



RESIDENTIAL BUILDING PERMIT APPLICATION

Inspections Division
301 N Broadway, Moore, OK 73160
(Phone) 405-793-5051 (Fax) 405-793-5057
inspections@cityofmoore.com

FILING FEE: \$50.00

Submittal Date: _____

Permit # _____

SWQ Permit # _____

PROJECT INFORMATION

Project Address		City	State	Zip Code
Lot	Block	Subdivision		
Project Type:	<input type="checkbox"/> New <input type="checkbox"/> Fire Restoration	<input type="checkbox"/> Addition <input type="checkbox"/> Demolition	<input type="checkbox"/> Alteration <input type="checkbox"/> Moving	<input type="checkbox"/> Remodel <input type="checkbox"/> Foundation Only <input type="checkbox"/> Other _____
Structure Use:	<input type="checkbox"/> Single Family <input type="checkbox"/> 3 to 4 Family	<input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family (5+ Units)	<input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____	Estimated Cost: \$ _____ <i>(Include electrical, heat and air, plumbing, and paving)</i>

BUILDING CHARACTERISTICS

Wall Work Description: <input type="checkbox"/> Wood Frame/Brick Veneer <input type="checkbox"/> Wood Frame/Other Siding <input type="checkbox"/> Metal Frame/Brick Veneer <input type="checkbox"/> Metal Frame/Other Siding <input type="checkbox"/> Concrete Block <input type="checkbox"/> Solid Concrete <input type="checkbox"/> Other: _____ Structural Assemblies Fabricated Off-Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer: <input type="checkbox"/> City <input type="checkbox"/> Private Water: <input type="checkbox"/> City <input type="checkbox"/> Private	Size Meter Required: Short Set: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" Long Set*: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" *Long set meter applies when boring under roadway is necessary. Irrigation Meter Required: <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2"	Driveway Spec. <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Galvanized Driveway Width _____ Feet Driveway Thickness _____ Feet <input type="checkbox"/> Installation of Tinhorn Tinhorn Size _____ Inches
# of Bed Rooms:	# of Baths:	Type Floor (Slab, Wood, Etc.):	Bldg. Height:
# of Stories:	Sq. Foot Floor Area:	Sq. Foot Garage:	Sq. Foot Total:

PERSON RESPONSIBLE FOR IMPLEMENTING EROSION AND SEDIMENT CONTROL PLAN

Applicant Owner Contractor Designer



TRANSFER OF PERMIT REQUIREMENTS
 Although a new NOI, SWP3, and Construction Stormwater Discharge Permit are not required for the transfer of the permit, you must still submit a site plan showing any inlets and/or outlets to the City's MS4 system that are located on or adjacent to the lot(s). These shall include, but are not limited to, flumes, storm drain inlets, Geary grates, storm drain outfalls (to either detention pond or drainage channel), and detention pond, drainage channel, or creek.

CONSTRUCTION STORMWATER PERMIT TRANSFER CERTIFICATION
 By signing the following certification, the new owner accepts the SWP3 on file, and certifies to erect and maintain erosion control measures as needed for this property. However, unless the new owner is purchasing the entire remaining land area of the original project, the original developer will still be held responsible for erosion and sediment control for the common public infrastructure throughout the build-out stage.

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in the attached documents and all supplements; and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted false information, including the possibility of a fine and/or civil penalty.

ORIGINAL PERMITEE (DEVELOPER) SIGNATURE	ORIGINAL PERMITEE (DEVELOPER) NAME (PRINT)	DATE
NEW OWNER (BUILDER) SIGNATURE	NEW OWNER (BUILDER) NAME (PRINT)	DATE

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Lot Description: _____ Number of Buildings on Lot _____ Area of Lot _____ % of Lot to be Covered	Setbacks: _____ Front Yard _____ Side Yard Right _____ Side Yard Left _____ Back Yard	Flood Zone: <input type="checkbox"/> Yes → Zone _____ <input type="checkbox"/> No Zoning District: _____	Easements: _____ Minimum First Floor Elevation Required: _____ Feet
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Building Safety Division**
 Signature: _____ Approve Deny Date: _____

