



City of Sand Springs, Oklahoma
Sand Springs Fire Department/Neighborhood Services Division
 108 E. Broadway St. / P.O. Box 338 – Sand Springs OK 74063
 Phone: 918-246-2572 / Fax 918-245-0372
Neighborhoodservices@sandsspringsok.org

CERTIFICATE OF OCCUPANCY APPLICATION

Business Name: _____

Street Address: _____

Type of Business: _____

Owner/Contact: _____ **Phone:** _____

SSN: _____ **Fed. Tax ID:** _____

New Business

Change in Use/Occupancy

Anticipated Occupancy Date: _____

Applicant understands that a Certificate of Occupancy shall be issued prior to opening a business. The applicant shall assure the building meets all building, trade and fire code requirements adopted by the State of Oklahoma and the City of Sand Springs prior to occupancy. City Code 15.04.050)

Applicant's Signature: _____

A \$50 Fee Is Due When Submitting This Application

 (office use only)

_____	_____	_____
Planning	Date Received	Date Approved

_____	_____	_____
Inspections	Date Received	Date Approved

_____	_____	_____
Fire Marshal	Date Received	Date Approved

_____	_____	_____
Environmental Compliance	Date Received	Date Approved

Notes: _____



CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063
Phone: 918.246.2500 • sandspringsok.org

Dear Business Representative,

I am writing in regard to a program that is offered by the Sand Springs Police Department as a way to better serve our business community in the City of Sand Springs. This program is **free of charge**, and will be used by our officers to contact a responsible party from your business if there is an incident that you need to be aware of.

It has been our experience that crime often occurs at a business during the hours when it is closed. These crimes include burglaries, vandalisms and arson cases. We have also seen incidents which are not criminal in nature such as broken water pipes where we can serve you by contacting you in order to mitigate the amount of damage the occurs.

With these goals in mind, the Sand Springs Police Department and the Sand Springs Volunteers in Police Service offer the Business Identification Program. Included with this letter is a questionnaire. Please take the time to fill it out and return it to us at the address listed below. After the information is supplied to us, a volunteer will enter it into a database and bring you a decal to be applied to the front door or window of your business. This decal will have a number that is unique to your business to help the officer locate you quickly in the event of an incident that needs your attention.

If you have any questions or concerns, please contact me. I hope you find this program as just one more way that the Sand Springs Police Department is seeking to serve you better.

Sand Springs Police Department
Attn: BID File
P.O. Box 338
Sand Springs, OK 74063-0338

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael S. Carter', written over a horizontal line.

Michael S. Carter – Chief of Police
(918)246-2534



B.I.D.

Business Identification File

The following information is being supplied to the Sand Springs Police Department for entry into their automated file system for business identification. The purpose of this file system is to establish an automated file of emergency contact information so that in cases of emergencies the proper owners and or individuals may be contacted. This information is considered confidential and will not be released to the general public to the extent allowed by law.

DATE: _____ / _____ / 20____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

NEW BUSINESS: _____ (YES) _____ (NO)

If Yes, what business are you replacing at this address:

INTRUSION ALARM: _____ (YES) _____ (NO)

FIRE ALARM: _____ (YES) _____ (NO)

IF YES:
CENTRAL MONITORED _____ (YES) _____ (NO)

IF YES:
ALARM CO. NAME: _____

ALARM CO. PHONE: () (-)

EMERGENCY CONTACT INFORMATION

LIST INDIVIDUALS WITH KEYS TO BUSINESS BY PRIORITY OF A CALL OUT.

NAME (LAST, FIRST M.I.)	HOME ADDRESS (ADDRESS, CITY, ZIP)	CONTACT PHONE
1. _____, _____, _____	_____	() (-)
2. _____, _____, _____	_____	() (-)
3. _____, _____, _____	_____	() (-)
4. _____, _____, _____	_____	() (-)

PLEASE NOTE ANY HAZARDS ON SITE THAT YOU FEEL OFFICERS NEED TO BE AWARE OF.