



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

☐ Fire Repair

☐ New Construction

☐ Remodel

☐ Retaining Wall

☐ Interior Remodel

☐ Building Addition

☐ 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

_____ Email

WHEN PERMIT IS READY TO PICK UP

PLEASE CALL _____

Phone: _____

Commercial – Proposed Use

HAS THE PROPERTY BEEN PLATTED?

_____ YES _____ NO

HAS THE SITE PLAN BEEN SUBMITTED?

_____ 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 _____
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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