



OCCUPANCY

PERMIT APPLICATION

Inspections Division
 301 N Broadway, Moore, OK 73160
 (Phone) 405-793-5051 (Fax) 405-793-5057
inspections@cityofmoore.com

FILING FEE: \$40.00

Submittal Date:

Permit #

OCCUPANCY TYPE

<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> BUSINESS, OWNER OR CORPORATION INFORMATION CHANGE
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PROJECT INFORMATION

Project Physical Address	City	State	Zip Code
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APPLICANT INFORMATION

BILLING ADDRESS

Applicant Name	Applicant Phone	24 Hour Emergency Phone 1	24 Hour Emergency Phone 2
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Applicant Email

Applicant Mailing Address	City	State	Zip Code
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OWNER / CORPORATION INFORMATION

BILLING ADDRESS SAME AS APPLICANT

Name	Phone	24 Hour Emergency Phone 1	24 Hour Emergency Phone 2
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Email

Mailing Address	City	State	Zip Code
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If corporation, list officers:

BUSINESS INFORMATION

BILLING ADDRESS

Business Name	Business Phone	24 Hour Emergency Phone 1	24 Hour Emergency Phone 2
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Business Email

Business Mailing Address	City	State	Zip Code
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Owner of Property Name:	Owner of Property Phone:	24 Hour Emergency Phone
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BUSINESS DESCRIPTION

Describe the Proposed Business:

Existing Business (If applicable):

Date of Expected Opening:	Sq. Ft. of Space	# of Parking Spaces	# of Handicap Parking Spaces	# of Employees
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Will there be outside storage of any materials or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have sight-proof screening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business seasonal/temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates of operation: _____	If applicable, please choose: <input type="checkbox"/> Welding <input type="checkbox"/> Painting
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State Sales Tax #: STS _____	Fed ID # _____
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I HEREBY CERTIFY THAT THE STATEMENT IN THIS APPLICATION AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT. I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREA COVERED BY SUCH PERMIT AT ANY HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

Applicant Signature	Applicant Name (Print)	Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Current Zoning:	Change of Zoning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Zoning Required:
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Building Safety Division**
 Signature: _____ Approve Deny Date: _____

Planning/Zoning Department**
 Signature: _____ Approve Deny Date: _____

****Remarks to be printed on occupancy, if any:**



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OCCUPANCY APPLICATION SUBMITTAL DOCUMENT CHECKLIST

Applicant shall submit this checklist as complete as applicable in order for review process to begin.

This document is a guideline and not intended to be an exhaustive list. The mission of the Building Safety Division for the City of Moore is to provide professional, support, guidance, and assistance to the citizens who are directly or indirectly involved with the building or altering the built environment of the community, to ensure that all such activity is consistent with the policies, building codes, and ordinances adopted by the City Council.

CHECK AND COMPLETE THE FOLLOWING THAT APPLIES TO THE BUSINESS. PLEASE CALL 405-313-8054 FOR THE FOLLOWING INFORMATION:

<input type="checkbox"/> Lawn Irrigation System Available and to be Used	Number of Toilets: _____
<input type="checkbox"/> Grease Trap _____ Size (Gal)	Number of Urinals: _____
<input type="checkbox"/> Food Prep _____ Area (Sq. Ft.)	Number of Mop Sinks: _____
Estimated Volume Use:	Number of Hand Sinks: _____
<input type="checkbox"/> Less than 1,000 gal/day <input type="checkbox"/> More than 1,000 gal/day	Number of Kitchen Sinks: _____

CHECK AND COMPLETE THE FOLLOWING THAT APPLIES TO THE BUSINESS. PLEASE SPEAK TO THE CITY CLERK FOR THE CHECKED ITEMS AT (405) 793-5020.

<input type="checkbox"/> Alcoholic Beverage <i>(Mark all that apply):</i> <input type="checkbox"/> Beer On/Off Premise <input type="checkbox"/> Mixed Beverage <input type="checkbox"/> Package Store <input type="checkbox"/> Beer and Wine <input type="checkbox"/> Distillery/Brewery <input type="checkbox"/> Wholesale	<input type="checkbox"/> Medical Marijuana <i>(Mark all that apply):</i> <input type="checkbox"/> Dispensary <input type="checkbox"/> Grower <input type="checkbox"/> Processor <input type="checkbox"/> Testing Laboratory <input type="checkbox"/> Transporter <input type="checkbox"/> Education Facility <input type="checkbox"/> Waste Disposal Facility	<input type="checkbox"/> Food <i>(Mark all that apply):</i> <input type="checkbox"/> Food Business State License <input type="checkbox"/> Mobile Food Vendor <input type="checkbox"/> Seasonal/Temporary Food	<input type="checkbox"/> Massage <i>(Mark all that apply):</i> <input type="checkbox"/> Massage Business <input type="checkbox"/> Massage Therapist <input type="checkbox"/> Massage Off-Site
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<input type="checkbox"/> Coin Operated Amusement Device(s)	<input type="checkbox"/> Recreational and Amusement Center	<input type="checkbox"/> Flea Market
<input type="checkbox"/> Auction	<input type="checkbox"/> Pawn Broker	<input type="checkbox"/> Wrecker Service
<input type="checkbox"/> Tattoo-Body Piercing	<input type="checkbox"/> Firework Display	<input type="checkbox"/> Precious Metal Dealer
<input type="checkbox"/> Taxicab Service	<input type="checkbox"/> Other: _____	

SANITATION SERVICE (TRASH)

<input type="checkbox"/> SAME AS APPLICANT	<input type="checkbox"/> SAME AS BUSINESS	<input type="checkbox"/> SAME AS OWNER / CORPORATION	
Billing Name	Phone	24 Hour Emergency Phone 1	24 Hour Emergency Phone 2
Billing Address	City	State	Zip Code

DUMPSTER REQUEST

Size _____ Days per Week _____

REFERENCE SIZE	DIMENSIONS		
	DEPTH	HEIGHT	WIDTH
2 yd.	3' 2"	2' 10"	6'
4 yd.	4' 6"	4' 3"	6'
6 yd.	5' 6"	5' 1"	6'
8 yd.	5' 6"	6' 9"	6'

NOTE: Symbol ' means feet Symbol " means inches

EXTRA PICKUPS	
2 yd ³	\$26.40
4 yd ³	\$28.60
6 yd ³	\$34.27
8 yd ³	\$44.45

Note: Locking lids an additional \$5.00

# OF TIMES PER WEEK	SIZE			
	2 yd ³	4 yd ³	6 yd ³	8 yd ³
1	\$37.50	\$56.31	\$74.15	\$89.89
2	\$67.33	\$101.46	\$132.64	\$162.89
3	\$97.16	\$146.60	\$191.12	\$234.48
4	\$126.99	\$191.75	\$249.60	\$306.78
5	\$156.82	\$236.89	\$308.08	\$379.07
6	\$186.65	\$282.06	\$366.60	\$451.39