

APPLICATION FOR BUILDING PERMIT COMMERCIAL-MEDICAL MARIJUANA

Application/Permit Number:	
Date Approved:	
Approved By:	

At (location) _	N : 14.11				
Lot Sizo	Physical Address	City		ip Code	D
Lot Size	acres RQ BBBBBBBB	DDDDD	Section	Township	Range
	ALL FIELDS MUST BE CO	OMPLETELY FILLED OU	T BEFORE APPLIC	ATION CAN BE ACCE	PTED
PERMIT TY	PE	Construction	Existing Remo	odel	
Engineer:	Name		Ma	iling Address	
	Phone Number			il Address	
General Con	tractor/Applicant:	Name		Mailing Address	
		ivanie		Manning Address	
	Phone Number			Email	
General Cor	ntractor:				
Mechanical:				WHEN PERMIT	IS READY TO PICK UP
Electrical:					
Plumbing: _				Phone:	
Commercia	l – Proposed Use				
HAS THE PROPERTY BEEN PLATTED? YES NO HAS THE SITE PLAN BEEN SUBMITTED? YES NO					
All medical marijuana facilities are subject to the 2015 IBC and all codes referenced within. Structures will be subject to inspection by fire marshal upon completion.					
	v facilities may only have a covering ension cords, heaters, etc.) These co				
plumonig, exte	ension corus, neaters, etc.) These of	overings must be open-e.	nded and securery	anchored to the ground	
COST Cost of improvement \$ To be installed by not included in the above cost a. Electrical		Commercial - Describe in detail proposed use of buildings, e.g. medical marijuana grow facility, processing facility, sun-lit greenhouse, etc If use of existing building is being changed, enter proposed use.			
	b. Plumbing				
	c. HVAC				
	d. Other(elevator, etc.)				
TOTAL CO	ST OF IMPROVEMENT	\$			

PRINCIPLE FRAMING (PLEASE BE SPECIFIC)	Outside Dimensions			
Foundation				
Exterior Walls				
Interior Walls	Number of Basement Levels			
Fire Wall/Barriers	Total Square footage of the building			
Roof Structure	including all floors/and or tenant spaces			
Roof Decking				
Roof Covering				
Is building Sprinkled?	Total SF of the remodel/addition			
If yes, to what standard?				
·	NUMBER OF OFF-STREET			
TRADE SPECIFIC ITEMS:	PARKING SPACES			
Total Electrical Amps	Enclosed			
Total HVAC Unit Tons	Outdoors			
	Accessible			
Total Floor Drains				
lot lines, utility easements (U/E), etc. For interior remodel a key p	or survey plat with dimensions of all structures and distances from structures to plan must be submitted to show location within the building and pertinent etc. Rogers County operates out of the 2015 International Code Council, elments. (If property is leased, we require a current lease agreement signed by lessee and property owner)			
070 - 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fax #			
Owner/Leaseernone #_	rax #			
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.				
blicant SignatureDate				
REVIEWER COMMENTS:				
UPON APPROVAL OF FINAL INSPECTIONS				

PLEASE EMAIL A REQUEST FOR CERTIFICATE OF OCCUPANCY TO PLANNING@ROGERSCOUNTY.ORG

Please include permit number and address of property PLEASE ALLOW AT LEAST 48 HOURS FOR PROCESSING

Our office will be in contact once this permit is ready to be picked up and paid for. Please do not call in that meantime. Please make sure you have a valid email address and phone number so the we may contact you for any questions or concerns. All subcontractors must be registered with Rogers County and actively licensed through the Oklahoma Construction Industries Board. For any questions, please call the Rogers County Planning Commission @ (918) 923-4874.