

RESIDENTIAL RE-OCCUPANCY PERMIT

INSTRUCTIONS

Community Services 405-670-7314

3701 SE 15th Street Del City OK 73115 www.cityofdelcity.com Fax: 405-670-7368

Application must be completed in full, including all required supporting documentation. Incomplete applications may be returned to the applicant, leading to a substantial delay in the process.

Be sure to read these instructions carefully before proceeding!

Application Form

- 1. Application form must be completed in its entirety.
- 2. The Owner or Authorized Agent must complete the form.
 - a. If completed by the agent, the owner of the property must submit a notarized letter specifically authorizing the agent to submit the application.
 - b. A Property Management Contract or brokerage agreement is not sufficient to replace the notarized letter.
- 3. Payment for the Re-Occupancy Permit is made when application is submitted and is non-refundable.

Re-Occupancy

Re-Occupancy is necessary only after a structure has been condemned for occupancy. Depending on the reason for the condemnation, further permitting may be required (remodeling permit, trade permits, etc.)

After submitting this application for re-occupancy, the applicant must schedule a re-occupancy inspection with the Building Inspector. This inspection can lead to three (3) outcomes:

- 1. The property can be approved for re-occupancy;
- 2. A correction notice can be issued for items that must be repaired before re-occupancy; or
- 3. The structure can be deemed not reasonable to repair and ordered demolished.

Extensive repair will require a remodeling permit. The remodeling permit application requires submission of a detailed work plan and cost estimates. If further permitting is necessary, re-occupancy will not be approved until Final Inspections have been completed and approved.

The property will need to be inspected as part of the City's Housing Inspection Program (HIP), if the occupant of the structure, after re-occupancy is granted, is different from the occupant of the structure at the time the structure was condemned. The HIP inspection may yield additional corrections, as the scope of the inspection may be different than that of the re-occupancy inspection.

Demolition Order

If the structure has been ordered demolished, it may be required to come into compliance with all adopted codes as if it was a new structure. Property Owners seeking to re-occupy a structure previously ordered demolished must be prepared for significant rehabilitation costs.

**<u>No person, including the Property Owner, is authorized to enter the structure until the Building Inspector approves</u> <u>entry, except for the purpose of securing the structure.</u>



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APPLICATION

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Property Information			
PROPERTY ADDRESS:			
Property Owner Phone:	HOME:	CELL:	
Property Owner:			
Application Information			
Applicant Name: Applicant's Current Address:			
	CITY:	_ STATE:	ZIP:
Applicant Contact Phone:	HOME:	_ CELL:	
Applicant E-mail Address:			

Property Owner Certifications

I certify that this application is complete and accurate, to the best of my knowledge. I further certify that I am the Owner of the Property or that I am the Authorized Agent of the owner. ______ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/ ordinances. ________(initial)

I understand that this structure is currently condemned for occupancy, and that this permit authorizes the City to conduct one or more re-occupancy inspections. I recognize that these inspections may lead to issuance of a correction notice that may have to be resolved before the structure is approved for re-occupancy. I further understand that ongoing inspections may be required, and that these inspections may lead to additional corrections. I understand that, should the structure be found to be not economically repairable, it may be ordered demolishes, and I agree to comply with such a demolition order. I also understand that the Property may require additional inspection through the City' Housing Inspection Program. ______ (initial)

SIGNATURE	DATE
FOR STAFF USE ONLY: COPY OF DRIVER'S LICENSE YES NO	DATE SUBMITTED:
DUE: RECEIPT NO.	TIME SUBMITTED: