

**IMPORTANT: Please attach the proposed plot/site plan; and indicate the location & direction of all buildings on the lot.**



# Residential Building Permit

Address:

Date Submitted:	Section	Township	Range	Zoning District		
Owner Name:(if different than the builder)	Lot	Block	Subdivision:			
Phone:	Builder/General Contractor Company Name:					
Email:	Address:					
	Phone:					
	Email:					
Description of work being done:						
<b>Lot Information:</b>	Frontage	Average Depth	Lot Area	Parking Spaces	Estimated Cost of Building	
<b>Structure Set Back:</b>	Front (from the center line of the street)		Side (Ft)	Side (Ft)	Rear (Ft)	
<b>Building Information:</b>	Width	Length	Height	No. Floors	Floor Area	Livable Space
	ALL Easements: U/E, B/L, D/E					
	Front		, Side	, Rear		
<b>Type of Work To Be Done:</b>	New Building	Interior Remodel	Enlarge Existing Building	Repair No Expansion	Accessory	
<b>Comments:</b>						
<b>Owners Signature:</b>			<b>RESIDENTIAL PERMIT REVIEW: 7-10 BUSINESS DAYS</b>			
<b>Please do not submit permit without the General Contractor's Information. In order to release the permit we must also have the subcontractor's company information and a current copy of their Oklahoma State Contractor's License/Registration Card.</b>						
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.						

**COMPANY NAME, ADDRESS, PHONE NUMBER, & EMAIL ADDRESS FOR THE FOLLOWING:**

**ELECTRICAL CONTRACTOR:** \_\_\_\_\_

**PLUMBING CONTRACTOR:** \_\_\_\_\_

**MECHANICAL CONTRACTOR:** \_\_\_\_\_

**ROOFING CONTRACTOR:** \_\_\_\_\_

PLEASE EMAIL A COPY OF THE OKLAHOMA STATE CONTRACTOR'S LICENSE TO [BUILDINGPERMITS@CITYOFOWASSO.COM](mailto:BUILDINGPERMITS@CITYOFOWASSO.COM).