

PLUMBING PERMIT APPLICATION

Permit _____

Company Name _____ Phone: _____

Owner Name _____ Phone: _____

Job Address _____

- | | | | |
|---|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Inside City Limits | <input type="checkbox"/> Outside City Limits | | |
| <input type="checkbox"/> City Sewer | <input type="checkbox"/> Septic/Aerobic | <input type="checkbox"/> City Water | <input type="checkbox"/> Well |

Description of work to be performed: Demolition and clean-up from 03.14.2025

Sewer Cap Fee \$ 18.09

Permit must be issued prior to commencement of work. EMERGENCY repairs will require a permit be obtained by the next business day.

Remit to the City of Stillwater, Development Services Department, or fax to (405) 742-8321 or
Email to digitals@stillwaterok.gov

Form Date: 10.2025