

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"/> Tenant Finish | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Upgrade |
| <input type="checkbox"/> Building Addition | | <input type="checkbox"/> Kitchen Vent hood |

Requirements

\$100.00 non-refundable plan review fee
\$63.00 permit fee + \$4.50 OUBCC + \$2.00 data retention fee
1 set of fire plans

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 _____ Phone # _____ Fax# _____
Address _____ City, State, Zip _____
Cell Phone # _____ Email _____
Applicant Signature _____ Date _____

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

Alarm _____ Phone# _____
Suppression _____ Phone # _____