



Permit Deposit Receipt No. _____

Amt \$ _____

CITY OF LAWTON

LICENSE & PERMIT CENTER

BUILDING PERMIT APPLICATION

Date received: 12-3-21

Date issued: _____

Permit No.: 119578Reference No.: 20585

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 _____) RestaurantOther Commercial Use: NURSING HOME Facility◆ Project Address: 1700 NW FT. SILL BLVD LAWTON OKLA 73507 Suite/Unit No: _____

◆ Legal Description of Project Property: Lot: _____ Block: _____ Addition: _____

Other Description: _____

◆ Property Owner: Cedar Crest Manor Inc. Address: 1700 NW BlvdCity: LAWTON State: OKI Zip: 73501 Phone No. (580) 355-1616◆ Building Contractor: _____ Address: _____
(Company Name)

City: _____ State: _____ Zip: _____ Phone No. () _____

◆ Daytime contact person: Lyn Aldridge Phone No. (580) 678-8624

◆ Type of Work to be Done:

[] New Const [] Addition [] Accessory Bldg [] Remodel ☒ Fence [] Driveway/Sidewalk[] Pool [] Sign* [] Carport [] Other: Concrete Pad with Fence Enclosure(*Also Requires 'Sign Permit Application') Project's Square/Linear Footage 20' x 20'◆ 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): \$ 36,375.⁰⁰◆ No. of plan sets submitted: 1 No. of sheets per set: 1 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. Permits so issued shall not be construed as authority to alter or set aside any building code requirement, nor shall such issuance of a permit prevent the Building Official from thereafter requiring correction of errors in plans or construction, or of violations of building or zoning codes. Inspections are to be requested as needed during work. Occupancy by other than construction personnel prior to a Certificate of Occupancy being issued is prohibited by law. Certificates of Occupancy or Temporary Certificates of Occupancy must be applied for.

Applicant Signature

Printed Name

Date

-CONTINUED ON REVERSE-

CERTIFICATE OF CONTRACTOR

I, _____, certify that I have been employed to perform the
(Contactor's Printed Name)
improvements described within this application at _____.
(Project Address)

I also certify and understand that all improvements to the site must be constructed in accordance with approved plans and specifications on file in the License and Permit Center of the City of Lawton. Additionally, I have informed the owner of the property of any conditions pertaining to the building permit and will be responsible for transmitting such conditions, plans and specifications to any subcontractors on site. In the case of variations of approved plans the License and Permit Center of the City of Lawton must approve the specifications before work is done, except minor non-structural changes during construction.

Signature

AFFIDAVIT AS TO EASEMENTS, DEDICATIONS AND RIGHTS OF WAY

I, _____, affirm by my signature that I have researched and examined or caused to be researched and examined all recorded documents and instruments relating to said real property, and that all recorded easements, dedications and rights of ways are known to me and are dedicated on the plot plan which is a part of the application for new construction and/or enlargement of an existing building. It is understood that issuance of such building permit does not authorize or permit construction of a permanent structure of or upon any easement, dedication or right of way.

Signature

STATE OF OKLAHOMA)
)
COUNTY OF COMANCHE) SS.

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Number:

My Commission Expires:

Notary Public

(Official Use Only)

Property in floodplain? ☐ YES ☒ NO Current zoning CS Proposed use approved? ☒ YES ☐ NO Initials CB

Use group	Construction type	Width	Length	Frame	Veneer	Square footage	Permit cost
U	ZB	20'	20'			400 ⁺	25.00
Total Permit Cost \$							25.00

Total Permit Cost \$ 25.00

Less Permit Deposit \$ 0 = Remaining Permit Cost \$ 25.00

Notes to be listed on Permit: See Permit review

State Permit (1) x \$4.00 = 4.00

Admin Cost (1)x\$0.50= .50

Billed ☐ Pay w/Permit ☒ \$ 100.00

Other fees: CO/CC \$ + SFHP \$ + RP \$ + Other: \$ = \$ 99.50

TOTAL DUE \$ 89.50

Permit: ☒ Approved ☐ Denied

Date: 9/21/21