



BUILDING PERMIT APPLICATION

Permit # _____

Applicant Name: _____

Date Paid: _____

Proposed Address: _____

Business Name: _____ City _____ State _____ Zip Code _____

Phone: _____ FAX: _____

Email: _____

TYPE OF PERMIT	RESIDENTIAL	COMMERCIAL
Circle one of the following;	Circle one of the following;	Circle one of the following;
GENERAL ADDITION BUILDING CARPORT (DETACHED) DEMOLITION **** GARAGE (DETACHED) **FENCE** MOVING OCCUPANCY (NEW) OTHER *STORAGE SHED ***STORM SHELTER*** **SWIMMING POOL** WIRELESS COMM.	ONE FAMILY TWO FAMILY MULTI-FAMILY	AMUSEMENT/RECREATIONAL INDUSTRIAL OFFICE PLACE OF ASSEMBLY SCHOOL/LIBRARY SERVICE STATION STORES/MECHANTILE HOSPITAL TANK,TOWER WAREHOUSE

****NOTE**:** **BEFORE YOU DIG please call OKIE.**

1-800-522-OKIE (6543) Or Email www.callokie.com

*****NOTE***:** **Need Engineering Specifications and FEMA 320, ICC / NSSA 500
as required by the State of Oklahoma.**

OWNERSHIP (Circle one)	DIMENSIONS	PARKING (Circle One)
Private	Total Sq. Ft. of all Floor Areas:	Enclosed
Public		Outdoors
	Number of Stories:	Height:
* Storage Shed *** Storm Shelter** ****Garage	Total Sq. Ft. _____ Total Sq. Ft. _____ Total Sq. Ft. _____	Flooring Circle: Concrete or Ground

CONTRACTOR	NAME	ADDRESS	PHONE #
GENERAL			
PLUMBING			
MECHAINCAL			
ELECTRICAL			
FENCE			

**ALL CONTRACTORS MUST BE LICENSE BY
OKLAHOMA CONSTRUCTION INDUSTRIES BOARD AND THE CITY OF FREDERICK**

PROPOSED FENCE INFORMATION: All fence permit applications shall be submitted with a scaled drawing (8 ½" X 11" min) indicating property lines and fence location. Applications which are approved must conform to all zoning ordinances and building codes. All work done under this permit must be constructed as shown on this application.

I UNDERSTAND THAT IT IS MY OBLIGATION TO CALL FOR AN INSPECTION OF THE POST LOCATION PRIOR TO INSTALLATION OF ANY FENCING MATERIAL.

COST OF IMPROVEMENT		
Building	\$	
Electrical	\$	
Plumbing	\$	
Mechanical	\$	
Other	\$	
Total Cost of Improvement	\$	

I HEREBY CERTIFY THAT ALL CONSTRUCTION WILL BE PERFORMED AS SHOWN ON THE APPROVED PLANS/DOCUMENTS AND THAT THERE WILL BE **No CHANGES TO THE APPROVED PERMIT WITHOUT PRIOR WRITTEN APPROVAL FROM THE CITY.** I FURTHER CERTIFY THAT I AM THE OWNER, OR LEGAL AGENT OF THE PROPERTY.

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

ZONING DISTRICT _____ DIVISON _____

ADDITION _____ LOT _____ BLOCK _____ LOT SIZE _____

ZONING ADMINISTRATOR NOTES:

BUILDING OFFICIAL NOTES:

DISTRICT:	USE GROUP:	TYPE CONST:
NOTES:	NOTES:	
Lot		
Width		
Front		
Sides		
Rear		
FAR		
Height		
APPROVED BY: _____ DATE: _____	APPROVED BY: _____ DATE: _____	
DENIED BY: _____ DATE: _____	DENIED BY: _____ DATE: _____	

FENCE EXAMINERS NOTES:

FIRE CHEIF:

SURVEY:	YES	NO	Notes:
SITE PLAN:	YES	NO	
NOTES:			
APPROVED BY: _____ DATE: _____	APPROVED BY: _____ DATE: _____		
DENIED BY: _____ DATE: _____	DENIED BY: _____ DATE: _____		

OFFICE USE ONLY

<u>FEES</u>	
Building	\$
Occupancy	\$
Water Tap	\$
Fence	\$
Curb Cut	\$
State Fees	\$
Drainage	\$
TOTAL	\$

Additional Information:
