BUILDING PERMIT APPLICATION

PERMIT NUMBER

WORK TYPE

RECEIVED BY DATE RECEIVED



City of Comanche Planning & Zoning Department 500 N Rodeo Dr

Comanche, OK 73529

Phone (580)	439-8832, Fax (580) 439-6308	□ NEW	☐ ADDITION	N 🗆 ALTERATION	
codes@cityo	ofcomanche.com	☐ REPAIR	☐ RELOCAT	TE	
			DESCRIPTION (OF WORK	
JOB SITE INFOR	RMATION AND LOCATION				
Job Site Address:					
City/State/Zip:					
Suite/Apartment:		Valuation Labor & Materials \$			
Tax Map/Parcel ID:		Total Square Footage			
☐ OWNER ☐ APPLICANT ☐ CONTACT		PERMIT FEES			
Name:		Building Perm	it:		
Address:		Roofing Permi	it:		
City/State/Zip:		Pool Permit:			
Phone: ()		Demo Permit:			
Email:		Road Closure:			
CONTRACTOR(s)		Moving Permi	t:		
General:	Phone:	Inspection Fee	e:		_
Electrical:	Phone:	Trades Fee:			
Plumbing:	Phone:	Tap/Meter Fe	e:		
HVAC:	Phone:	Street Cut Per	mit:		
Other:	Phone:	Other/Misc:			
			Total		
I understand that I ma approved, signed and identified and located other requirements or owner will be done by	information on this application in any most begin any work including of delivered to me. I also understant before any work is done. I furthoutlines in the Comanche Code of a contractor licensed by the Stafollow these requirements may be	lemolition or impro nd that it is my resp er agree that I will a Ordinances. Any w te of Oklahoma and	ovements untile consibility to he adhere to all be ork not perfor d have a valid l	the building permit is ave all utilities uilding codes and med by the property license with the City o	
Signature of Applicant		Date:			
SPECI	AL CONDITIONS	FLOOD PLAIN	_	□ NO	

Approved by city council on:

Issued by: Date:

PLOT PLAN/LAYOUT

	Street/Alley Identification: Property Width:	
West Street/Alley Identification: Property Width:		East Street/Alley Identification: Property Width:
	South Street/Alley Identification: Property Width:	