



Permit Deposit Receipt No. Amt \$

CITY OF LAWTON LICENSE & PERMIT CENTER BUILDING PERMIT APPLICATION permits@lawtonok.gov

Date received: Date issued: Permit No.: Reference No: Expiration date:

(Please fill out COMPLETELY)

- Residential Circle One: Single Family Duplex Triplex Quadplex Townhouse (# of units) Commercial Circle One: Apartment Complex / Motel (# of units/rooms) Restaurant Other Commercial Use:

Project Address: Suite/Unit No:

Legal Description of Project Property: Lot: Block: Addition: Other Description:

Property Owner: Address: City: State: Zip: Phone No.:

Contractor Firm: (Company Name) Address: City: State: Zip: Phone No.:

Daytime Point of Contact Print Name: Phone No. Email address:

- Type of Work to be Done: New Construction Addition Remodel Demolition Sign* Accessory Bldg Swimming Pool Fence Carport Driveway Other Project's Square/Linear Footage

Trade Work: (Mark all that apply) (List Company Name) Electrical Sub-contractor: Plumbing Sub-contractor: Mechanical Sub-contractor: Fire Protection Sub-contractor: Roofing Sub-contractor:

Total Project Cost (Including all equipment and labor to be utilized): \$

No. of plan sets submitted: No. of sheets per set: Stamped plans? Yes No

CONDITIONS OF PERMIT: This application shall be accompanied by two (2) copies of proper construction documents. For additional information on submittal requirements, please refer to the submittal checklist available in our office. Work may not commence until a building permit has been issued pursuant to approval of this application.

I warrant truthfulness of all information above & understand the permit may be revoked if any information is incorrect.

Printed Name

Applicant Signature

Date

