



**CERTIFICATE OF OCCUPANCY
APPLICATION**

City of Sand Springs
Neighborhood Services
100 East Broadway – PO Box 338
Sand Springs OK 74063
918-246-2572

\$200 FEE IS DUE UPON SUBMISSION

neighborhoodservices@sandsspringsok.gov

Applicant Information

Applicant Name: _____

Applicant's Current Address: _____

City: _____ State: _____ Zip: _____

Applicant Contact Phone: Home _____ Cell _____

Applicant E-mail Address: _____

Proposed Business Information

Proposed Business Name: _____

Proposed Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ State Sale's Tax No. _____

Business E-mail Address: _____

Proposed Opening Date: _____ [] New Business [] Change of Occupancy

Describe the proposed business, such as the services provided and/or types of merchandise/products to be sold or handled. Please provide as much information as possible, such as hours of operation, etc. Attach additional page for business description, interior floor plan of business space, State Sale's Tax Permit and any other permits required to operate business.

Property Information

Property Address: _____

Legal Description: _____

Record Owner of Property: _____ Phone: _____

Property Owner Address: _____

City: _____ State: _____ Zip: _____

Applicant Relationship to Record Owner of Property: _____

Signature Date

(office use only)

Planning: _____ Date Received: _____ Date Approved: _____

Inspections: _____ Date Received: _____ Date Approved: _____

Fire Marshall: _____ Date Received: _____ Date Approved: _____

Notes: _____

