



# DEMOLITION

## APPLICATION FOR PLAN EXAMINATION

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Landfill Name \_\_\_\_\_

Construction Address \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Plans Submitted  Yes  No

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

### Permit Type

Commercial Demolition  Residential Demolition

### Proposed Demo

Full Structure  Structural Interior  Interior Only

### Requirements

Refer to Manual of Fees for cost of permit + OUBCC + \$2.00 data retention fee

All contractors must be registered with the City of Broken Arrow

### Structure

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Total Square Feet of Primary Structure (including garage) \_\_\_\_\_

Total Square Feet of Accessory Structure \_\_\_\_\_

### Contractor Names

Demolition Company \_\_\_\_\_ Phone # \_\_\_\_\_

Plumbing \_\_\_\_\_ Phone # \_\_\_\_\_

***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 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_

PLEASE CALL \_\_\_\_\_ WHEN PERMIT IS READY FOR PICK UP Phone# \_\_\_\_\_

### Restrictions

City Sewer System: Sewer line must be capped at the riser above the City main line and inspected by the Building Inspector.  
Exception: Within a mobile home park, sewer may be capped at the pad.

Septic System: Septic tank must be pumped, crushed, back-filled and inspected by Building Inspector

Water Service: City crews must remove the water meter or plug tap. Contractor must arrange disconnection with General Services at 918-259-7000 ex: 7373

Utilities: Contractor must arrange electric and gas disconnection with utility company