



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
 (2) 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 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.)	\$ _____
Total Cost	\$ _____

Proposed Use

<p>Principle Framing (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>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>Total Square Footage</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 # _____