



Applicant to Complete All Items in Sections I, II, III, IV, V and VI Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. PROJECT INFORMATION									
PROJECT NAME	ADDRESS								
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED		COUNTY							
City Village Y Township OF: MOUNDS	, OKLAHOMA	Creek	74047						
			VALUATION \$						
II. IDENTIFICATION									
A. OWNER OR LESSEE									
NAME	ADDRESS:		EMAIL:						
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)						
B. ARCHITECT OR ENGINEER			-						
NAME	ADDRESS		EMAIL:						
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)						
LICENSE NUMBER	·	·	EXPIRATION DATE						
C. CONTRACTOR									
NAME	ADDRESS		EMAIL:						
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)						
BUILDERS LICENSE NUMBER		EXPIRATION DATE	FAX NUMBER (Include Area Code)						
ELECTRICAL CONTRACTOR			TELEPHONE NUMBER (Include Area Code)						
PLUMBING CONTRACTOR			TELEPHONE NUMBER (Include Area Code)						
MECHANICAL CONTRACTOR			TELEPHONE NUMBER (Include Area Code)						
III. TYPE OF IMPROVEMENT AND PLAN REVIEW			·						
A. TYPE OF IMPROVEMENT									
1. NEW BUILDING 3 ALTERATION 5. 2. ADDITION 4. REPAIR 6.	DEMOLITION MOBILE HOME SET-UP	7. D FOUNDATION C 8. D PLUMBING or G							
B. PLAN REVIEW REQUIRED (please allow 7 days for proc	cessing)								
Plans must be submitted with an Application for Plan Exam		priate fee before a permit o	can be issued, except as listed below.						
Plans are not required for alterations and repair work determi	ned by the building officia	al to be of a minor nature.							
Plans and specifications are required for all other building type in Oklahoma and shall bear that architect's or engineer's seal a		by or under the direct super	rvision of an architect or engineer licensed						
Plan Review Submission No. <u>TOM25-00</u>									

IV. PROPOSED USE OF BUILDI	NG													
A. RESIDENTIAL														
1. ONE FAMILY	3.	ROOM ADDITION NO. OF ROOMS	5. 🗖	DETACHED GARAGE										
2. TWO OR MORE FAMILY	4. 🗔	ATTACHED GARAGE	6. 🗔	OTHER										
NO. OF UNITS	_		_											
B. NON-RESIDENTIAL (larger of	B. NON-RESIDENTIAL (larger commercial permit fees will be charged on case-by-case, per IBC)													
7. AMUSEMENT	11. 🗖	SERVICE STATION	15. 🗌	SCHOOL, LIBRARY, EDUC	CATIONAL									
8. CHURCH, RELIGION		HOSPITAL, INSTITUTIONAL	16. 🗌	STORE, MERCANTILE										
9. INDUSTRIAL	_	OFFICE, BANK, PROFESSIONAL PUBLIC UTILITY	17. 🛄 18. 🗌	TANKS, TOWERS OTHER										
NONRESIDENTIAL-DESCRIBE IN DETAIL SECONDARY SCHOOL, COLLEGE, PARC EXISTING BUILDING IS BEING CHANGED,	CHIAL SCHOOL, PARKING GAF	RAGE FOR DEPARTMENT STORE, F	RENTAL OFFICE BUILDING, OFFICE BU	ILDING AT INDUSTRIAL PL	ANT. IF USE OF									
V. SELECTED CHARACTERIST	ICS OF BUILDING													
A. PRINCIPAL TYPE OF FRAMI	Ε													
1. MASONRY, WALL BEARING	2. WOOD FRAME	3. STRUCTURAL STEEL (PEN	IB) 4. REINFORCED CONCRETE	5. OTHER										
B. PRINCIPAL TYPE OF HEATI	NG FUEL, HVAC AIR HA	NDLER(S), ROOF TOP UNIT	S (RTU's)											
6. 🔲 GAS	7. WOOD	8. ELECTRICITY	9. 🔲 SOLAR	10. OTHER										
C. TYPE OF SEWAGE DISPOSA	AL													
11. PUBLIC OR PRIVATE COMPANY			12. SEPTIC SYSTEM											
D. TYPE OF WATER SUPPLY														
13. PUBLIC OR PRIVATE COMPANY			14. PRIVATE WELL OR CISTERN	l										
E. FIRE AND SMOKE PROTEC	TION													
15. WILL THERE BE A FIRE ALARM?	YES NO		16. WILL THERE BE FIRE SUPPRESSIO	ON? 🗌 YES [NO									
F. DIMENSIONS/DATA														
17. NUMBER OF STORIES		21. FLOOR AREA: BASEMENT	EXISTING	ALTERATIONS	NEW									
18. USE GROUP														
19. CONSTRUCTION TYPE		1ST & 2ND FLOOR												
20. NO. OF OCCUPANTS		3RD - 10TH FLOOR												
		11TH - ABOVE												
		TOTAL AREA												
G. NUMBER OF OFF STREET F	ARKING SPACES													
22. ENCLOSED		23. OUTDOORS												

