

## **RETAINING WALL PERMIT APPLICATION**

ОК	LAHOMA		Dat	e:		
APPLICANT INFORM	MATION					
Applicant:			Conto	act Name:		
Mailing Address:	City/State/Zip:					
Phone:	Alternate Phone:					
E-Mail:						
PROJECT INFORMA	ATION					
Type of Project:			☐ Commercial		□ Resi	dential Plat Improvement
Project Address: required)					(if unplatted	– county stamped deed is
Subdivision:			Lot:	Block:	Zoned:	Urban District: 🗆 Yes 🗖 No
Project Cost: \$						
	address will need to pro in Street or Common A					
Type of Material:	□ Concrete	□ Timber	☐ Masonry	□ Other: _		
WALL		LENGTH (feet)			HEIGH	IT (feet)
1						
2						
3						
4						
5						
will require a pe  → Retaining wall a  → Applications sul  ■ Below is a list a  ■ Upon submitte	hat exceed 4'- 0" in h	de three (3) comp documents will do hat must be submit ation, the plan revie	lete set of plans dr elay the application ted to consider an o	awn to scale. on and plan re	eview process. mplete.	rall or hold back a surcharge  ys for residential
	(E.g.: wall	- to include: Ition of wall(s) with tw	retaining wall  or measurements in f  or, wall to side propert			
Building(s) cannot be occupied By signing this form, you ackno				codes, amendmen	ts and ordinances se	et forth by the Crescent City Council.
		ilaaA	cant Signature:			