The UNIVERSITY *of* OKLAHOMA HEALTH CAMPUS

Department of Building Safety

Office of the Building Official

B

Building Permit Application

This form must be completely filled out in order to process your application for plan review and permitting.

PROJECT INFORMATION					
Project Name				**Date**	
Project Address					
Phased Project	☐ Yes ☐ No			**If Yes, Phase #**	
Occupancy Type	Choose an item			**Occupant Load**	
Construction Type	Choose an item	**Total Square Footage**		**Estimated Construction Cost**	$

BUILDING SYSTEMS INFOMATION			
Fire Alarm Installed	☐ Yes ☐ No	**Fire Sprinkler Installed**	☐ Yes ☐ No
Access Control Part of Project	☐ Yes ☐ No	**Access Control Type**	Choose an item
Is Building Defined as a Highrise	☐ Yes ☐ No	**Is Building Provided with an Emergency Generator**	☐ Yes ☐ No

OWNER / OWNER'S AUTHORIZED AGENT (Responsible for submitting permit application)			
Owner / OAA			
Address (include Zip)			
Email		**Phone**	

ARCHITECT / DESIGNER INFORMATION (If not owner's authorized agent)			
Architect/Designer			
Address (include Zip)			
Email		**Phone**	

CONTRACTOR INFORMATION			
Contractor			
Address (include Zip)			
Email		**Phone**	

REMARKS / SCOPE OF PROJECT

Form DBS-BP, Rev.6 (04/15/25)

865 Research Parkway, Suite 500
Oklahoma City, OK 73104
405-271-5522