



The City of MIDWEST CITY

100 N. Midwest Blvd * Midwest City, Oklahoma 73110
(405) 739-1210 *TDD (405) 739-1286 * FAX (405) 739-1399

Office use

Receipt # _____

Date _____

Inspection Date: _____

Application for Certificate of Occupancy PROPOSED OCCUPANCY

Name of Business _____

Business Owner _____

Business Address _____ Zip Code _____

Business Phone number _____ Cell Phone number _____

Email for Business Owner _____

Owner of Building: _____

Contact information for building owner: _____

Type of business (VERY SPECIFIC) _____

City Sewer _____ City Water _____ City Garbage _____

Sq. Ft. Business _____ Retail _____ Storage _____

Read Carefully

City ordinance requires that when a change is made in the use of any land or building or structure or tenancy occurs, except residential, a certificate of occupancy shall be obtained. Whenever a building permit is issued for the erection of a new building or structure, (apartments, commercial, industrial,) or additions to or major remodeling, an Occupancy permit shall also be required prior to occupancy. **No building shall be occupied without a certificate of occupancy. First initial fee is \$50.00.** A temporary commercial or industrial certificate of occupancy may be approved at the discretion of the building official for sixty (60) days. At the end of the first sixty (60) days, the building official shall have the authority to extend the temporary commercial or industrial certificate of occupancy in thirty (30) day increments.

It shall be the responsibility of the applicant to apply for an additional thirty (30) day extension at the end of each thirty (30) days from the date of issuance of the original temporary certificate of occupancy. An additional fifty dollars (\$50.00) fee is due for each thirty (30) extension approved by the building official.

The building official shall have the authority to deny applications for renewal of temporary certificates of occupancy and by written notice to the applicant within ten (10) days of denial of said certificate of occupancy application, shall have the authority to have utility services disconnected to said premises if operations have not ceased.

I have read and understand the above requirements and hereby apply for a certificate of occupancy for the above described property, subject to the applicable codes and ordinances of the City of Midwest City, Oklahoma

NAME

DATE

NOTICE CERTIFICATE OF OCCUPANCY REQUESTORS
PLEASE KEEP FOR YOUR RECORDS.

Read Carefully

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Please include a detailed drawing of the floor plan
(Payment will not be accepted without this)

1. You must call in no less than **two (2) working days** prior to requesting a certificate of occupancy inspection. Working days (excluding holidays) are Monday through Friday, 8:00 a.m. to 5:00 p.m. Requests made on Thursdays of the week will not be performed until Monday of the following week.
2. Appointment times cannot be scheduled. Someone needs to be on the premises or you will need to make arrangements to keep the facility open for the inspectors. Inspections will be made by the following personnel: Plans examiners, Engineering, building inspections, fire department, utility department, Storm Water Quality (if applicable) City/County Health (if applicable).

Contact: 739-1210 or 739-1211 concerning requests for certificates of occupancy and/or Inspections.

If your business is food related, you need to contact the Health Department at 425-4348 or 425-4319 and let them know you need an inspection.

THE CITY OF MIDWEST CITY
CUSTOMER SERVICE

*100 N. MIDWEST BLVD * MIDWEST CITY, OKLAHOMA 73110*
(405) 739-1252 or 1254* FAX (405) 869-8613

Business Information

Name of Business: _____

Service Address: _____

Type of Business: _____

Name on Oklahoma State Sales Tax Permit: _____

Permit Number: _____ Expiration Date: _____

Employer Identification Number (EIN): _____

Contact Information

Name of Business Owner: _____

Phone No: _____ Alt. Phone No: _____

(OFFICE USE ONLY)

Date Services are Set-Up

Service Start Date: _____

Account No: _____

Comments: _____

Emergency Operations Center

Name of Business _____

Address of Business _____

Phone Number of Business _____

Dear Prospective Business Owner:

In order to provide the best emergency response services, the Emergency Operations Center (OEC), needs your personal contact information. This information will only be used to contact you in case of an emergency, which affects your business. For example, if a fire or burglary occurs at your business after hours, we will need to contact you as soon as possible. Please provide the listed information for any employees you wish to be contacted in case of an emergency.

It is your responsibility to maintain current names and contact information.

Please call or write EOC at: (405-739-1388) 100 N. Midwest Blvd. Midwest City, OK 73110, to make any necessary changes.

Contact Number One

Title:

Name:

Cell Phone Number:

Contact Number Two

Title:

Name:

Cell Phone Number:

Contact Number Three

Title:

Name:

Cell Phone Number:

The City of Midwest City Public Works Administration
Sewer Use Survey

1. Facility Name: _____

2. Operator's Name: _____

3. Facility Owner Name and Phone Number: _____

4. Facility's Physical Address: _____

5. Mailing Address: _____

City: _____ State _____ Zip Code _____

a) Facility Contact & Title: _____

b) Phone Number(s): _____

c) Survey Prepared by: _____ Title _____

6. Type of Business (Check): **Industrial** **Commercial** **Professional**
 Other (Specify) _____

Brief Description of Business Operations (Include a separate sheet of paper if needed)

7. Indicate applicable North American Industry Classification System (NAICS) code(s) and/or Standard Industrial Classification (SIC) code(s) for all business processes: _____

8. Indicate the following:

a) Water Sources: **Private well** **Surface Water** **Municipal Water**
Other Utility (Specify) _____

b) Name on the bill: _____

9. Types of wastewater produced at the facility: **Domestic** **Industrial/Process**

10. Method(s) of wastewater discharge/disposal:

a) Domestic: **City Sewer System** **Private septic tank & leaching**
 Other (Specify) _____

b) Industrial/Process Wastewater: **City sewer system** **Private septic tank & leaching**
 Hauled off site (Identify Hauler) _____

Other (Specify): _____

- c) Wash water used for washing Equipment, Vehicles, Floors, Dishes etc.
 (Excluding hand washing): **City sewer system** **Septic tank**
 Hauled off site (Identify Hauler) _____
 Other Specify)_____

- 11. Do you serve food? **Yes** **No**
 If yes, do you have a grease trap? **Yes** **No**.
 Do you have a dishwasher? **Yes** **No**.
 Do you have a garbage disposal in use? **Yes** **No**

- 12 Does this facility practice pollution prevention? If so, explain?

- 13. Are there any wastewater treatment practices at this facility? **Yes** **No**
 Specify type:

- 12. List all existing or pending Federal, State or Local Environmental Permits and the Permit numbers for the facility

I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Signature of Officer of the Company *Please Print Title*

Please Print Name *Date*

Please return completed survey to: Attn: Brady Wright at the address or fax number

The City of Midwest City Public Works Administration
 8730 SE 15TH * MIDWEST CITY OKLAHOMA 73130
 (405) 739-1397 *TDD (405) 739-1286 *FAX (405) 732-8107