



Demolition Permit Application

Cash

Check

Prepaid

Received \$ **29.50**

Date: _____

Receipt No. _____

Permit No. _____

Project Address:			
Legal Description	Lot #	Block #	Subdivision: (if un-platted, need copy of warranty deed)
Owner of Property: _____			
Name		Phone #	
Mailing Address: _____			
Street #		City	State Zip
Contractor/Applicant: _____			
Name		Phone #	
Mailing Address: _____			
Street #		City	State Zip
Existing Use of Property:		<input type="checkbox"/> Residential <input type="checkbox"/> Demolition <input type="checkbox"/> Removal	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other			
Utilities	<input type="checkbox"/> OGE Release 619-6500	<input type="checkbox"/> Choctaw Water Release 390-8276	<input type="checkbox"/> TDS City will call
	<input type="checkbox"/> ONG Release 551-6542	<input type="checkbox"/> Choctaw Sewer Release 390-8276	<input type="checkbox"/> Cox Cable 600-8282
	<input type="checkbox"/> Septic System (by owner)	<input type="checkbox"/> Water Well (by owner)	<input type="checkbox"/> Letter of Authorization from Property Owner
	Fax releases to 405.390.3332 or e-mail to permits@choctawcity.org		

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.

PLEASE GIVE DEBRIS DISPOSAL LOCATION: _____

Printed Name: _____ **Signature:** _____

Date: _____

Do Not Write below This Line—Office Use Only	
APPROVED _____	20 _____
DENIED _____	20 _____
REASON: _____ BY _____	

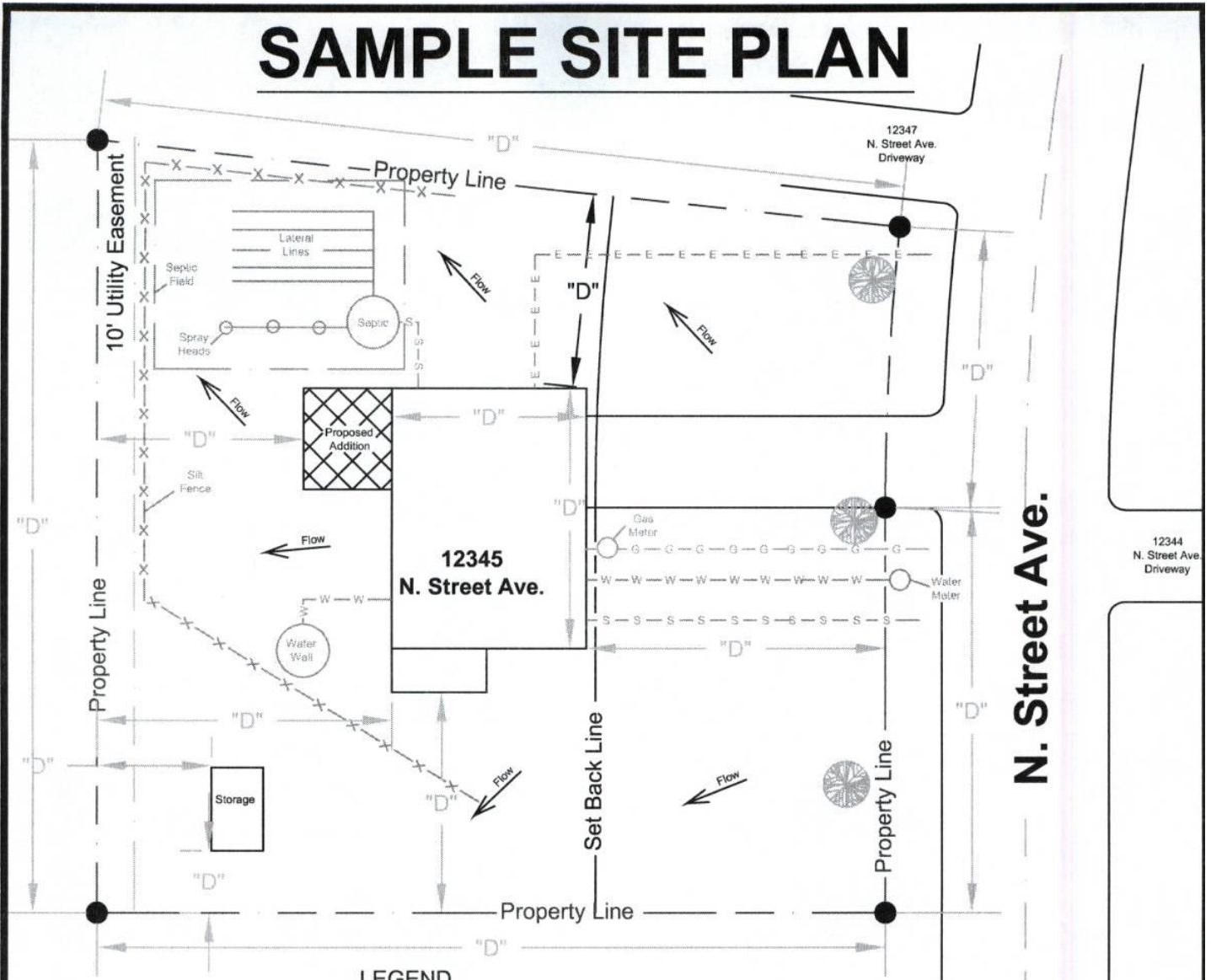
1. Site Plans

- 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.
- D. Execute Easement. (if applicable)

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

SITE PLAN

