



# City of Catoosa

## Building Permit Application Inspections Department

P.O. Box 190 • 214 S. Cherokee • Phone: 918-266-2505 • Fax: 918-266-1687

Residential   
  Commercial   
  Industrial

Name of Business/Bldg./Complex:										
Construction Address:						City, State, Zip:				
Suite No.:			Building No.:			County: [ ] Rogers [ ] Wagoner				
Subdivision:										
Legal	Section		Township		Range		Lot		Block	
Zoning:			Flood Zone: Y [ ] N [ ]			Corner Lot: Y [ ] N [ ]				
No. of Plans:		No. of Pages of one Set of Plans & Specifications:								
Type of Construction: [ ] New Building [ ] Addition [ ] Interior Remodel [ ] Exterior remodel [ ] Accessory [ ] Repairs No Expansion [ ] Shell Build-Out [ ] COO Only [ ] Storm Shelter [ ] Other:										
Nature of use: [ ] Assembly [ ] Education [ ] Institutional [ ] Business [ ] Industrial [ ] Mercantile [ ] Multi-Family [ ] Residence [ ] Duplex [ ] Storage [ ] Food or Beverage Related [ ] Other:										
Describe Proposed Use in Detail:										
Fire Suppression: Y [ ] N [ ]			TYPE: Dry [ ] Wet [ ] Foam [ ]			Sprinkler Standard: NFPA 13 [ ] NFPA 13R [ ] NFPA 13D [ ]				
Declared Valuation for Work to be Done (Valuation to Include All Fixed Equipment to Operate and Be Used): \$										
<b>Sewer/Utilities</b>										
Septic System: Y [ ] N [ ]			Sewage Tap: Y [ ] N [ ]			Water Deposit: Y [ ] N [ ]		Water Tap: Y [ ] N [ ]		
<b>Plumbing</b>										
Number of Fixture Groups:			Gas Meter: Y [ ] N [ ]				Number of Meters:			
<b>Electrical</b>										
AMP Capacity:		Temp Pole: Y [ ] N [ ]				Number of Electrical Appliances:				
<b>Mechanical</b>										
Number of Gas Appliances:			Number of A/C units:			Tons of A/C:				
<b>Contact Information</b>										
Daytime Contact Person(s) for Plan Consultation:				Title:		Phone No.:		Fax:		
Address:				City, State, Zip:						
E-mail Address:										
Exhibit the Following Details (When Applicable) on the Plans: Use of Adjacent Spaces, Key Plan or Overall Floor Plan with Work Clearly Identified, Outside seating for Restaurants Etc., Fire Exit Accesses and Stair Locations, Fire Rating on Existing Demising, Ceiling, corridor & Fire Walls, Scale Dimensions, & North Arrow* A separate permit is Required for Driveways and Signs* All Electrical, Plumbing and Mechanical work to be done by a licensed contractor in each trade.										

**Certification**

I certify That I am One of the Following:

- Owner or Lessee of the Property on Which the Permit Work is to be Performed.
- Agent of the Property Owner or Lessee for Which Permit Work is to be Performed.
- Licensed Engineer or Architect Employed in Connection with the Work.

If the Application is Made by a Person Other than the Owner, One of the following must be Provided:

- I have attached an Affidavit of the Property Owner for Which Permit Work is to be Performed.
- I have Elected to Provide this Witnessed, Signed Statement.

**Business Owner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Property Owner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Lessee**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**Corporate Officer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

I do hereby attest that I am the property owner, or agent of the property owner, and have the authority to make application to build at this location.

Name of Applicant: (Print)	Signature:	City Building Official:
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Subscribed and Sworn to Before Me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_

Notary Public

**Affidavit as to Easements, Dedications and Rights of Way**

I, \_\_\_\_\_ Being Duly Sworn upon Oath, State That I have Researched and Examined or Caused to be Researched and Examined All Recorded Documents and Instruments Relating to Said Real Property, and That All Recorded Easements, Dedications and Rights of Way Known to me and are Delineated on the plot Plan Which is a Part of the Application for Building Permit for New Construction and/or Enlargements of an Existing building. It is Understood That Issuance of Such Building Permit Does Not Authorize or Permit Construction of a Permanent Structure over or upon Any Easement, Dedication or Right of Way.

