Existing Us	se of Land/Bldg	Proposed U	Proposed Use of Land/Bldg		
Estimated Cost :]	Number of Un	nits:	Professional Builder's Certification # (If Applicable):					
Applicant Remarks (Optional)											
I hereby certify that the statements in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached plans, specifications and drawings and to the Codes and Ordinances of the City of Oklahoma City and that all electrical, plumbing, heat & air, fence, sign and driveway construction shall be performed by contractors licensed by the State of Oklahoma (if applicable) and registered and bonded with the City of Oklahoma City.											
Date	nte Printed Name						$\mathbf{B}\mathbf{y}$				