BUILDING PERMIT

CITY AND COUNTY OF WAGONER
METROPOLITAN AREA PLANNING COMMISSION
306 East Cherokee, Wagoner, OK 74467

Phone: 485-8123
Fax: 485-8194

I. LOCATION OF BUILDING

STREET ADDRESS _____ CITY _____

SUB DIVISION _____ LOT NO. _____ BLOCK _____

SECTION _____ TOWNSHIP _____ RANGE _____ PLANNING AREA _____

COMPLETE LEGAL DESCRIPTION _____

FINDING PROPERTY _____

II. TYPE OF BUILDING

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☐ Addition (Enter number of new Housing units in Part C. 11)
3 ☐ Trailer and facilities
4 ☐ Repair
5 ☐ Wrecking (If residential enter Number of units in Part C. 11)
6 ☐ Moving
7 ☐ Foundation

B. OWNERSHIP

8 ☐ Private 9 ☐ Public _____

C. PROPOSED USE

RESIDENTIAL

10 ☐ One family dwelling
11 ☐ Multi-family dwelling No. _____
12 ☐ Hotel, Motel, etc.
13 ☐ Garage
14 ☐ Carport
15 ☐ Other _____

NONRESIDENTIAL

16 ☐ Amusement, Recreational
17 ☐ Church
18 ☐ Industrial
19 ☐ Institutional
20 ☐ Stores, mercantile
21 ☐ Other _____

D. COST

22 COST OF IMPROVEMENT (General, not including a.b.c.d. below) _____
23 a. Electrical _____
24 b. Plumbing _____
25 c. Mechanical _____
26 d. Other _____ _____
27 TOTAL COST _____

E. ZONING

28 PRESENT ZONING _____

CONDITIONAL USE _____ Use Date _____

29 Is building in flood plain? ☐ YES ☐ NO

If in the flood plain the special provisions are _____

Supporting documents filed _____

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry wall bearing
31 ☐ Wood
32 ☐ Steal
33 ☐ Reinf. Concrete
34 ☐ Other _____

F. PRINCIPAL TYPE OF FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public or private company
41 ☐ Individual

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☐ Individual

I. TYPE OF MECHANICAL

Will there be central air cond.?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ No

J. DIMENSIONS _____ X _____

48 Number of stories _____
49 Total square feet of floor area _____
50 Total land area _____

K. NUMBER OF OFF STREET PARKING

51 Enclosed _____
52 Outdoor _____

L. RESIDENTIAL ONLY

53 Number of bedrooms _____
54 Number of bathrooms Full _____
Partial _____

IV. IDENTIFICATION

	NAME	MAILING ADDRESS	ZIP	TELEPHONE
OWNER				
BUILDER				
ARCHITECT				

The owner of this building and the undersigned agree to conform to requirements of Oklahoma Health Dept. and other pertinent codes.

Signature of applicant	Address	Application date

DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE

Approved by	Permit fee	Date permit issued	Permit No.