

## **Building Permit Application**

	Commercial
П	Demolition
П	Residential

Project Name :						Application #			
Project Address :								County	
Legal Description	Lot#	Block # Sul			Subdivision:			ee attached sheet if metes and bounds or split lots	
Owner Inform	nation	Name							
Address:						City:		State:	
E-mail :			Phone #	ŧ		Fax #		Zip:	
Contractor Information Name:									
Address:					City:		State:		
E-mail :			Phone #	ŧ		Fax #		Zip:	
Applicant Information Name			:					☐ Same as Owner ☐ Same as Contractor	
Address:						City:		State:	
E-mail :	E-mail :			ŧ		Fax #		Zip:	
Permit Information		ect dd on	( Please check only one. If  Remodel  Move on		more than one applies, list in rema		arks below.)  Modular  Preliminary Review		
Number of Sto	nber of Stories Overall Heig		ht Square Footage		Existing Use of Land/Bldg		Proposed U	Proposed Use of Land/Bldg	
Estimated Cost :			Number of Units :		Professional Builder's Certification # (If Applicable):				
Applicant Rema	rks (Optional								
I hereby certify that the statements 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 Oklahoma City and that all electrical, plumbing, heat & air, fence, sign and driveway construction shall be performed by contractors licensed by the State of Oklahoma (if applicable) and registered and bonded with the City of Oklahoma City.									