|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Existing Buildings Only:**Built Prior to 1/1/1994:🞎Y 🞎 N 🞎 UnknownYear Built: \_\_\_\_\_\_\_\_\_🞎 IEBC Review🞎 IBC Review | **CITY OF TULSA****COMMERCIAL BUILDING, ZONING CLEARANCE, & CERTIFICATE OF OCCUPANCY****PERMIT APPLICATIONPlease print using blue or black ink or type all data.** | Date: |  |  |
| A/P#: |  |  |
| CCP#: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Description of Construction Property:**  | Lot  | Block |  **Addition** |
|  |  |  |

Construction Address Suite No.

Name of Business/Bldg/Complex

Location of Occupancy in Facility: Is this a single-tenant: Floor? Y 🞎 N 🞎 Bldg?Y 🞎 N 🞎

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 🞎 Repairs No Expansion

🞎 Shell Build-out🞎 Storage Tanks 🞎 COO Only 🞎 Other:

Nature of Use: 🞎 Assembly 🞎 Education 🞎 Institutional 🞎 Business 🞎 Industrial 🞎 Mercantile 🞎 Utility 🞎 Multi-family

🞎 Storage 🞎 Food or Beverage Related 🞎 Other:

Describe Proposed Use in Detail:

Fire Suppression Y 🞎 N 🞎 Type: 🞎 dry 🞎 wet 🞎 foam Sprinkler Standard: 🞎 nfpa13 🞎 nfpa13r 🞎 nfpa13d

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? | Y 🞎 | N 🞎 | Is massage performed on the premises? | Y 🞎 | N 🞎 |
| Storm Shelter exists/will be installed on property? | Y 🞎 | N 🞎 | A Sexually Oriented Business? | Y 🞎 | N 🞎 |
| Will you require 🞎 low-point beer 🞎 liquor license?  | Does the bldg. contain asbestos? | Y 🞎 | N 🞎 |
| **Is the City of Tulsa taking any enforcement action on this property?**  | Y 🞎 | N 🞎 | **If yes, explain in detail below.** |
|  |
| Has there been any special zoning action in relation to this property? | Y 🞎 | N 🞎 | If yes, explain in detail below. |
|  |
| Board of Adjustment No. |  | Variance | Y 🞎 | N 🞎 | Approval Date: |  |  |
| **Special Exception** | Y 🞎 | N 🞎 | **P.U.D. No.** |  |  |
| Are you planning new construction or enlargement of existing construction (including parking)? | Y 🞎 | N 🞎 |
| **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.

|  |
| --- |
| **Business Owner** |
| Last Name: |  | First Name: |  | Phone: |  | Fax: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Email: |  |
| **Property Owner** |
| Last Name: |  | First Name: |  | Phone: |  | Fax: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Email: |  |
| **Lessee** |
| Last Name: |  | First Name: |  | Phone: |  | Fax: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Email: |  |
| **Corporate Officer** |
| Last Name |  | First Name: |  | Phone: |  | Fax: |  |
| Address: |  | City: |  | State: |  | Zip: |  |
| Email: |  |

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: |

Subscribed and Sworn to Before Me this Day of 20 .

 My Commission Expires

 Notary Public

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.

 Signature

Subscribed and Sworn to Before Me this Day of 20 .

 My Commission Expires:

 Notary Public

**SPACING VERIFICATION REQUIREMENTS**

Will this be a Medical marijuana dispensary (minimum distance - 1,000’ radius) 🞎 Yes 🞎 No

Will this be a Plasma center; day labor hiring center; package store; bail bond office; pawn shop (minimum distance - 300’ radius) 🞎 Yes 🞎 No

Family Child Care Home (minimum distance – 300’ linear distance) 🞎 Yes 🞎 No

A family child care home may not be established on any lot located within 300’ of another lot occupied by a family child care home if any boundary of the subject lot abuts the **same street**.

Will this be a detention/correctional facility; emergency/protective shelter; homeless center; residential treatment center; or transitional living center (minimum distance - 2,640’ radius) 🞎 Yes 🞎 No

Proposed Bar (50 Feet to R-Zoned Lot; 300 Feet to Park, School or Religious Use; 300 Feet to Any Bar Or Sexually Oriented Business Except for CBD) 🞎 Yes 🞎 No

sexually oriented business (1,000 feet to another sexually oriented business; religious assembly use property; school property; park; residential zoning; dwelling use in ag- and ag-r districts; group living use for ages under 18 years)

🞎 Yes 🞎 No

**[for outdoor advertising signs, please use sign permit application form.]**

If you answered Yes to any of the proposed uses above, provide the following information with your application and sign the affidavit at the bottom of the page. failure to provide any of the information listed below will be considered an incomplete application and will not be accepted.

1. An aerial photograph identifying the location of the proposed use, structure or development feature at the center of a circle drawn to scale, the radius of which is the required separation distance from another use, structure or development feature. Exception: The Family Child Care Home will show the linear distance of the required spacing on the aerial photograph.
2. On the aerial photograph, label the location of the nearest use, structure, or development feature from which the proposed use, structure or development feature must be separated.
3. Verification of having provided a copy of the zoning clearance permit application to the City Councilor for the City Council District in which the subject property is located.

**Affidavit as to Spacing Verification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Being Duly Sworn upon Oath, State That I Have Researched and Examined or Caused to Be Researched and Examined the Spacing Verification Requirements and Have Provided a Copy of the Zoning Clearance Permit Application To The City Councilor in Which The Subject Property Is Located.

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

 Signature

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

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

**Building Information for 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)

Shell Build-out? Y 🞎 N 🞎 ARE YOU CHANGING USE OF THE BUILDING OR LAND? Y 🞎 N 🞎 IF YES, please describe previous use:

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 🞎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:**