Planning**
 Signature: _____ Approve Deny Date: _____

Storm Water**
 Signature: _____ Approve Deny Date: _____

**Remarks to be printed on permit, if any:



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APPLICANT INFORMATION

Applicant Name	Applicant Address	Applicant Phone Number 1
City	State	Zip Code
Applicant Email		Applicant Phone Number 2

OWNER INFORMATION

<input type="checkbox"/> SAME AS APPLICANT		
Owner Name	Owner Address	Owner Phone Number 1
City	State	Zip Code
Owner Email		Owner Phone Number 2

DESIGNER INFORMATION

<i>ARCHITECT</i>		
Architect Name	Architect Address	Architect Phone Number 1
City	State	Zip Code
Architect Email		Architect Phone Number 2

STRUCTURAL ENGINEER

Structural Engineer Name	Structural Engineer Address	Phone Number 1
City	State	Zip Code
Structural Engineer Email		Phone Number 2

GENERAL CONTRACTOR INFORMATION

<input type="checkbox"/> SAME AS APPLICANT		
Company Name	Company Address	Company Phone Number 1
City	State	Zip Code
Company Email		Company Phone Number 2

SUB-CONTRACTOR INFORMATION

<i>MECHANICAL SUB-CONTRACTOR</i> <input type="checkbox"/> TO BE DETERMINED		
Mechanical Sub-Contractor Name	Mechanical Contractor Phone	Oklahoma Contractor License #
Mechanical Sub-Contractor Mailing Address		
<i>ELECTRICAL SUB-CONTRACTOR</i> <input type="checkbox"/> TO BE DETERMINED		
Electrical Sub-Contractor Name	Electrical Contractor Phone	Oklahoma Contractor License #
Electrical Sub-Contractor Mailing Address		
<i>PLUMBING SUB-CONTRACTOR</i> <input type="checkbox"/> TO BE DETERMINED		
Plumbing Sub-Contractor Name	Plumbing Contractor Phone	Oklahoma Contractor License #
Plumbing Contractor Mailing Address		

I HEREBY CERTIFY THAT THE STATEMENT IN THIS APPLICATION AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT AND THAT THE PROPERTY OWNER HAS GIVEN PERMISSION FOR THIS WORK TO PROCEED. I FURTHER CERTIFY THAT ALL CONSTRUCTION WORK UNDER THIS PERMIT WILL CONFORM TO THE ATTACHED PLANS, SPECIFICATIONS, AND TO THE CODES AND ORDINANCES OF THE CITY OF MOORE. ALL ELECTRICAL, MECHANICAL, AND PLUMBING WILL BE PERFORMED BY LICENSE CONTRACTORS WITH THE STATE OF OKLAHOMA AND THE CITY OF MOORE. I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREA COVERED BY SUCH PERMIT AT ANY HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

Applicant Signature	Applicant Name (Print)	Date
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PROJECT ADDRESS: _____ PERMIT # _____

