



ROGERS COUNTY PLANNING COMMISSION
BUILDING SAFETY & INSPECTION SERVICES

COMMERCIAL BUILDING PERMIT

ALL FEES ARE NON-REFUNDABLE

Permit Number: _____

Date Approved: _____

Approved By: _____

At (location) _____ Zoning District _____
Number Direction Street Name Suffix

Subdivision _____ LOT _____ BLOCK _____

Subdivision Setbacks Required (Yes/No) _____ Setbacks Front _____ Side _____ Side _____ Back _____

Lot Size _____ acres/sq ft Corner Lot (Yes/No) _____ Section _____ Township _____ Range _____

PERMIT TYPE	<input type="checkbox"/> New Construction	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Building Addition
<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Remodel	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Other (specify) _____

Engineer: _____
Name _____ Mailing Address _____

Phone Number _____ Email Address _____

Architect: _____
Name _____ Mailing Address _____

Phone Number _____ Email Address _____

General Contractor/Applicant: _____
Name _____ Mailing Address _____

Phone Number _____

WHEN PERMIT IS READY TO PICK UP

PLEASE CALL _____

Phone: _____

Commercial – Proposed Use

HAS THE PROPERTY BEEN PLATTED?
HAS THE SITE PLAN BEEN SUBMITTED?

YES NO
 YES NO

Amusement/Recreation
 Parking Garage
 Mercantile
 School, Library, Educational
 Hotel, Motel, Dormitory (transient)

Church/Religion
 Service/Repair Garage
 Public Utility
 Tanks (i.e. fuel)
 Triplex or greater

Industrial
 Hospital/Institution
 Business – Office, Bank, Professional
 Restaurant
 Other (Specify) _____

COST

Cost of improvement..... \$ _____
To be installed by not included in the above cost
a. Electrical _____
b. Plumbing _____
c. HVAC _____
d. Other(elevator, etc.) _____

TOTAL COST OF IMPROVEMENT \$ _____

Commercial - Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

PRINCIPLE FRAMING (PLEASE BE SPECIFIC)

Foundation _____
Exterior Walls _____
Interior Walls _____
Fire Wall/Barriers _____
Roof Structure _____
Roof Decking _____
Roof Covering _____
Is building Sprinkled? _____
If yes, to what standard? _____

Outside Dimensions _____

Building Height _____

Number of Stories _____

Number of Basement Levels _____

Total Square footage of the building
including all floors/and or tenant spaces

Total SF of the remodel/addition _____

TRADE SPECIFIC ITEMS:

Total Electrical Amps _____
Total HVAC Unit Tons _____
Total Floor Drains _____

**NUMBER OF OFF-STREET
PARKING SPACES**

Enclosed _____
Outdoors..... _____
Accessible..... _____

SITE OR PLOT PLAN OR KEY PLAN SHOWING LOCATION WITHIN A BUILDING OR STRIPMALL
Commercial - Applicant must submit three (3) full (Engineer Stamped) sets of plans. If project is a food related service, 1 (one) approved set of plans from the Rogers County Health Dept. must be submitted along with this application and building permit plans.

For new buildings and additions you must submit a property survey or survey plat with dimensions of all structures and distances from structures to lot lines, utility easements (U/E), etc. For interior remodel a key plan must be submitted to show location within the building and pertinent information such as existing restrooms, water fountains, mop-sink, etc. Rogers County operates out of the 2018 International Code Council, Oklahoma State Uniform Building Code Commission, & Local Amendments.

IDENTIFICATION - To be completed by ALL Applicants

Owner/Leasee _____ Phone # _____ Fax # _____

Address _____ City, State, Zip _____

Cell Phone # _____ Email: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdictions.

Applicant Signature _____ Date _____

REVIEWER COMMENTS:

General Contractor _____

Subs: Mechanical _____ Electrical _____

Plumbing _____ Elevator _____

UPON APPROVAL OF FINAL INSPECTIONS**PLEASE FAX A REQUEST FOR CERTIFICATE OF OCCUPANCY TO (918) 923-4465****Please include permit number and address of property****PLEASE ALLOW 48 HOURS FOR PROCESSING**