



**CITY OF NORMAN COMMUNITY RESOURCE REFRIGERATOR PERMIT**

\_\_\_\_\_  
Name of Applicant (If Corporation or Partnership, State Name) Telephone Number

\_\_\_\_\_  
Address of Applicant City Zip Code

\_\_\_\_\_  
Applicant Email Address

\_\_\_\_\_  
Refrigerator Location Address City Zip Code

\_\_\_\_\_  
Name of Property Owner (If different from Applicant) Telephone Number

\_\_\_\_\_  
Address of Property Owner City Zip Code

\_\_\_\_\_  
Property Owner Email Address

**CONTACT INFORMATION THAT WILL BE POSTED ON FACE OF REFRIGERATOR**

\_\_\_\_\_  
Telephone Number (Required) Email Address or other contact information

**Attach the following documents:**

- Signed acknowledgement by property owner (if applicable)
- Site plan of property with location clearly marked (see attached FAQ for more information)
- Copy of your planned donation guidelines

In addition to the requirements of this application, each applicant is responsible for complying with all other applicable regulations that may also apply (e.g., fire code regulations, building code regulations, etc.).

\* \* \* \* \*

Pursuant to Chapter 13, of the Code of the City of Norman, Oklahoma, I do hereby certify that I meet all requirements necessary for the above-stated license.

\_\_\_\_\_  
Applicant's Signature

**Office Use Only**

All provisions regarding location requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a community resource refrigerator permit.

\_\_\_\_\_  
Planning Department Date  
201 West Gray, Building "A" | (405)366-5432

Remarks \_\_\_\_\_