

## CITY OF LAWTON LICENSE & PERMIT CENTER FILL SITE PERMIT APPLICATION

Date received:
Date issued:
Permit No.:
Reference No.:
Plan No.:
Expiration date:

(PLEASE FILL IN ALL BLANKS)

					Suite No.:	
Legal Description o	of Project Prope	rty (attach s	separate shee	et if metes and bour	nds):	
LOT:	BLOCK:	ADD	OITION:			
Other description: _						
Owner:		A	ddress:			
City:		_ State:	ZIP:	Phone No. (	)	
Proof of ownership	submitted: [ ]	Yes [ ] N	No			
Two (2) sets of plar	ns, calculations	& specifica	ntions submitt	ed [ ] Yes [ ] No (	see submittal checklist)	
Earth Change Pern	nit submitted: [	] Yes [ ] N	No			
Proposed reason for	or fill:					
Estimated area to b	oe disturbed (ad	res):	Total Are	a of Parcel (acres):		
Contractor:			Address	_ Address:		
City:		_ State:	ZIP:	Phone No. (	)	
Emergency contact	Emergency contact person:			Phone No.	( )	
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