



The City of
OKLAHOMA CITY

Development Services Department
Development Center

PLUMBING PERMIT FAX APPLICATION

FAX # (405) 552-6024

CONTRACTOR'S COMPANY NAME: _____
CONTRACTOR'S REPRESENTATIVE NAME: _____
CONTRACTOR'S E-MAIL ADDRESS: _____
BUSINESS PHONE #: _____ STATE LICENSE #: _____
COMPLETE JOB ADDRESS: _____
BUILDING PERMIT #: _____

CIRCLE THE TYPE OF PERMIT NEEDED:

RESIDENTIAL: **NEW CONSTRUCTION** (TOTAL # OF BATHROOMS _____)
 ADD-ON **REMODEL** **MISC**

COMMERICAL: **NEW CONSTRUCTION** (LIST FIXTURES BELOW)
 ADD-ON **REMODEL** **MISC**

SERVICES:

(NEW / REPLACE / RELOCATE)

CITY WATER	YES / NO	CITY SEWER	YES / NO
WATER WELL	YES / NO	SEPTIC SYSTEM	YES / NO
WATER EXTENSION	YES / NO	SEWER EXTENSION	YES / NO
CONSTRUCTION GAS	YES / NO	GAS SERVICE	YES / NO
GAS EXTENSION	YES / NO	GAS METER RE-SET	YES / NO

FIXTURES:

(NEW / REPLACE / RELOCATE)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOBILE HOME / GAS PERMIT ONLY

NEW GAS SERVICE / GAS METER RE-SET

RE-INSPECTION

ORIGINAL PERMIT # _____

CIRCLE TYPE OF INSPECTION NEEDED: **WILL CALL** **GROUND** **ROUGH** **SEWER**
 CONSTRUCTION GAS **GAS** **WATER** **FINAL**

OTHER INFORMATION: _____