

VERDIGRIS

PROPERTY ADDRESS

FOR INSPECTIONS CALL (918) 261-0584

DEMOLITION PERMIT

DEQ permit _____

DATE	PERMIT NO.
_____	_____

Demolition requested by: _____
What is to be demolished: _____
Demolition Address: _____
Subdivision: _____ Lot: _____ Block: _____
Owner(s) name: _____ Phone: _____
Address: _____

FEEES
ELECTRICAL

PLUMBING

GAS

DEMOLITION

TOTAL FEES:

***** This permit must be posted on the property. *****

THE OWNER AND THE UNDERSIGNED AGREE TO CONFORM TO ALL TOWN OF VERDIGRIS, ROGERS COUNTY HEALTH DEPARTMENT AND OTHER PERTINENT CODES AND REGULATIONS. IN PARTICULAR, OWNER AND/OR THE UNDERSIGNED SPECIFICALLY AGREE TO ABIDE BY VERDIGRIS ORDINANCES 2007-01 AND 2007-02, AND ACKNOWLEDGE RECEIPT OF A COPY THEREOF. DESCRIBED WORK TO BEGIN WITHIN 90 DAYS. PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUE. BUILDER OR OWNER TO CALL FOR FINAL INSPECTIONS.

Applicant Signature _____ Date _____

SUBCONTRACTORS	ELEC	_____	PLUMB	_____	DEMO	_____
	PH#	_____	PH#	_____	PH#	_____

Approved By _____ Date _____

<u>Inspections</u>	<u>Inspection Date</u>	<u>Inspector</u>
___ Water meter removed	_____	_____
___ Plumbing capped or removed	_____	_____
___ Electric removed	_____	_____
___ Gas capped or removed	_____	_____
___ Final site inspection	_____	261-0584 Marvin Huen