



Permit # _____ \$100.00

[] Paid Date _____

200 S. Main St. Owasso, Oklahoma 74055 Phone: 918.376.1540

APPLICATION FOR CERTIFICATE OF OCCUPANCY

NO BUSINESS MAY BE OPENED OR OPERATED UNTIL A BUILDING OFFICIAL, FIRE MARSHAL AND PLANNING OFFICIAL HAVE SIGNED THE CERTIFICATE OF OCCUPANCY AND GIVEN IT TO THE APPLICANT.

BUSINESS NAME: [] OWNER [] OCCUPANT	ADDRESS: PHONE: EMAIL:
PROPOSED USE:	PROPOSED OPENING DATE:
TYPE OF OCCUPANCY APPLYING FOR - <u>CHECK ALL THAT APPLY:</u> [] CONFORMS TO ZONING REGULATION [] LEGAL NON-CONFORMING [] NEW BUILDING [] EXISTING BUILDING [] CHANGE OF OCCUPANCY [] PORTION OF BUILDING – EXPLAIN:	IS THIS PROPOSED USE TEMPORARY? [] YES [] NO IF YES, TERMINATION DATE:
	WILL CONSTRUCTION, REMODEL OR REPAIR BE DONE? [] YES [] NO IF YES, DESCRIBE:
	OCCUPANCY SQUARE FOOTAGE:
	ALARM SYSTEM [] YES [] NO
IS A COUNTY HEALTH DEPARTMENT PERMIT OR LICENSE REQUIRED? [] YES [] NO IS A STATE PERMIT OR LICENSE REQUIRED? [] YES [] NO IF YES, ATTACH A COPY OF THE LICENSES AND/OR PERMITS.	STATE SALES TAX # ISSUED BY OKLAHOMA TAX COMMISSION: NAME AND ADDRESS AS FILED:

PLEASE SIGN THIS FORM, AND THEN EMAIL IT TO THE FOLLOWING PEOPLE:

ADMINISTRATIVE: CYNDI ~ 918.376.1540
ctownsend@cityofowasso.com

BUILDING OFFICIAL: MIKE ~ 918.376.1534
mshampang@cityofowasso.com

INSPECTION DATE _____

FIRE MARSHAL: JOHNNY ~ 918.272.4920
jpetersen@cityofowasso.com

INSPECTION DATE _____

Signature

Date



FALSE ALARM

REDUCTION PROGRAM

**Do you have a monitored alarm in your
business within city limits?**

Register online at

<https://owasso.alarmreg.com>

Visit:

<https://cityofowasso.com/alarm>

for more information about the False Alarm
Reduction Program.

Paper Registration option is also available. Please email the
application on the following page to
alarm@cityofowasso.com



- New Permit – Commercial \$100
- New Permit - Residential \$30
- Renewal - Commercial \$100
- Renewal - Residential \$30
- Update Only
- Government Alarm

City of Owasso – False Alarm Reduction Program
P.O. Box 180
Owasso, OK 74055
Phone: 918-376-1555
Email: alarm@cityofowasso.com

Account #			
Instructions:	<p><u>Please confirm your address is located within city limits and the Owasso Police Department responds to your address.</u></p> <p>A separate application must be completed for each address to be permitted. Please attach payment and return to the address shown at the top of this form.</p>		
Alarm Owner and Location			
Occupant Name or Business Name:			
Address:	Street Address		
	City	State	Zip
	Phone Number:		
Email Address:			
Special Conditions / Hazards: (Example: Disabled family member, dog in back yard, animal inside, etc.)			
Billing/Responsible Party	<input type="checkbox"/>	Same as above	
Name: (Must be a person)			
Address:	Street Address		
	City	State	Zip
	Phone Number:		
Email Address:			
Email invoices and correspondences:	<input type="checkbox"/>	Yes	
Keyholder/Contact Names			
Name:			
Phone Number:			
Name:			
Phone Number:			
Alarm Company			
Name: (Monitored by)			
Address:	Street Address		
	City	State	Zip
	Phone Number:		
Acceptance of Registration:			
I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of the City Ordinance. I accept responsibility for payment of all fees and fines that may result from the operations of the alarm system servicing the above premises.			
Signature of Permit Holder:			
Printed Name:		Date:	