



Accessory Building

Storage Buildings (Smaller than 12x20)
and Carports

Cash <input type="checkbox"/>
Check <input type="checkbox"/>
Received \$ _____
Receipt No _____
Date: _____

Permit # _____

Project Address:

Legal Description	Lot #	Block #	Subdivision: (If un-platted, submit copy of warranty deed)
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Owner of Property: _____

Name Phone #

Mailing Address: _____

Street # City State Zip

Contractor/Applicant: _____

Name Phone #

Mailing Address: _____

Street # City State Zip

Existing Use of Land/Bldg: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Lot Size:	Number Of Acres:	Number Of Units	Square Footage	Estimated Cost
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Permit Information	<p style="text-align: center;">(Please check only one)</p> <input type="checkbox"/> Erect <input type="checkbox"/> Fire Restoration <input type="checkbox"/> Modular <input type="checkbox"/> Add on <input type="checkbox"/> Move on
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Base Flood Elevation (BFE) For building permits where construction is within the flood plain.

I hereby certify that the statement 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 Choctaw and that all electrical, plumbing and heat & air construction shall be performed by contractors licensed by the State of Oklahoma and licensed with the City of Choctaw. I attest to the truth and correctness of all facts and information presented in this application and agree to pay all fees as required.

Printed Name: _____ **Signature:** _____

Date: _____

<input type="checkbox"/> APPROVED _____ 20_____ <input type="checkbox"/> DENIED _____ 20_____ REASON: _____ BY _____
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SITE PLAN