\_\_\_\_\_  
Signature

Subscribed and Sworn to Before Me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

**BUILDING INFORMATION FOR REMODELING, ENLARGEMENT, &  
CERTIFICATE OF OCCUPANCY PERMIT APPLICATIONS**

TOTAL HEIGHT OF BUILDING \_\_\_\_\_ TOTAL NUMBER OF STORIES \_\_\_\_\_ TOTAL NUMBER OF BASEMENT LEVELS \_\_\_\_\_

FLOOR AREA TO BE OCCUPIED: \_\_\_\_\_ SQ. FT. WIDTH: \_\_\_\_\_ FT. \_\_\_\_\_ IN. LENGTH: \_\_\_\_\_ FT. \_\_\_\_\_ IN.

HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. BUILDING AREA: \_\_\_\_\_ SQ. FT.

IS EXISTING BUILDING TOTALLY SPRINKLERED? \_\_\_\_\_ PARTIALLY SPRINKLERED? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

APPROXIMATE DATES & PERMIT NO. OF FORMER PERMITS (IF KNOWN) \_\_\_\_\_

SHELL BUILD-OUT? Y [ ] N [ ] ARE YOU CHANGING USE OF THE BUILDING OR LAND? Y [ ] N [ ]

IF YES, PLEASE DESCRIBE PREVIOUS USE: \_\_\_\_\_

NAME OF PREVIOUS BUSINESS: \_\_\_\_\_

EXPECTED COMPLETION DATE: \_\_\_\_\_ EXPECTED DATE OF OCCUPANCY: \_\_\_\_\_

**EXISTING CONSTRUCTION MATERIALS (PLEASE COMPLETE FOR EACH CONSTRUCTION TYPE)**

- ❖ **EXTERIOR WALL FINISH:** [ ] \*CMU [ ] BRICK/STONE VENEER [ ] EIFS [ ] WOOD SIDING [ ] METAL SIDING [ ] VINYL [ ] GLASS
- ❖ **EXTERIOR WALL STRUCTURE:** [ ] WOOD FRAME [ ] METAL STUD FRAME [ ] \*CMU [ ] OTHER \_\_\_\_\_
- ❖ **INTERIOR WALLS:** [ ] \*CMU [ ] BRICK/STONE [ ] GYP/METAL STUDS [ ] GYP/WOOD STUDS [ ] DEMOUNTABLE METAL PARTITIONS [ ] OTHER \_\_\_\_\_
- ❖ **CEILING TYPE:** [ ] ACOUSTICAL TILE [ ] PLASTER [ ] GYPSUM [ ] EXPOSED STRUCTURE/CONSTRUCTION [ ] OTHER \_\_\_\_\_
- ❖ **ROOF COVERING:** [ ] BUR MEMBRANE [ ] METAL [ ] WOOD [ ] COMPOSITION [ ] OTHER \_\_\_\_\_
- ❖ **ROOF DECKING:** [ ] METAL [ ] WOOD [ ] CONCRETE [ ] OTHER \_\_\_\_\_

**EXISTING STRUCTURAL SYSTEM (PLEASE COMPLETE FOR EACH CONSTRUCTION TYPE)**

- ❖ **FRAMING SYSTEM:** [ ] RIGID STEEL [ ] REINFORCED CONC. [ ] WOOD [ ] \*CMU [ ] OTHER \_\_\_\_\_
- ❖ **BEARING WALLS:** [ ] \*CMU [ ] BRICK [ ] STONE [ ] REINFORCED CONC. [ ] METAL STUDS [ ] WOOD STUDS [ ] OTHER \_\_\_\_\_
- ❖ **ROOF FRAMING:** [ ] CONC. SLAB/BEAM/TEE [ ] BAR JOIST [ ] WOOD TRUSS [ ] METAL TRUSS [ ] WOOD JOIST [ ] TENSION/MEMBRANE
- ❖ **FLOOR FRAMING:** [ ] CONC. SLAB/BEAM/TEES [ ] BAR JOIST [ ] WOOD TRUSS [ ] METAL TRUSS [ ] WOOD JOIST
- ❖ **FLOOR DECKING:** [ ] CONCRETE SLAB [ ] METAL DECK [ ] WOOD DECK [ ] OTHER \_\_\_\_\_

\*CMU = CONCRETE MASONRY UNIT

PLEASE LIST BELOW ALL SUBCONTRACTORS ON THIS PROJECT: \_\_\_\_\_

Plumbing Subcontractor \_\_\_\_\_

Electrical Subcontractor \_\_\_\_\_

Mechanical Subcontractor \_\_\_\_\_