

COMMERCIAL BUILDING PERMIT APPLICATION



SITE PLAN # _____ (FOR ALL NEW CONSTRUCTION)

APPLICANT INFORMATION	
APPLICANT:	CONTACT:
ADDRESS:	CITY/ST/ZIP:
PHONE:	EMAIL:
PLANS BY:	CONTACT:
ADDRESS:	PHONE:

PROJECT INFORMATION
TYPE OF PROJECT (CHECK ONE): <input type="checkbox"/> NEW CONSTRUCTION OR SHELL <input type="checkbox"/> WHITE BOX <input type="checkbox"/> TENANT FINISH, ALTERATION OR REMODEL W/ <u>INTERIOR</u> ELEMENTS <input type="checkbox"/> TENANT FINISH, ALTERATION OR REMODEL W/ <u>EXTERIOR</u> ELEMENTS

LOCATION & SCOPE OF WORK					
PROJECT NAME:					
PROJECT ADDRESS:			PROJECT COST: \$		
TYPE OF CONSTRUCTION:	SQUARE FOOTAGE:	EXISTING SQ. FT:	OCCUPANCY TYPE:	OCCUPANT LOAD:	NO. RESTROOMS:
SCOPE OF WORK: (PLEASE BE SPECIFIC)					

ADDITIONAL INFORMATION	TENANT & UTILITY INFORMATION
FOOD, BEVERAGE OR CBD? <input type="checkbox"/> YES <input type="checkbox"/> NO FIRE SPRINKLER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXISTING FIRE ALARM SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXISTING MEDICAL MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO STORM SHELTER/SAFE ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO ▶ IF YES – SUBMIT A SEPARATE STORM SHELTER APPLICATION	NO. TENANT SPACES: _____ ▶ EACH TENANT SPACES REQUIRES A SEPARATE APPLICATION TYPE OF WATER METER: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> N/A NO. OF METERS: _____ SIZE OF WATER METER: <input type="checkbox"/> 5/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2" <input type="checkbox"/> N/A SIZE OF IRRIGATION METER: <input type="checkbox"/> 5/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2" <input type="checkbox"/> N/A ELECTRIC SERVICE: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> UPGRADE ▶ NEW/UPGRADE – COMPLETE ELECTRICAL LOAD DATA FORM ON REVERSE SIDE

SUBMITTAL INFORMATION
▶ COMMERCIAL PERMIT APPLICATIONS REQUIRE 2 FULL SETS OF PLANS AND 1 FULL PDF SET ▶ FOOD, BEVERAGE, CBD OR MEDICAL MARIJUANA REQUIRING HEALTH DEPARTMENT APPROVAL. REQUIRE 3 FULL SETS AND 1 PDF SET <i>HEALTH DEPARTMENT REQUIRES A SEPARATE APPLICATION PROCESS AND FEES – FOR MORE INFORMATION, PLEASE CONTACT OKC COUNTY HEALTH DEPARTMENT AT (405)427-8651</i> ▶ TO PROCESS YOUR PERMIT APPLICATION IN A TIMELY MANNER, IT IS ESSENTIAL TO PROVIDE <u>COMPLETE</u> AND <u>ACCURATE</u> INFORMATION. ▶ MEDICAL MARIJUANA FACILITIES REQUIRE AN SEPARATE ACKNOWLEDGEMENT TO BE SUBMITTED AT THE TIME OF APPLICATION ▶ ALL DOCUMENTS INDICATED MUST BE SUBMITTED FOR AN APPLICATION TO BE ACCEPTED AND SUBSEQUENTLY REVIEWED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

DOCUMENT REQUIREMENTS	
▶ SITE PLAN – TO INCLUDE: LOCATION AND DIMENSION OF ALL PROPERTY LINES, RIGHT-OF-WAY LINES, PUBLIC AND PRIVATE EASEMENTS, ALL TENANT SPACES WITHIN THE BUILDING	▶ ARCHITECTURAL FLOOR PLAN – SHOW & LABEL ALL ROOMS, DOOR SWINGS, WINDOWS, EXISTING, PROPOSED AND DEMOED WALLS, ACCESSIBLE FEATURES, RAMPS, FIXTURES, RESTROOMS, SEATING AND EQUIPMENT LAYOUT
▶ TRADES ELECTRICAL, MECHANICAL AND PLUMBING	▶ SCOPE OF WORK WRITTEN DESCRIPTION OF PROPOSED WORK
▶ ELEVATIONS & STRUCTURAL	▶ ELECTRICAL LOAD DATA SHEET (IF APPLICABLE)
▶ LANDSCAPE PLAN	▶ SIGNED DEQ FORM 641-581SP (IF APPLICABLE)

