

THE TOWN OF KIOWA
PERMITS APPLICATION
P.O. BOX 69
KIOWA, OKLAHOMA 74553
PHONE: 918-432-5621
FAX: 918-432-5690



DATE: _____

RESIDENTIAL APPLICATION (MARK ALL THAT APPLY)		\$30 ea.	COMMERCIAL APPLICATION (MARK ALL THAT APPLY)		\$100 ea.
<input type="checkbox"/>	BUILDING		<input type="checkbox"/>	BUILDING	
<input type="checkbox"/>	DEMOLITION		<input type="checkbox"/>	DEMOLITION	
<input type="checkbox"/>	ELECTRICAL		<input type="checkbox"/>	ELECTRICAL	
<input type="checkbox"/>	PLUMBING		<input type="checkbox"/>	PLUMBING	
<input type="checkbox"/>			<input type="checkbox"/>		

PLEASE TYPE OR PRINT CLEARLY IN INK.

PROJECT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF WORK: _____

EXISTING SQ. FEET: _____ ADDITIONAL SQ. FEET: _____ TOTAL SQ. FEET: _____

COST OF CONSTRUCTION: \$ _____

PROPERTY OWNERS NAME: _____

OWNERS TELEPHONE#: _____ CELL PHONE#: _____

OWNERS ADDRESS (IF DIFFERENT FROM ABOVE): _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

TENANT NAME: _____

TENANT PHONE#: _____ TENANT CELL#: _____

CURRENT TENANT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTORS NAME: _____ PHONE#: _____

CONTRACTORS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTORS EMAIL ADDRESS: _____

CONTACT PERSON: _____ PHONE#: _____

CONTACTS EMAIL ADDRESS: _____

ARCHITECT: _____ PHONE#: _____

ARCHITECTS EMAIL ADDRESS: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ACCOMPANYING DRAWINGS OR PLATS IS CORRECT, AND THAT I WILL CONFORM WITH ALL APPLICABLE LAWS OF THE TOWN OF KIOWA.

SIGNATURE OF APPLICANT: _____ DATE: _____

*(ALL PERMITS ARE SUBJECT TO APPROVAL BY THE CITY COUNCIL AT THE MONTHLY MEETING.)

IT IS RECOMMENDED BUT NOT REQUIRED THAT YOU ATTEND THE MEETING ON _____ DAY OF _____, 2024