

# City of Harrah



Temporary Structures

**PERMIT & PROCEDURES**



# City of Harrah

PO BOX 636 \* 19625 NE 23<sup>rd</sup> \* Harrah, OK 73045 \* 405-454-2951 \* fax 405-454-2130

## Temporary Structures

Date: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Permit#: \_\_\_\_\_

**1. One site plan Drawing of the location of the proposed structure on the site, including all easements, setback from all four sides, and proposed driveways.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Home Owner Association: Yes No

Name of the HOA president: \_\_\_\_\_

**Type of Structure:**

Mobile Home          Portable Building          Vending

Truck or Trailer \*Must provide a notarized letter of authorization from the property owner and property must be zoned Commercial. Temporary building must be removed off location as the permit is only good for six (6) months.\*

If you are a disaster victim this Permit will be for one (1) year from the date of the disaster with no fee. Proof of ownership at time of the disaster is required. The temporary housing must be removed thirty (30) days after the residence is rebuilt and Certificate of Occupancy has been issued.

Sewer System  
City

Water System  
City

Private

Private

Building Contractor: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Heat & Air Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I further certify that the statements in this application are true and correct to the best of my knowledge and belief and that all construction work under this permit will comply and conform to the plans, specifications and drawings. I further agree to comply and conform to the plans, specifications and drawings. I further agree to comply with all applicable City Ordinances and building codes of the City of Harrah, Oklahoma. Any misrepresentation of these statements will void this permit.

Applicant Signature: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_  
Building inspector

Date: \_\_\_\_\_



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Site Plan

