



Demolition Permit Application

Permit No. _____

Official Use Only	
Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>
Received	\$30.00
Receipt No	_____
Date:	_____

Project Address: _____

Legal Description	Lot #	Block #	Subdivision: (if un-platted, need copy of warranty deed)
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Owner of Property: _____

Name Phone #

Mailing Address: _____

Street # City State Zip

Contractor/Applicant: _____

Name Phone #

Mailing Address: _____

Street # City State Zip

Email: _____

Existing Use of Property: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other	Type: <input type="checkbox"/> Demolition <input type="checkbox"/> Removal
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Utilities	<input type="checkbox"/> OGE Release 405-619-6500 <input type="checkbox"/> ONG Release 405-551-6542 <input type="checkbox"/> Septic System (by owner)	<input type="checkbox"/> Choctaw Water Release 405-390-8276 <input type="checkbox"/> Choctaw Sewer Release 405-390-8276 <input type="checkbox"/> Water Well (by owner)	<input type="checkbox"/> TDS City will call <input type="checkbox"/> Cox Cable 600-8282 <input type="checkbox"/> Letter of Authorization from Property Owner
	Location of debris disposal: _____		

If permit is for removal of structure, a separate Moving Permit has to be obtained. Please enclose releases from utility companies and notarized release from property owner with this application. I certify that the code official or the code official's authorized representatives 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.

Printed Name: _____ **Signature:** _____

Date: _____

Do Not Write below This Line Official Use Only

APPROVED _____ 20____

DENIED _____ 20____

REASON: _____ BY _____

1. Site Plans

- A. All lot lines and lot dimensions.
- B. All existing and proposed building(s).
- C. Identify building to stay or to be demolished/removed.
- D. Distance between lot lines and building (existing and proposed).
- E. All existing or remove utilities. (Locate capped off areas).
- F. All existing and proposed easements and right-of-way with dimensions.
- G. Drainage flow arrows.
- H. Location of 100 and 500 year flood zone boundary.
- I. Location of any drainage structures.
- J. Scale, North Arrow, Date, Contact information.
- K. Location to dispose of material.
- L. Erosion control measures.