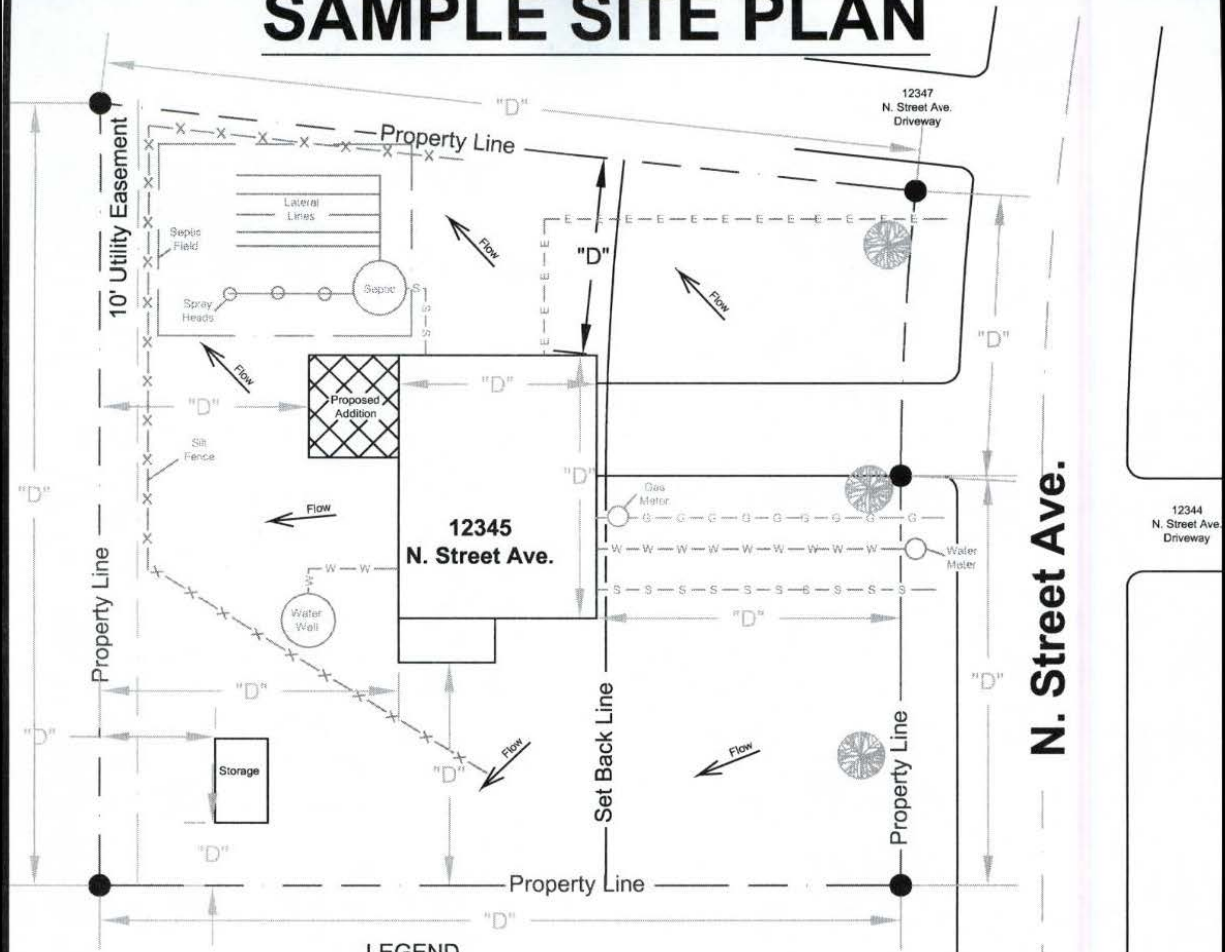
APPLICANT NAME: _____ APPLICANT PHONE # _____

SITE PLAN



[Large grid area for site plan drawing]																											

SAMPLE SITE PLAN



LEGEND

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

John Doe
 (405) 555-5555
 Jan. 1, 20XX



CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Street Name(s) | <input type="checkbox"/> Neighboring Driveway |
| <input type="checkbox"/> Property Line w/Dimensions | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Structure(s) w/Dimensions | <input type="checkbox"/> Drainage Flow Arrows |
| <input type="checkbox"/> Setback lines | <input type="checkbox"/> Erosion Controls |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Retaining Wall(s) |
| <input type="checkbox"/> Water Well | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Sanitary Sewer Service | <input type="checkbox"/> North Arrow |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Date |
| <input type="checkbox"/> Electrical Service | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> Natural Gas Service | |

N. Street Ave.

12344
N. Street Ave
Driveway

12347
N. Street Ave.
Driveway

12345
N. Street Ave.