

Town of Oologah

"Birthplace of Will Rogers"

APPLICATION FOR BUILDING PERMIT COMMERCIAL

APPLICATION/PERMIT NUMBER: _____

DATE APPROVED: _____

APPROVED BY: _____

AT (LOCATION): _____ ZONING DISTRICT: _____
NUMBER DIRECTION STREET NAME SUFFIX

SUBDIVISION: _____ LOT _____ BLOCK _____

SUBDIVISION SETBACKS REQUIRED (YES/NO) _____ SETBACKS FRONT _____ SIDE _____ SIDE _____ BACK _____

LOT SIZE _____ ACRES/SQ FT CORNER LOT (YES/NO) _____ SECTION _____ TOWNSHIP _____ RANGE _____

PERMIT TYPE NEW CONSTRUCTION RETAINING WALL BUILDING ADDITION
 FIRE REPAIR REMODEL INTERIOR REMODEL OTHER (SPECIFY) _____

ENGINEER: _____
NAME MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

ARCHITECT: _____
NAME MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

GENERAL CONTRACTOR/APPLICANT: _____
NAME MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

WHEN PERMIT IS READY TO PICK UP

PLEASE CALL: _____

PHONE: _____

COMMERCIAL- PROPOSED USE

HAS THE PROPERTY BEEN PLATTED? _____ YES _____ NO

HAS THE SITE PLAN BEEN SUBMITTED? _____ YES _____ NO

_____ AMUSEMENT/RECREATION _____ CHURCH/RELIGION _____ INDUSTRIAL
_____ PARKING GARAGE _____ SERVICE/REPAIR GARAGE _____ HOSPITAL/INSTITUTION
_____ MECANTILE _____ PUBLIC UTILITY _____ BUSINESS-OFFICE, BANK, PROFESSIONAL
_____ SCHOOL, LIBRARY, EDUCATIONAL _____ TANKS (I.E. FUEL) _____ RESTAURANT
_____ TRIPLEX OR GREATER _____ HOTEL, MOTEL, DORMITORY (TRANSIENT)
_____ OTHER (SPECIFY)

COST

COST OF IMPROVEMENT..... \$ _____

TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST

A. ELECTRICAL _____

B. PLUMBING _____

C. HVAC _____

D. OTHER (ELEVATOR, ETC.) _____

TOTAL COST OF IMPROVEMENT \$ _____

COMMERCIAL-DESCRIBE IN DETAIL PROPOSED

USE OF BUILDINGS, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.

<p>PRINCIPLE FRAMING (PLEASE BE SPECIFIC)</p> <p>FOUNDATION: _____</p> <p>EXTERIOR WALLS: _____</p> <p>INTERIOR WALLS: _____</p> <p>FIRE WALL/BARRIERS: _____</p> <p>ROOF STRUCTURE: _____</p> <p>ROOF DECKING: _____</p> <p>ROOF COVERING: _____</p> <p>IS BUILDING SPRINKLED? _____</p> <p>IF YES, TO WHAT STANDARD? _____</p>	<p>OUTSIDE DIMENSIONS: _____</p> <p>BUILDING HEIGHT: _____</p> <p>NUMBER OF STORIES: _____</p> <p>NUMBER OF BASEMENT LEVELS: _____</p> <p>TOTAL SQUARE FOOTAGE OF THE BUILDING INCLUDING ALL FLOORS/AND OR TENANT SPACES: _____</p> <p>TOTAL SQUARE FOOTAGE OF THE REMODEL/ADDITION: _____</p>
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<p>TRADE SPECIFIC ITEMS</p> <p>TOTAL ELECTRICAL AMPS: _____</p> <p>TOTAL HVAC UNIT TONS: _____</p> <p>TOTAL FLOOR DRAINS: _____</p>	<p>NUMBER OF OFF-STREET PARKING SPACES</p> <p>ENCLOSED _____</p> <p>OUTDOORS _____</p> <p>ACCESSIBLE _____</p>
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SITE OR PLOT PLAN OR KEY PLAN SHOWING LOCATION WITHIN A BUILDING OR STRIPMALL COMMERCIAL-APPLICANT MUST SUBMIT THREE (3) FULL (ENGINEER STAMPED) SETS OF PLANS. IF PROJECT IS A FOOD RELATED SERVICE, ONE (1) APPROVED SET OF PLANS FROM THE ROGERS COUNTY HEALTH DEPT. MUST BE SUBMITTED ALONG WITH THIS APPLICATION AND BUILDING PERMIT PLANS. FOR NEW BUILDINGS AND ADDITIONS YOU MUST SUBMIT A PROPERTY SURVEY OR SURVEY PLAT WITH DIMENSIONS OF ALL STRUCTURES AND DISTANCES FROM STRUCTURES TO LOT LINES, UTILITY EASEMENTS (U/E), ETC. FOR INTERIOR REMODEL A KEY PLAN MUST BE SUBMITTED TO SHOW LOCATION WITHIN THE BUILDING AND PERTINENT INFORMATION SUCH AS EXISTING RESTROOMS, WATER FOUNTAINS, MOP-SINK, ETC.

IDENTIFICATION- TO BE COMPLETED BY ALL APPLICANTS.

OWNER/LEASEE: _____ PHONE #: _____ FAX #: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CELL PHONE #: _____ EMAIL: _____

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS AND JURISDICTIONS.

APPLICANT SIGNATURE _____ DATE _____

REVIEWER COMMENTS: _____

GENERAL CONTRACTOR: _____

SUBS: MECHANICAL: _____ ELECTRICAL: _____

PLUMBING: _____ ELEVATOR: _____

UPON APPROVAL OF FINAL INSPECTIONS

**FAX A REQUEST FOR CERTIFICATE OF OCCUPANCY TO (918) 443-2616.
PLEASE INCLUDE PERMIT NUMBER AND ADDRESS OF PROPERTY.
PLEASE ALLOW 48 HOURS FOR PROCESSING.**