



# CITY OF TULSA

## COMMERCIAL BUILDING, ZONING CLEARANCE, & CERTIFICATE OF OCCUPANCY PERMIT APPLICATION

DATE: _____
A/P # _____

Note: Please print or type all data

Legal Description of Construction Property:	Lot	Block	Addition
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• Construction Address \_\_\_\_\_ Suite No. \_\_\_\_\_

• Name of Business/Bldg/Complex \_\_\_\_\_

Location of Occupancy in Facility: \_\_\_\_\_ Is this a single-tenant: **Floor?** [ ] Yes [ ] No **Bldg?** [ ] Yes [ ] No

• Account No. (if Applicable) \_\_\_\_\_ No. Of Plans \_\_\_\_\_ No. of Pages of One set of Plans & Specifications \_\_\_\_\_

• Architect/Designer \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

• Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

• Contractor: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

• Type of Work: [ ] New Building [ ] Accessory [ ] Interior Remodel [ ] Exterior Remodel [ ] Addition [ ] Repair No Expansion  
[ ] Storage Tanks [ ] Tent [ ] COO Only [ ] Other: \_\_\_\_\_

• Nature of Use: [ ] Assembly [ ] Education [ ] Institutional [ ] Business [ ] Industrial [ ] Mercantile [ ] Utility [ ] Residential [ ] Storage  
[ ] Food or Beverage Related [ ] Other: \_\_\_\_\_

• Describe Proposed Use in Detail: \_\_\_\_\_

• Fire Suppression Type: [ ] DRY [ ] WET [ ] FOAM **SPRINKLER STANDARD:** [ ] NFPA13 [ ] NFPA13R [ ] NFPA13D [ ] OTHER \_\_\_\_\_

• Declared Valuation for Work to Be Done (Valuation to Include All Fixed Equipment to Operate and be Used): \$ \_\_\_\_\_

• IS THE PROPERTY SERVED WITH A SEPTIC SYSTEM? [ ] YES [ ] NO • DOES THE BLDG. CONTAIN ASBESTOS? [ ] YES [ ] NO

• WILL YOU BE INSTALLING A GREASE INTERCEPTOR OR OIL SEPARATOR? [ ] YES [ ] NO • WILL YOU BE BLOCKING TRAFFIC? [ ] YES [ ] NO

• WILL INDUSTRIAL PROCESS WASTEWATER BE GENERATED AT THE FACILITY? [ ] YES [ ] NO  
IF YES, HOW WILL IT BE DISPOSED? [ ] SANITARY SEWER [ ] HAULING [ ] SEPTIC SYSTEM [ ] STORM SEWER [ ] OTHER \_\_\_\_\_

• IS MASSAGE PERFORMED ON THE PREMISES? [ ] YES [ ] NO • A SEXUALLY ORIENTED BUSINESS [ ] YES [ ] NO

• IS THIS A MIXED BEVERAGE ESTABLISHMENT [ ] YES [ ] NO

• **IS THE CITY OF TULSA TAKING ANY ENFORCEMENT ACTION ON THIS PROPERTY?** [ ] YES [ ] NO

<b>EXISTING BUILDINGS ONLY:</b>
• BUILT PRIOR TO 1/1/1994?
[ ] YES [ ] NO [ ] UNKNOWN
YEAR BUILT: _____
[ ] IEBC REVIEW
[ ] IBC REVIEW

IF YES PLEASE EXPLAIN IN DETAIL: \_\_\_\_\_

• Has there been any special zoning action in relation to this property? [ ] YES [ ] NO IF YES PLEASE EXPLAIN IN DETAIL: \_\_\_\_\_

• Board of Adjustment No. \_\_\_\_\_ **Variance** [ ] Yes [ ] No **Special Exception** [ ] Yes [ ] No **P.U.D. No.** \_\_\_\_\_

• Are you planning new construction or enlargement of existing construction (including parking)? [ ] Yes [ ] No

DAY TIME CONTACT PERSON(S) FOR PLAN CONSULTATION:	Title	Phone No.	Fax No.
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 Stairs Locations, Fire Ratings on Existing Demising, Ceiling, Corridor & Fire Walls, Scale, Dimensions, & North Arrow \* A Separate Permit Is Required for Driveways and Signs\*

All Electrical, Plumbing, & Mechanical work must 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 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.

**Name of Business Owner:** \_\_\_\_\_  
Last Name First Name Phone No. Fax No.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_  
Last Name First Name Phone No. Fax No.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name of Lessee:** \_\_\_\_\_  
Last Name First Name Phone No. Fax No.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Name of Corporate Officer:** \_\_\_\_\_  
Last Name First Name Phone No. Fax No.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_



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 Are 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.

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

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_



**INFORMATION FOR BUILDING –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) \_\_\_\_\_ ARE

YOU CHANGING USE OF THE BUILDING OR LAND? [ ] YES [ ] NO If YES, PLEASE DESCRIBE THE USE YOU ARE CHANGING THE BUILDING OR LAND FROM \_\_\_\_\_

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 SIDING [ ] 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:

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