



ROGERS COUNTY PLANNING COMMISSION
BUILDING SAFETY & INSPECTION SERVICES

COMMERCIAL BUILDING PERMIT

ALL FEES ARE NON-REFUNDABLE

Permit Number: _____

Date Approved: _____

Approved By: _____

At (location) _____ Zoning District _____
Number Direction Street Name Suffix

Subdivision _____ LOT _____ BLOCK _____

Subdivision Setbacks Required (Yes/No) _____ Setbacks Front _____ Side _____ Side _____ Back _____

Lot Size _____ acres/sq ft Corner Lot (Yes/No) _____ Section _____ Township _____ Range _____

PERMIT TYPE Fire Repair New Construction Remodel Retaining Wall Interior Remodel Building Addition Other (specify) _____

Engineer: _____ Name _____ Mailing Address _____

Phone Number _____ Email Address _____

Architect: _____ Name _____ Mailing Address _____

Phone Number _____ Email Address _____

General Contractor/Applicant: _____ Name _____ Mailing Address _____

Phone Number _____

Email _____

WHEN PERMIT IS READY TO PICK UP
PLEASE CALL _____
Phone: _____

Commercial – Proposed Use

HAS THE PROPERTY BEEN PLATTED? _____ YES _____ NO
HAS THE SITE PLAN BEEN SUBMITTED? _____ YES _____ NO

- _____ Amusement/Recreation
- _____ Church/Religion
- _____ Industrial
- _____ Parking Garage
- _____ Service/Repair Garage
- _____ Hospital/Institution
- _____ Mercantile
- _____ Public Utility
- _____ Business – Office, Bank, Professional
- _____ School, Library, Educational
- _____ Tanks (i.e. fuel)
- _____ Restaurant
- _____ Hotel, Motel, Dormitory (transient)
- _____ Triplex or greater
- _____ Other (Specify) _____

COST

Cost of improvement..... \$ _____
To be installed by not included in the above cost
a. Electrical _____
b. Plumbing _____
c. HVAC _____
d. Other(elevator, etc.) _____
TOTAL COST OF IMPROVEMENT \$ _____

Commercial - Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

<p>PRINCIPLE FRAMING (PLEASE BE SPECIFIC)</p> <p>Foundation _____</p> <p>Exterior Walls _____</p> <p>Interior Walls _____</p> <p>Fire Wall/Barriers _____</p> <p>Roof Structure _____</p> <p>Roof Decking _____</p> <p>Roof Covering _____</p> <p>Is building Sprinkled? _____</p> <p>If yes, to what standard? _____</p>	<p>Outside Dimensions _____</p> <p>Building Height _____</p> <p>Number of Stories _____</p> <p>Number of Basement Levels _____</p> <p>Total Square footage of the building including all floors/and or tenant spaces _____</p> <p>Total SF of the remodel/addition _____</p>
<p>TRADE SPECIFIC ITEMS:</p> <p>Total Electrical Amps _____</p> <p>Total HVAC Unit Tons _____</p> <p>Total Floor Drains _____</p>	<p>NUMBER OF OFF-STREET PARKING SPACES</p> <p>Enclosed _____</p> <p>Outdoors..... _____</p> <p>Accessible..... _____</p>

SITE OR PLOT PLAN OR KEY PLAN SHOWING LOCATION WITHIN A BUILDING OR STRIPMALL Commercial - Applicant must submit three (3) full (Engineer Stamped) sets of plans. If project is a food related service, 1 (one) approved set of plans from the Rogers County Health Dept. must be submitted along with this application and building permit plans.

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. Rogers County operates out of the 2009 International Code Council, Oklahoma State Uniform Building Code Commission, & Local Amendments.

IDENTIFICATION - To be completed by ALL Applicants

Owner/Leasee _____ Phone # _____ Fax # _____

Address _____ City, State, Zip _____

Cell Phone # _____ Email: _____

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

Applicant Signature _____ Date _____

REVIEWER COMMENTS:

General Contractor _____

Subs: Mechanical _____ Electrical _____

Plumbing _____ Elevator _____

UPON APPROVAL OF FINAL INSPECTIONS

PLEASE FAX A REQUEST FOR CERTIFICATE OF OCCUPANCY TO (918) 923-4465

Please include permit number and address of property

PLEASE ALLOW 48 HOURS FOR PROCESSING