

# VERDIGRIS

PROPERTY ADDRESS

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FOR INSPECTIONS CALL (918) 888-0857

## 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: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; font-size: small;">FEES</th> </tr> <tr> <td style="font-size: x-small;">ELECTRICAL</td> </tr> <tr> <td>_____</td> </tr> <tr> <td style="font-size: x-small;">PLUMBING</td> </tr> <tr> <td>_____</td> </tr> <tr> <td style="font-size: x-small;">GAS</td> </tr> <tr> <td>_____</td> </tr> <tr> <td style="font-size: x-small;">DEMOLITION</td> </tr> <tr> <td>_____</td> </tr> <tr> <td style="font-size: x-small;">TOTAL FEES:</td> </tr> <tr> <td>_____</td> </tr> </table>	FEES	ELECTRICAL	_____	PLUMBING	_____	GAS	_____	DEMOLITION	_____	TOTAL FEES:	_____
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***** 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 \_\_\_\_\_

Inspections	Inspection Date	Inspector
___ Water meter removed	_____	_____
___ Plumbing capped or removed	_____	_____
___ Electric removed	_____	_____
___ Gas capped or removed	_____	_____
___ Final site inspection	_____	_____