



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 74076-1449 www. stillwater.org Fax # 405-742-8321

IMPORTANT - Applicant to complete all items

BP#:

I. ADDRESS: (LOCATION)_____

SUBDIVISION_____ LOT_____ BLOCK_____ ZONING DISTRICT_____

II. TYPE AND COST OF BUILDING

A. ✓ TYPE OF IMPROVEMENT	B. ✓ USE (circle <i>Proposed Occupancy</i>)
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ASSEMBLY A-1 A-2 A-3 A-4
<input type="checkbox"/> ADDITION	<input type="checkbox"/> BUSINESS
<input type="checkbox"/> ALTERATION (complete item K)	<input type="checkbox"/> EDUCATIONAL
<input type="checkbox"/> REPAIR, REPLACEMENT (complete item K)	<input type="checkbox"/> FACTORY OR INDUSTRY F-1 F-2 H-1 H-2 H-3 H-4 H-5
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> INSTITUTIONAL I-1 I-2 I-3 I-4
<input type="checkbox"/> MOVING (RELOCATION)	<input type="checkbox"/> MERCANTILE
C. VALUATION Value of improvement \$_____	<input type="checkbox"/> RESIDENTIAL R-1 R-2 R-3 R-4
(<i>Valuation = TOTAL COST includes structural, electrical, plumbing, mechanical, permanent systems, interior finish, materials and labor excluding land value. IBC109.3.</i>)	_____ # of Buildings _____ # of Units
	<input type="checkbox"/> STORAGE S-1 S-2
	<input type="checkbox"/> UTILITY- specify _____

III. SELECTED CHARACTERISTICS OF BUILDING

D. ✓ TYPE OF CONSTRUCTION	F. DIMENSIONS	Occupant Load	
<input type="checkbox"/> TYPE I - A <u>or</u> B (noncombustible) <input type="checkbox"/> TYPE II - A <u>or</u> B (noncombustible) <input type="checkbox"/> TYPE III - A <u>or</u> B (masonry bearing / combustible framing) <input type="checkbox"/> TYPE IV - A <u>or</u> B (heavy timber) <input type="checkbox"/> TYPE V - A <u>or</u> B (combustible)	Number of stories		
	Total square feet of floor area, all floors		
	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	Enclosed	
	Outdoors		
	H. RESIDENTIAL BUILDINGS	Number of bedrooms	
		Number of bathrooms	
		Full	
		Partial	
E. COMMERCIAL BUILDINGS - Number of Air Handler, Furnace or Roof Top Units	I. COMMERCIAL BUILDINGS -	Number of toilets / Urinals (<i>Water Closet Fee=\$100 / toilet or urinal</i>)	

Water Meter Size : ☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 6" **Effective February 9, 2009**
Water and/or Sewer Capacity fees are paid at time of permit issuance. NOTE: A separate commercial water meter request and applicable fees will be paid when a water meter order is requested.

J. ✓ DESCRIPTION (✓ all that apply)	
<input type="checkbox"/> EXTERIOR WALL FINISH - _____	<input type="checkbox"/> ROOF COVERING - _____
<input type="checkbox"/> BUILDING HEIGHT - _____	<input type="checkbox"/> FIRE SUPPRESSION SYSTEM Yes No
<input type="checkbox"/> SOILS REPORT (<i>contact Bldg Division for ADDITION requirements</i>)	<input type="checkbox"/> LOT COVERAGE _____

K. EXPLANATION OF PROJECT:

IV. IDENTIFICATION

	NAME	MAILING ADDRESS - Number, Street, city, and State	PHONE / EMAIL
<input type="checkbox"/> Owner			
<input type="checkbox"/> Contractor			
<input type="checkbox"/> Architect			
<input type="checkbox"/> Engineer			

✓ **MUST** Designate who will be the primary "point of contact" for all review correspondence associated with this project._

I hereby certify that the statements in this application and the attachments hereto are accurate and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to all applicable ordinances, rules or regulations of the City of Stillwater and that all electrical, plumbing, mechanical, sign and driveway construction shall be performed by contractors licensed by the State of Oklahoma (if applicable) and registered and bonded with the City of Stillwater.
Updated: 08.24.2010

(OWNER)(CONTRACTOR)(AGENT): **SIGNED**_____ Date:_____

(OWNER)(CONTRACTOR) (AGENT): **PRINT**_____ Date:_____

Approved By:_____ Title:_____ Date:_____