

ZONING CLEARANCE PERMIT AND/OR

IMPORTANT: Please attach a drawing of the proposed Plot Plan and indicate the location and direction of all buildings on lot: indicate type of construction and use of each building.

BUILDING PERMIT

CITY OF BIXBY

STREET ADDRESS _____

ZONING CLEARANCE PERMIT BUILDING PERMIT
 DEMOLITION PERMIT SIGN PERMIT

DATE _____ No. _____

OWNER	LEGAL DESCRIPTION	LOT	BLOCK	ADDITION	NO.
CONTRACTOR					Valuation
ADDRESS		SECTION	TWP.	RANGE	Rev. Fee
					Zoning
					Building
					Total \$ -

PROPOSED USE _____ PRINCIPAL BUILDING OR USE
ACCESSORY BUILDING OR USE

ZONING DISTRICT	DISTRICT	SUP. DIST.	BOARD OF ADJUSTMENT - NO.	USE UNIT NUMBER	USE BY	INTERPRETATION	SP.
					RIGHT	VARIANCE	EXCEPTION

LOT INFORMATION	FRONTAGE	AVERAGE DEPTH	LOT AREA	LAND AREA PER D. U.	PARKING SPACES	LOADING BERTHS
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USE CONDITIONS _____ ESTIMATED COST OF BUILDING _____

FINANCING: FHA VA OTHER

STRUCTURE SET BACK	FRONT (FROM CENTER LINE STREET)	SIDE	SIDE REAR	FROM CENTERLINE MAJOR STREET	LIVABILITY SPACE
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BUILDING INFORMATION	WIDTH	LENGTH	HEIGHT	FLOOR AREA	NO. FLOORS	BUILDING AREA
	NO. DWELLING UNITS	FLOOR	EXT. WALLS	INT. WALLS	ROOF	CEILING
	TYPE CONSTRUCTION	EASEMENTS	OTHER RESTRICTIONS			

TYPE OF WORK TO BE DONE

NEW BUILDING ENLARGE EXISTING BLDG. REPAIR - NO EXPANSION INTERIOR REMODELING OCCUPANCY ACCESSORY

ZONING OFFICER _____ APPLICANT'S SIGNATURE _____ INSPECTOR _____

INSPECTION RECORD	DATE	INSPECTOR	COMMENT	FEE SCHEDULE
FOUNDATIONS				DEVELOPMENT FEE SEWER TAP WATER TAP
FRAMING				WATER METER DEP ELECTRICAL PERMIT PLUMBING PERMIT
FINAL				MECHANICAL PERMIT INSPECTIONS
CERT. OF OCCUPANCY				ZONING/BLDG FEE TOTAL

Bixby

ALL FLOOR ELEVATIONS TO BE AT LEAST ONE FOOT ABOVE BASE FLOOD ELEVATION AS APPROVED BY F. E. M. A.
NO FILL DIRT UNLESS APPROVED BY CITY ENGINEER. (\$25.00 APPLICATION FEE - MANDATORY)

BUILDING PERMIT # _____

DATE: _____

LOT: _____ BLOCK: _____ ADDITION: _____

BUILDING CONT: _____ PHONE: _____

E MAIL: _____

ELECTRICAL CONT: _____ PHONE: _____

E MAIL: _____

PLUMBING CONT: _____ PHONE: _____

E MAIL: _____

MECHANICAL CONT: _____ PHONE: _____

E MAIL: _____

BUILDING		ELECTRICAL		PLUMBING		MECHANICAL	
FOOTING		TEMP POLE		ROUGH		ROUGH	
SLAB		ROUGH		TOP-OUT		DUCTS O	
FRAME		TEMP BLDG		SEWER		DUCTS U	
FINAL		FINAL		EX GAS		FINAL	
				FINAL			

COMMENTS: _____
