



State Of Oklahoma
 Capitol-Medical Center Improvement
 and Zoning Commission

Building Permit

Permit No. _____ Effective Date Issued _____

I, (We) submit herewith the required plans, specifications and drawings for and request a **BUILDING PERMIT** for the work described below:

Erect <input type="checkbox"/>		Remodel <input type="checkbox"/>		Repair <input type="checkbox"/>		Fence <input type="checkbox"/>		Brick <input type="checkbox"/>		New Construction <input type="checkbox"/>	
Nature of Improvement						Use of Structure					
Address						Zoning Classification					
Addition						Block			Lot(s)		
Legal Description (Unplatted Land Only)											
Lot Layout											
Front Yard ft		Side Yard ft		Rear Yard ft		Width ft		Length ft		Total Area Sq. Ft.	
Main Structure N/A											
Width		Length		GFA		NFA		Height		#Stories New Addition Sq. Ft.	
Garage/Deck											
Width			Length			Total Square Feet			No. Spaces		
Accessory Building(s)				Use		Height		Total Square Feet			
Driveway (Residential)				Type Surface		Width		Length			
Off-Street Parking											
No. Spaces		Spaces		%Lot Covered Type Surface		% Landscaping		Surface (Size)			
Fence/Wall											
Location			Material(s)			Height			Length		
Front Yard											
Side Yard											
Rear Yard											
Signage											
#	Type			Size		Material(s)			Method of Installation		
1											
2											
3											
Probable Date of Completion						Estimated Cost \$					

(over)

Plans Submitted				
Architectural <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Structural <input type="checkbox"/>	Site <input type="checkbox"/>	Landscape <input type="checkbox"/>
Plans Prepared By:				
Address		Phone	Fax	
Contractor				
Address		Phone	Fax	

I hereby certify that the statements in this application and the attachments, hereto, are true and correct to the best of my knowledge, and that all construction work under this proposed permit will conform to the attached plans, specifications and drawings and the regulations of the Capitol-Medical Center Improvement and Zoning District as amended.

Date _____

Property Address _____

Address _____ Phone _____
(Property Owner)

By _____
(Signature Owner/Agent)

Stipulations:

Approvals	
Plans Approved by the Commission	Plans Approved by the Director

This permit is issued and accepted by the applicant upon representation that the improvements will be made in accordance with the statements set forth herein and will be in accordance with the elements of the *Master Plan* of the *Capitol-Medical Center Improvement and Zoning District*, the laws of the *State of Oklahoma*, the codes of the *City of Oklahoma City* insofar as the applicable. This permit becomes **VOID** if construction has not started within **90** days of the "Effective Date Issued", or if said improvements fail to comply with any part of the application including the attached specifications and drawings. The applicant is hereby authorized to make the improvements herein requested after the effective date of the permit.

Issued By: _____ Date _____

Capitol-Medical Center Improvement & Zoning Commission

"This permit is not effective until a building permit is obtained from the City of Oklahoma City."