PLAN REVIEW CHECKLISTS	SITE PLAN	FLOOR PLAN	ELEVATION	STRUCTURAL	MED MARIJUANA	LANDSCAPE	SCOPE OF WORK	ELECTRIC FORM	DEQ FORM
▶ NEW CONSTRUCTION OR SHELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶ WHITE BOX, TENANT FINISH, ALTERATION OR REMODEL W/ <u>INTERIOR</u> ELEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A
▶ TENANT FINISH, ALTERATION OR REMODEL W/ <u>EXTERIOR</u> ELEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING(S) CANNOT BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE BUILDING & FIRE CODE SERVICES DEPARTMENT.
 BY SIGNING THIS FORM, YOU ACKNOWLEDGE THE BUILDING PLANS SUBMITTED COMPLY WITH ALL REQUIREMENTS, APPLICABLE CODES, AMENDMENTS AND ORDINANCES SET FORTH BY THE EDMOND CITY COUNCIL.

APPLICANT SIGNATURE: _____ DATE: _____

ELECTRICAL LOAD DATA SHEET

APPLICANT INFORMATION

APPLICANT:	CONTACT:
ADDRESS:	CITY/ST/ZIP:
PHONE:	EMAIL:

PROJECT INFORMATION

TYPE OF OCCUPANCY (CHECK ONE):				
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL		
NAME & LOCATION				
PROJECT NAME:				
PROJECT ADDRESS:				
TYPE OF SERVICE:				
<input type="checkbox"/> NEW	<input type="checkbox"/> UPGRADE (CHANGE IN VOLTAGE/AMPACITY)	<input type="checkbox"/> EXISTING (SKIP TO "MY ELECTRICAL CONTRACTOR IS")		
VOLTAGE DESIRED				
<input type="checkbox"/> 120 – 240 VOLT, SINGLE PHASE	<input type="checkbox"/> 120 – 240 VOLT, THREE PHASE	<input type="checkbox"/> 120 – 208 VOLT, THREE PHASE	<input type="checkbox"/> 277 – 480 VOLT, THREE PHASE	<input type="checkbox"/> OTHER: _____

LOAD INFORMATION

LIGHTING				
TOTAL CONNECTED KW:			TYPE:	
AIR CONDITIONING				
TOTAL CONNECTED HP:			NUMBER OF A/C UNITS:	
<input type="checkbox"/> SINGLE PHASE HP:	<input type="checkbox"/> THREE PHASE HP:	<input type="checkbox"/> LARGEST MOTOR SIZE HP:		
OTHER LOADS				
ADDITIONAL MOTORS HP:			HEATING IN KW:	
ADDITIONAL INFORMATION				
TOTAL AMPACITY OF MAIN SERVICE DISCONNECTS:			ESTIMATED DATE FINAL SERVICE IS NEEDED:	

MY ELECTRICAL CONTRACTOR IS:

COMPANY NAME:	POINT OF CONTACT:
ADDRESS:	CITY/ST/ZIP:
PHONE:	EMAIL:

NOTE:

THE INTERNAL ELECTRICAL SERVICE CONNECTION FEES FOR THIS PROJECT WILL BE BASED ON THE INFORMATION FURNISHED BY THE APPLICANT ON THIS REQUEST AND THE INFORMATION FURNISHED IN THE CONSTRUCTION PLAN DOCUMENTS.

METER LOCATION AND PAD MOUNT TRANSFORMER LOCATIONS WILL BE DETERMINED BY THE ELECTRIC UTILITY DEPARTMENT.

ALL MOTORS LARGER THAN 25 HP MUST BE APPROVED BY THE ELECTRIC UTILITY DEPARTMENT BEFORE ANY COMMITMENT WILL BE MADE TO SERVE POWER.

THE APPLICANT IS RESPONSIBLE FOR NOTIFYING THE ELECTRIC UTILITY DEPARTMENT AT THE EARLIEST POSSIBLE TIME CONCERNING ANY CHANGES IN CONSTRUCTION PLANS OR ELECTRIC POWER NEEDS.