VI. APPLICANT INFORMATION															
APPLICANT IS RESPONSIBLE FOR THE PAYME FOLLOWING INFORMATION.	ENT OF ALL F	EES AND (CHARGES APPL	CABLE TO THIS APP	PLICATION AND MUST	PROVIDE THE									
NAME			ADDRESS												
CITY		STATE	ZIP CODE	TELEPHONE NUMB	ER (Include Area Code)										
FEDERAL EMPLOYER ID NUMBER (or reason for exemption) 82-2279875															
I HEREBY CERTIFY THAT THE PROPOSED WO OWNER TO MAKE THIS APPLICATION AS HIS/ STATE OF OKLAHOMA. ALL INFORMATION SUE	(HER AUTHO 3MITTED ON ⁻	RIZED AGE THIS APPLI	ENT, AND WE AG	GREE TO CONFORM JRATE TO THE BEST	TO ALL APPLICABLE OF MY KNOWLEDGE.	LAWS OF THE									
Oklahoma State Law prohibits a person from to perform work on a residential building or	conspiring to r a residentia	o circumve I structure.	nt the licensing Violators are su	requirements of this bjected to civil fines	state relating to pers and/or punitive action	ons who are									
SIGNATURE OF APPLICANT				DAT	E										
PRINT NAME				EMA	AIL:										
VII. TOWN OF MOUNDS TO COMPLETE THIS S	ECTION														
	ENVIRONMENTAL CONTROL APPROVALS														
	REQUIR	ED?	APPROVE	D DATE	NUMBER	BY									
A - ZONING	YES	NO													
B - FIRE DISTRICT	YES	NO													
C - POLLUTION CONTROL	YES	NO													
D - NOISE CONTROL	YES	NO													
E - SOIL EROSION	YES	NO													
F - FLOOD ZONE	YES	NO													
G - WATER SUPPLY	YES	NO													
H - SEPTIC SYSTEM	YES	NO													
I - VARIANCE GRANTED	YES	NO													
J - OTHER	YES	NO													
VII. VALIDATION - FOR DEPARTMENT USE ON	LY														
USE GROUP		BASE	FEE	(SEE ATTACHE	ED FEE SCHEDULE) PLAN RI	EVIEW = \$300.00									
TYPE OF CONSTRUCTION	NUMBER (OF INSPECTIO	NS												
APPROVAL SIGNATURE TITLE Chief Building Official				DATE											

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The Department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc, under the Americans with Disabilities Act, you may make your needs known to this agency.

INFORMATION NEEDED: Draw to scale as close as possible. Show the actual shape and dimensions of the subject property, the size and shape of existing structures, dimensions of proposed use, setbacks from all property boundaries and streets, all other features of development capable of delineation. Include to scale; structure elevations, roof slope, Floor Plan for each floor showing exit doors for Life Safety, yard fencing, total height of structure(s), required parking area with spaces marked and surfacing noted, width and location of points of ingress and egress and driveways, sized and location of signs. If necessary to give the required detail, a separate drawing on a larger sheet may be attached to this application.



Town of Mounds, OK SIMPLE PERMIT FEE SCHEDULE RESIDENTIAL AND LIGHT COMMERCIAL

(larger commercial permits will be charged on case-by-case, per IBC) Adopted code is International Building Code, 2018 ed., per the OUBCC adoption

 BASIC Plan Review (allow 7 business days) Revise & Resubmit (first one, no charge) Permit Fee (includes 5 inspections, see below) 1. Foundation 	\$ 300.00 \$ 75.00 \$ 750.00
 Underslab plumbing & pressure test, electrical etc. 	
3. Framing & Sheathing	
 Top-out All Trades: mechanical, electrical, and pluml BEFORE SHEETROCK 	oing
5. Final Inspection, including site drainage, flatwork	
Mobile Home Setup Permit Fee (includes 3 inspections, below	r) \$ 450.00
1. Supports and tie-downs	
2. Utilities, elec., plumbing & pressure test, etc.	
3. Final Inspection	
Plumbing Permit (includes one inspection) Water, Sewer, gas piping	\$ 150.00
Electrical Permit (includes one inspection) New meter or reset, etc.	\$ 150.00
Heat & Air (HVAC) Permit (includes one inspection) New furnace, air conditioner Gas piping will require Plumbing Permit	\$ 150.00
Medical Marijuana Grow Facility/Dispensary Includes certificate to OMMA	\$ 300.00
Letter from Building Official (i.e., to lender, ABLE Comm.)	\$ 150.00

ALLOW 24 HOURS TO SCHEDULE <u>INSPECTIONS</u> ALL RE-INSPECTIONS SHALL BE \$150.00