



Demolition Permit Application

Permit No. _____

City of Norman Development Services Division 201 W. Gray St., Bldg. A Norman, OK 73069 (405) 366-5339 Permits (405) 366-5445 Fax

PROJECT ADDRESS	BLOCK	LOT	SUBDIVISION (SEE ATTACHED SHEET <input type="checkbox"/>)
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OWNER NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____ FAX: _____ CELL PHONE #: _____ E-MAIL ADDRESS: _____	CONTRACTOR: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____ FAX: _____ CELL PHONE #: _____ E-MAIL ADDRESS: _____
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# OF STORIES	# OF UNITS	DESCRIBE WORK:	DISPOSAL SITE:
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PLANNING DEPARTMENT	CURRENT ZONING:	PROPOSED FUTURE USE OF SITE
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IF PROPOSED FUTURE USE IS **NOT** ALLOWED BY ZONING, APPLICANT MUST SIGN THE FOLLOWING STATEMENT BEFORE PROCEEDING: *I UNDERSTAND THAT MY PROPOSED USE FOR THIS SITE IS NOT ALLOWED UNDER THE CURRENT ZONING & THAT REZONING WILL BE REQUIRED BEFORE A BUILDING PERMIT WILL BE ISSUED.*

SIGNATURE: _____ DATE: _____

CONSTRUCTION TRAFFIC CONTROL	PROJECT: <input type="checkbox"/> WILL <input type="checkbox"/> WILL NOT REQUIRE PERMIT TO WORK IN PUBLIC RIGHT OF WAY. <input type="checkbox"/> WILL <input type="checkbox"/> WILL NOT REQUIRE APPROVED TRAFFIC MANAGEMENT PLAN.
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UTILITY DISCONNECTS	ELECTRICITY <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT CONTACTS ELECTRICAL UTILITY (USUALLY OEC, 321-2024, OR OG&E, 272-1010) TO REQUEST ELECTRIC METER AND SERVICE DISCONNECT TO BE PULLED. CONFIRMATION SHOULD BE FAXED TO THE CITY OF NORMAN, BUILDING PERMIT DESK, FAX 366-5445. CONFIRMATION RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO CONNECTION BY: _____
	FUEL GAS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROPANE	APPLICANT CONTACTS FUEL GAS SUPPLIER (USUALLY ONG, 551-4000 OR LOCAL PROPANE DISTRIBUTER) TO REQUEST DISCONNECTION OF GAS METER. CONFIRMATION TO BE FAXED TO THE CITY OF NORMAN, BUILDING PERMIT DESK, FAX 366-5445. CONFIRMATION RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO CONNECTION BY: _____
	SEWER A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	APPLICANT CONTACTS CITY OF NORMAN SEWER LINE MAINTENANCE SUPERVISOR AT 329-0703 AND REQUESTS "SEWER CAP REVIEW". SUPERVISOR WILL MEET WITH YOU AND LIST REQUIREMENTS BELOW, AND SIGN THIS FORM. SEWER CAP REVIEW → SEWER MUST BE SEALED AS FOLLOWS: _____ _____ _____ LINE MAINTENANCE SEWER OFFICIAL: _____ DATE: _____
	SEWER B	APPLICANT IS REQUIRED TO COMPLETE WORK AS NOTED ABOVE AND CALL SEWER LINE MAINTENANCE SUPERVISOR AT 329-0703 FOR A "SEWER CAP FINAL" INSPECTION BEFORE COVERING WORK. PLEASE GIVE LINE MAINTENANCE AS MUCH LEAD TIME AS POSSIBLE WHEN COORDINATING THIS INSPECTION. SEWER SEALED TO CITY SPECIFICATIONS & APPROVED BY: _____ DATE: _____
	WATER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONSTRUCTION METER	PERMIT DESK WILL FAX A COPY OF THIS APPLICATION TO LINE MAINTENANCE WHICH SERVES AS NOTICE TO DISCONNECT WATER SERVICE AND PULL WATER METER. WATER METER REMOVAL → REMOVED AFTER SEWER CAP FINAL APPROVED: LINE MAINTENANCE PERSONNEL: _____ DATE: _____

*CITY OF NORMAN LINE MAINTENANCE WILL NOTIFY BUILDING PERMIT DESK BY RETURN FAX TO 366-5445 UPON COMPLETION OF THE SEWER & WATER TASKS.

READ & SIGN	The granting of this permit shall not be construed as permission to violate any laws; additional requirements may be printed on the permit. All requirements and laws will be complied with whether specified herein or not. This permit expires if no inspections are obtained within a six month period. This permit requires final inspections. I agree to abide by all laws and ordinances governing this type of work whether specified herein or not and hereby certify that I have read and examined this application and know the same to be true & correct. Printed Name: _____ Signature: _____ Date: _____
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NOTICE: ALL ITEMS MUST BE COMPLETED BEFORE PERMIT WILL BE ISSUED

FEE \$ _____

PERMIT MANAGER: _____
TRAFFIC ENGINEER: _____
PLANNING DIRECTOR: _____