BETHANY Oklahoma

RESIDENTIAL PERMIT APPLICATION

Permit #_____ Receipt #_____

Issued Date_____ / _____ / _____

6700 NW 36th Street Bethany, OK 73008 www.cityofbethany.org construction.application@bethanyok.org

IMPORTANT - Applicant must complete all items

ADDRESS:(Location) _____

LEGAL DESCRIPTION: _____

TYPE OF IMPROVEMENT

_____ New Building

_____ Accessory Structure (Between 120-240 Sq Ft)

_____ Alteration (Electrical, Mechanical, Etc.)

_____ Building Upgrade (Carport, Storm Shelter, etc.)

_____ Other

Please Specify:_____

Valuation: Value of Improvement $_____

(valuation = TOTAL COST *includes* structural, electrical, plumbing, mechanical, permanent systems, interior finish, materials and labor excluding land value. IBC109.3)

If New Building:

_____ Single Family Dwelling _____ Two or three Family Dwelling

If Alteration: (check box if commercial alteration) ☐

_____ Electrical _____ Plumbing

_____ Mechanical/HVAC _____ Roof

_____ Demolition/Wrecking

If Building Upgrade:

_____ Carport _____ Fence

_____ In-ground Shelter _____ Above-ground Shelter

_____ Driveway

Contractor Information

Business Name: _____

State License Number :_____

Contact Name :_____

Contact Phone Number: _____

Contractor(s) *must* obtain and/or hold license with Bethany

DIMENSIONS (New Buildings, Accessory Structures & Upgrades)

Above grade height: _____

Number of stories: _____

Total Square Feet (All Floors): _____

Total Square Feet (Exterior Dimensions):_____

Total lot area: _____

Mechanical/HVAC Quantity: _____	☐ Heat, Forced Air	☐ Refrigeration Size:_____	☐ Gas Service (Temporary ☐)	
	☐ Duct System	☐ Boiler Size:_____	☐ Gas Extension	
	☐ Gas Heater (Floor, Panel, Wall, Unit, or Water)	☐ Other: _____		
Plumbing Quantity: _____	☐ Water Service	☐ Water Extension	☐ Water Heater	☐ Fixtures Quantity:_____
	☐ Gas Service	☐ Gas extension	☐ Wall Furnace	☐ Sump Pump(s)
	☐ Sewer	☐ Septic Tank	☐ Other: _____	
Electrical Amp Service: _____	☐ Outlets/Fixtures Quantity:_____	☐ Meter Reset	☐ NO Service Change	
	☐ Retrofit Lighting Quantity:_____	☐ Cut Over	☐ Temporary Pole	
	☐ Pool/Hot Tub	☐ Other: _____		
Demo/Wrecking	☐ Full Demo	☐ Partial Demo	☐ Primary Bldg	☐ Accessory Bldg

Identification

Owner Name: _____ Address: _____

Email: _____ Phone:_____

EXPLANATION OF PROJECT

_____

_____

_____

Printed Name of Applicant: _____

Applicant Signature: _____ Date_____

Approved By: _____ Title:_____ Date:_____