CITY OF GROVE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Property Owner:						
(name)				(phone)		
Business Name:						
(name)						
Contact Person:						
(name)		(phone)				
Project Address:						
Lot: Block: Subdivis	ion:					
TYPE OF WORK: New Construction	_Addition	Demo	Remodel	Other		
DESCRIPTION OF WORK:						
Please attach two (2) sets of construction						
Business: NewExisting No. of	Stories	N	o. of Bathroom	S		
Total Building Sq. Ft Valu	ue of Constru	ction \$				
Water Supply: GMSA Well	Other	Sewer:	GMSA	_ Other		
No. of HVAC Units: A/C tons: _	ls	s Gas Required: Yes		No		
Fire Alarms Required: Yes No	Fire Sp	orinkler Requ	ired: Yes	No		
GENERAL CONTRACTOR:			Phone			
Contractors & Subcontractors must be lic applicable).	ensed with th	e City of Gro	ve & State of O	klahoma (if		
TRADE NAME	OK STAT	E LIC.#		PHONE		
Concrete:						
Electrical:						

Plumbing:	
Mechanical:	
Roofing:	
The application shall be made by the property owner or autho	
Signature of Property Owner:	Date
Email:	
I hereby certify that the proposed work is authorized by the ow	vner of record and that I have been
authorized by the owner to make application as an authorized applicable laws, building codes, and zoning requirements.	
Signature of Authorized Agent:	Date:
Email:	