

**Existing Buildings Only:**  
 Built Prior to 1/1/1994:  
 Y  N  UNKNOWN  
 YEAR BUILT: \_\_\_\_\_  
 IEBC REVIEW  
 IBC REVIEW

**CITY OF TULSA**  
**COMMERCIAL BUILDING, ZONING CLEARANCE, &**  
**CERTIFICATE OF OCCUPANCY**  
**PERMIT APPLICATION**

Date: \_\_\_\_\_  
 A/P#: \_\_\_\_\_  
 CCP#: \_\_\_\_\_

Please print using blue or black ink or type all data.

<b>LEGAL DESCRIPTION OF CONSTRUCTION PROPERTY:</b>	<b>LOT</b>	<b>BLOCK</b>	<b>ADDITION</b>
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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

<b>DAY TIME CONTACT PERSON(S) FOR PLAN CONSULTATION:</b>	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.

<b>Business Owner</b>			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
<b>Property Owner</b>			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
<b>Lessee</b>			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
<b>Corporate Officer</b>			
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:
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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**

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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:**

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