

TOWN OF OOLOGAH

PHONE: (918) 443-2783, FAX (918) 443-2616

EMAIL: OOLOGAHCLERK@SBCGLOBAL.NET

REGISTERED CONTRACTORS

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

CONTRACTOR REGISTRATION #: _____

CONTRACTING FIELD: _____

AUTHORIZED PERSONS: _____

ELECTRICAL MASTER #: _____ PLUMBING MASTER #: _____

MECHANICAL MASTER #: _____

PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____

CURRENT BUSINESS LICENSE: _____

FEDERAL TAX IDENTIFICATION: _____

ADDRESS WHERE WORK WILL BE COMPLETED _____

THE OWNER AND THE UNDERSIGNED AGREE TO CONFORM TO ALL TOWN OF OOLOGAH, ROGERS COUNTY, AND THE HEALTH DEPARTMENT AND OTHER PERTINENT CODES AND REGULATIONS. OWNER AND/OR THE UNDERSIGNED SPECIFICALLY AGREE TO ABIDE BY OOLOGAH ORDINANCES AND ZONING REGULATIONS AND ACKNOWLEDGE WORK TO BEGIN WITHIN 90 DAYS. PERMITS EXPIRE UPON EXPIRATION OF LICENSE UNLESS OTHERWISE NOTED.

I AGREE THAT THE ABOVE INFORMATION IS FULL AND ACURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNITURE _____

APPROVED BY: _____

DATE _____ PERMIT _____