



State Of Oklahoma
 Capitol-Medical Center Improvement
 and Zoning Commission

Application and Request For Permission To Demolish the Structure

Permit# _____

I, (We) submit this application and request permission to **“DEMOLISH”** the structure(s) described below:

Legal Description (If unplatted land, please attach description)				
Street Address:				
Addition	Block	Lot(s)		
Zoning Classification:				
Structures on Site	Use of Structures	Condition	Sq. Ft	To be Demolished
1				
2				
3				
Estimated Cost \$		Probable Date of Completion / /		
“STIPULATIONS TO PERMIT”				
<input type="checkbox"/> All structures and walls be demolished to grade level. <input type="checkbox"/> All stem walls, slabs & debris must be removed from the site no later than ninety days (90) days after the effective date issued. <input type="checkbox"/> All vacant areas be maintained in a manner that will not cause health or safety hazards to the general public. <input type="checkbox"/> A demolition permit must be obtained from the City of Oklahoma City. <input type="checkbox"/> Other Stipulations:				
Property Owner(s)				
Name	Address	Phone		
Demolition Contractor				
Name	Address	Phone		

I(we) hereby certify that the statements in this application and any attachments hereto, are true and correct to the best of my (our) knowledge and belief, and that all demolition work under this proposed permit will conform to the attached specification and stipulations.

By: _____ Date _____
(Signature Owner/Agent)

<p>THIS PERMIT IS ISSUED AND ACCEPTED BY THE APPLICANT UPON REPRESENTATION THAT THE DEMOLITION WORK WILL BE EXECUTED IN ACCORDANCE WITH THE STATEMENTS SET FORTH HEREIN AND INCLUDING ALL STIPULATIONS ATTACHED BY THE COMMISSION AT THE TIME OF THE PERMITS APPROVAL. THIS PERMIT BECOMES VOID IF DEMOLITON WORK HAS NOT BEEN PERFORMED WITHIN NINETY (90) DAYS OF THE APPROVAL DATE.</p>	By: _____ Capitol-Medical Center Improvement & Zoning Commission
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