PLAN REVIEW APPLICATION FOR A KENNEL

Establishment Name: ________________________________________________________________
Street Address: _______________________________________________________________  City: ____________________

APPLICANT INFORMATION:
Name: ________________________________________________________________
Address: ______________________________________________  City: _________________________ State: _____  Zip: ____________
E-mail: _____________________________________ Phone#: ___________________________ Fax#: _____________________________

CONTACT INFORMATION (IF DIFFERENT):
Name: ________________________________________________________________
Address: ______________________________________________  City: _________________________ State: _____  Zip: ____________
E-mail: _____________________________________ Phone#: ___________________________ Fax#: _____________________________

TYPE OF CONSTRUCTION:
☐ New  ☐ Remodel  ☐ Fire Restoration  ☐ Addition  ☐ Move-On  ☐ Conversion
Existing Use of Land/Bldg: __________________________  Proposed Use of Land/Bldg: _______________________________

COMMENTS: __________________________________________________________________________ 
____________________________________________________________________________________ 
____________________________________________________________________________________ 

I hereby certify that the statements in this application are true and correct.

Applicant Signature: __________________________________________ Date: __________________________
Printed Name: __________________________________________ Title: __________________________

A copy of this application must be submitted with a  
**Fee of $20.00 made payable to the**
**Oklahoma City-County Health Department (OCCHD).**
All facilities must be inspected and licensed prior to operation.
Completion and submission of this form does not constitute
authorization to open a kennel.