

City of Edmond –Commercial Building Permit Application

Date: _____
Site Plan #: _____

Applicant Name _____ Contact Name _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone _____ Other Phone _____ Fax _____

E-Mail Address _____

Plans by _____ Contact Name _____

Address _____ Phone Number _____

Please Check If:	New Construction <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>	Alt/Add <input type="checkbox"/>
	Main Bldg	Alt Existing Bldg	Add Stand Alone Bldg	Add to Existing Bldg
Desc (If Alteration or Addition)	_____			Existing Square Footage _____

Project Address _____ Project Name _____

Lot(s) _____ Block _____ Addition _____

Zoned _____ Urban District: Yes _____ No _____ Estimated Cost \$ _____ of building without lot

Utilities

Edmond Water Well

Edmond Sewer Septic (If Septic, must provide Form #641-581 signed by DEQ)

Edmond Electric OG&E

Type of Construction (check one): 1A _____ 1B _____ 2A _____ 2B _____ 3A _____ 3B _____ 4 _____ 5A _____ 5B _____

Multi-Family: Yes _____ No _____ If yes, no. of dwelling units (per building*): _____ *One building per application

Type of Occupancy (per IBC): _____ Occupant Load _____ Fire Sprinkler System: Yes _____ No _____

Area of Project _____ No. of Floors _____ No. of Restrooms _____ No. of Toilets/Urinals _____

Size of Water Meter Kit: 5/8" 1" 1 1/2" 2" New Existing

Irrigation System: Yes _____ No _____ Size of Irrigation Meter Kit: 5/8" 1" 1 1/2" 2"

At anytime will there be any streets or alleys blocked by trucks or equipment? Yes _____ No _____

Building Plans NEW Commercial: Seven (7)* sets of plans with one (1) set of specifications
 Building Plans Add, Alt or Add/Alt Commercial: Seven (7)* sets of plans with one (1) set of specifications
 *Provide one additional set of plans for food service projects **(Health Dept has a separate application process that will need to be done).**

Note: Each application shall be accompanied by proper plans drawn to scale. PLOT PLAN, FLOOR PLAN, ELEVATIONS, STRUCTURAL, ELECTRICAL, PLUMBING AND MECHANICAL.

BUILDING CANNOT BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE BUILDING DEPARTMENT.

BY SIGNING THIS FORM, YOU GUARANTEE THE BUILDING PLANS SUBMITTED MEET ALL REQUIREMENTS SET FORTH BY THE EDMOND CITY COUNCIL.

Signed: _____ As Owner/A

City of Edmond - Application for Electric Service

Applicants Name _____ Date: _____

Address: _____
Number & Street Name City State Zip

Telephone: _____ Signature: _____

REQUEST FOR ELECTRIC SERVICE FOR:

Name of Project: _____

Type of Occupancy: _____ Residential _____ Commercial _____ Industrial

Location (Address): _____
Number & Street Name

_____ New Service _____ Change in voltage or ampacity of an existing electric service

VOLTAGE DESIRED (Check below)

_____ 120-240 Volt, Single Phase

_____ 120-240 Volt, Three Phase

_____ 120-208 Volt, Three Phase

_____ 277-480 Volt, Three Phase

_____ Other: _____

LOAD:

LIGHTING: Total Connected KW _____
Type: _____

AIR CONDITIONING:

Total Connected HP: _____

_____ Single Phase HP: _____

_____ Three Phase HP: _____

Largest Motor Size in HP: _____

Number of A/C Units: _____

TOTAL AMPACITY OF MAIN SERVICE

DISCONNECTS: _____

Estimated date final service is needed:

OTHER LOADS:

Additional Motors HP: _____

Heating in KW: _____

Welder: _____ X-Ray: _____

Other: _____

NOTE: The Internal Electrical Service Connection Fees for this project will be based on the information furnished by the applicant on this request and the information furnished in the construction plan documents.

Meter location and padmount transformer locations will be determined by the Electric Utility Department.

All motors larger than 25 hp must be approved by the Electric Utility Department before any commitment will be made to serve power.

The applicant is responsible for notifying the Electric Utility Department at the earliest possible time concerning any changes in construction plans or electric power needs.

MY ELECTRICAL CONTRACTOR IS:

Name of Contact Person: _____ Telephone: _____

Company Name: _____

Address: _____
Number & Street Name City State Zip