

Application Number _____

Date Approved _____ By _____

Project Name _____

Construction Address _____ Zoning _____ County _____

Subdivision _____ Lot _____ Block _____ Section _____ Township _____ Range _____

Permit Type

- | | | | |
|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Electrical | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Building Addition | <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Plumbing | |

Meters

For new construction, select size:

domestic water meter size: 3/4" 1" 1 1/2" 2" Other ____" irrigation meter size: 3/4" 1" 1 1/2" 2" Other ____"

Requirements

\$100.00 non-refundable plan review fee

(2) Full sets of plans: site, plot or key plan showing location of building project

(1) Approved set of plans from the Tulsa Health Department if project is a food related service

(1) Digital copy

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. Buildings shall be built to the currently adopted building code. Permit fees can be found at www.brokenarrowok.gov in the Manual of Fees.

Architect/Engineer

Name _____ Phone# _____

Address _____ Cell# _____

City, State, Zip _____ Fax# _____

Email _____

Applicant (please print clearly)

Name _____ Phone# _____

Address _____ Cell# _____

City, State, Zip _____ Fax# _____

Email _____

PLEASE CALL _____ WHEN PERMIT IS READY FOR PICK UP Phone# _____

Cost of Improvement

Electrical \$ _____

Mechanical \$ _____

Plumbing \$ _____

Other (elevator, etc.) \$ _____

Total Cost \$ _____

Proposed Use

Principle Framing (Be Specific)

Foundation _____

Exterior Walls _____

Interior Walls _____

Fire Wall/Barriers _____

Roof Structure _____

Roof Decking _____

Roof Covering _____

Does the building have fire protection? _____

If yes, to what standard? _____

Height of Building _____

How Many Stories _____

Total Square Footage

Ground Floors _____

All floors _____

Remodel/Addition _____

Occupant load _____

Authorization

I hereby certify that the proposed work is authorized by the owner of record.

Owner/Lessee _____ Phone # _____ Fax # _____

Address _____ City, State, Zip _____

Cell Phone # _____ Email: _____

Owner Signature _____ Date _____

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 jurisdiction.

Applicant Signature _____ Date _____

Contractor Names-All contractors must register with the City of Broken Arrow

General Contractor _____

Electrical _____ Phone # _____

Mechanical _____ Phone # _____

Plumbing _____ Phone # _____

Roofer _____ Phone # _____

Fire Alarm _____ Phone# _____

Fire Suppression _____ Phone # _____