

IMPORTANT: Please attach the proposed Plot Plan & indicate the location & direction of all buildings on the lot. Indicate type construction & use of each building.



Building Permit

		Street Address:											
		Date:				No.							
Owner Name:		Lot	Block	Addition			Permit Fees						
Contractor Name:		Section		TWP	Range								
Contractor Address:			Contractor Phone:				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Principal Building/Use</td></tr> <tr><td style="padding: 2px;">Accessory Building/Use</td></tr> <tr><td style="padding: 2px;">Use By Right</td></tr> <tr><td style="padding: 2px;">Use By Interpretation</td></tr> <tr><td style="padding: 2px;">Use By Variance</td></tr> <tr><td style="padding: 2px;">Use By Special Exception</td></tr> </table>	Principal Building/Use	Accessory Building/Use	Use By Right	Use By Interpretation	Use By Variance	Use By Special Exception
Principal Building/Use													
Accessory Building/Use													
Use By Right													
Use By Interpretation													
Use By Variance													
Use By Special Exception													
			Email Address:										
Proposed Use:				Zoning District									
Lot Information:	Frontage	Average Depth		Lot Area	Parking Spaces	Estimated Cost of Building							
Structure Set Back:	Front (<u>from the center line of the street</u>)			Side (Ft)	Side (Ft)	Rear (Ft)	<u>Livable</u> Space						
Building Information:	Width	Length		Height	<u>Floor</u> Area	No. Floors	Bedrooms						
	No. Units	Floor		Ext. Walls	Int. Walls	Roof	Ceiling						
	Type Construction		<u>ALL</u> Easements: U/E, B/L, D/E Front _____, Side _____, Rear _____										
Type of Work To Be Done:	New Building	Interior Remodel		Enlarge Existing Building		Repair No Expansion	Accessory						
Zoning Officer's Signature		Applicant's Signature			Inspector's Signature								
Comments:					Fire Marshal's Signature								
INSPECTION LINE 918.376.1542 ~ Any inspections called in after 2:00 pm will be inspected on the following work day. Water, street or alley grades, as well as, location and depth of public sewers and water lines may be obtained from the OPWA at 918.272.4959.													

ADDRESS MUST BE POSTED NEXT TO THE CURB AND ALSO ON THE TEMPORARY POLE

RESIDENTIAL PERMIT REVIEW: 3-5 BUSINESS DAYS	COMMERCIAL PERMIT REVIEW: 10-15 BUSINESS DAYS
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ELECTRICAL CONTRACTOR NAME & PHONE #: _____

PLUMBING CONTRACTOR NAME & PHONE #: _____

MECHANICAL CONTRACTOR NAME & PHONE #: _____

ROOFING CONTRACTOR NAME & PHONE #: _____