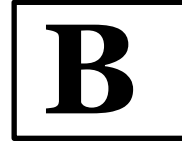




The UNIVERSITY of OKLAHOMA HEALTH CAMPUS

Department of Building Safety
Office of the Building Official



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				Occupant Load	
Construction Type		Total Square Footage		Estimated Construction Cost	\$
BUILDING SYSTEMS INFORMATION					
Fire Alarm Installed	☐ Yes ☐ No	Fire Sprinkler Installed		☐ Yes ☐ No	
Access Control Part of Project	☐ Yes ☐ No	Access Control Type			
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					