



**COMMERCIAL**  
**APPLICATION FOR PLAN EXAMINATION**

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Project Name \_\_\_\_\_

Construction Address \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Permit Type**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Electrical	<input type="checkbox"/> Demolition
<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other _____
<input type="checkbox"/> Building Addition	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Plumbing	

**Meters**  
For new construction, select size:  
**domestic** water meter size:  3/4"  1"  1 1/2"  2"  Other \_\_\_\_"  
**irrigation** meter size:  3/4"  1"  1 1/2"  2"  Other \_\_\_\_"

**Requirements**  
 \$100.00 non-refundable plan review fee  
 (1) Full sets of plans: All applicable construction, MEPs, site, plot, or key plans showing location of building project  
 (1) Approved set of plans from the Tulsa Health Department if project is a food related service  
 (1) Digital copy

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. Buildings shall be built to the currently adopted building code. Permit fees can be found at [www.brokenarrowok.gov](http://www.brokenarrowok.gov) in the Manual of Fees.

**Architect/Engineer**

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ Cell# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax# \_\_\_\_\_  
 Email \_\_\_\_\_

**Applicant (please print clearly)**

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ Cell# \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax# \_\_\_\_\_  
 Email \_\_\_\_\_  
 PLEASE CALL \_\_\_\_\_ WHEN PERMIT IS READY FOR PICK UP Phone# \_\_\_\_\_

**Cost of Improvement**

Building Cost	\$ _____
Electrical	\$ _____
Mechanical	\$ _____
Plumbing	\$ _____
Other (elevator, etc.)	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>

**Proposed Use**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>Principle Framing (Be Specific)</b></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>Does the building have fire protection? _____</p> <p>If yes, to what standard? _____</p>	<p>Height of Building _____</p> <p>How Many Stories _____</p> <p><b>Total Square Footage</b></p> <p>Ground Floors _____</p> <p>All floors _____</p> <p>Remodel/Addition _____</p> <p>Occupant load _____</p>
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**Authorization**

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

Owner/Lessee \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

*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 jurisdiction.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contractor Names-All contractors must register with the City of Broken Arrow**

General Contractor \_\_\_\_\_

Electrical \_\_\_\_\_ Phone # \_\_\_\_\_

Mechanical \_\_\_\_\_ Phone # \_\_\_\_\_

Plumbing \_\_\_\_\_ Phone # \_\_\_\_\_

Roofer \_\_\_\_\_ Phone # \_\_\_\_\_

Fire Alarm \_\_\_\_\_ Phone# \_\_\_\_\_

Fire Suppression \_\_\_\_\_ Phone # \_\_\_\_\_