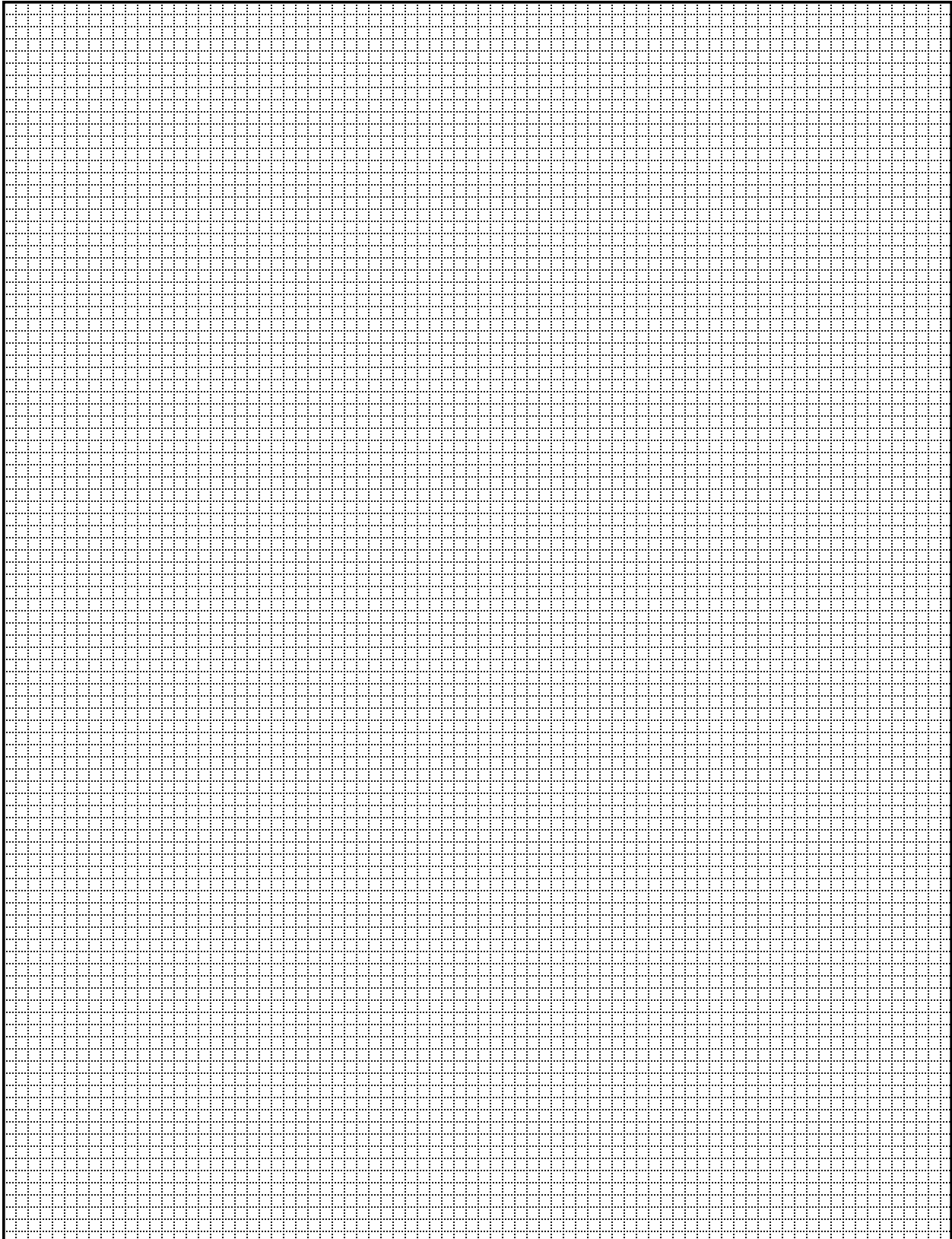
2. Documentation

- A. Asbestos Removal Report.
- B. Receipt from disposal site.
- C. Ground clearing permit application for structures over 200 sq. ft.
- D. Execute Easement. (if applicable)

3. Inspections

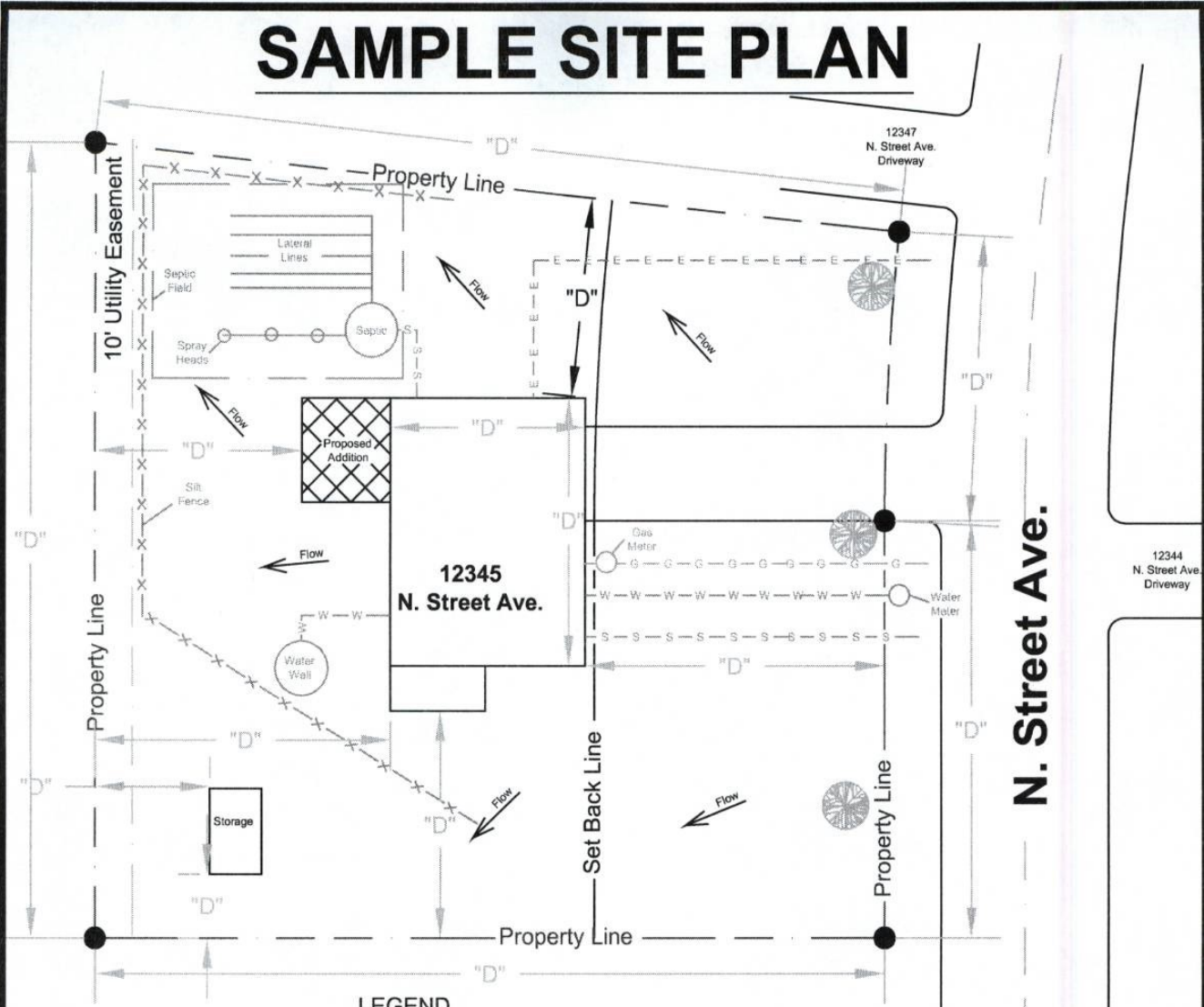
If applicable, inspections will be performed to ensure water and sewer has been capped.

SITE PLAN



City of Choctaw 2500 N Choctaw Rd
PO Box 567, Choctaw, OK 73020
Phone (405)390.2999

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 | |

PLEASE
USE BLANK PAGE
ON BACK TO
DESIGN A SITE
PLAN