

## Commercial / Industrial Permit Application

FOR OFFICE USE ONLY FEMA Floodplain \_\_\_\_\_ Yes \_\_\_\_\_No SPRINKLER SYSTEM REQUIRED: \_\_\_\_\_ Yes \_\_\_\_\_No

723 S. Lewis, P.O. Box 1449 Stillwater Oklahoma 740	
IMPORTANT - Applicant to complete all items	BP#:
I. ADDRESS: (LOCATION)	
SUBDIVISIONLC	OTBLOCKZONING DISTRICT
II. TYPE AND COST OF BUILDING	
A. ✓TYPE OF IMPROVEMENT	B. ✓ USE (circle Proposed Occupancy)
☐ NEW BUILDING	☐ ASSEMBLY A-1 A-2 A-3 A-4
☐ ADDITION	BUSINESS
☐ ALTERATION (complete item K)	☐ EDUCATIONAL
REPAIR, REPLACEMENT (complete item K)	FACTORY OR INDUSTRY F-1 F-2 H-1 H-2 H-3 H-4 H-5
DEMOLITION DEMOLITION	□ INSTITUTIONAL I-1 I-2 I-3 I-4
MOVING (RELOCATION)	MERCANTILE
C. VALUATION Value of improvement \$	RESIDENTIAL R-1 R-2 R-3 R-4 # of Buildings # of Units
mechanical, permanent systems, interior finish, materials and labor	# of Buildings# of Units STORAGE S-1 S-2
excluding land value. IBC109.3.)	UTILITY- specify
III. SELECTED CHARACTERISTICS OF BUILDING	
D. ✓ TYPE OF CONSTRUCTION	F. DIMENSIONS Occupant Load
<b>D</b> TYPE A D ( ) HILL	Number of stories
TYPE I - A <u>or</u> B (noncombustible)	Total square feet of floor area, all floors
TYPE II - A <u>or</u> B (noncombustible)	Total square feet based on exterior dimensions
	Total Land Area ( <i>Trans fee=\$0.075/sq ft or \$750 minimum-04/15/08</i> )
	G. NUMBER OF OFF-STREET PARKING SPACES
☐ TYPE III - A <u>or</u> B (masonry bearing / combustible framing)	
The in the second bearing recombination running	Enclosed
	H. RESIDENTIAL BUILDINGS Number of bedrooms
TYPE IV - A <u>or</u> B (heavy timber)	H. RESIDENTIAL BOILDINGS Number of bedrooms
	Number of bathrooms
TYPE V - A <u>or</u> B (combustible)	Full
	Partial
E. COMMERCIAL BUILDINGS - Number of Air Handler, Furnace or Roof Top Units	I. COMMERCIAL BUILDINGS - Number of toilets / Urinals (Water Closet Fee=\$100 / toilet or urinal)
will be paid when a water meter order is requested.	NOTE: A separate commercial water meter request and applicable fees
J. ✓ DESCRIPTIO	
EXTERIOR WALL FINISH	ROOF COVERING FIRE SUPPRESSION SYSTEM Yes No
SOILS REPORT (contact Bldg Division for ADDITION requirement	
K. EXPLANATION OF PROJECT:	
IV. IDENTIFICATION	
	ING ADDRESS - Number, Street, city, and State PHONE / FAX #'s
Owner	
□ Contractor	
□ Architect	
☐ Engineer	
✓ MUST Designate who will be the primary "point of conta	act" for all review correspondence associated with this project.
work to proceed. I further certify that all construction work under this per Stillwater and that all electrical, plumbing, mechanical, sign and driver Oklahoma (if applicable) and registered Updated: 08.24.2010	ts hereto are accurate and that the property owner has given permission for the rmit will conform to all applicable ordinances, rules or regulations of the City way construction shall be performed by contractors licensed by the State and bonded with the City of Stillwater
(OWNER)(CONTRACTOR) (AGENT): SIGNED	
(OWNER)(CONTRACTOR) (AGENT): PRINT	Date:
Approved By:	Title: Date: