

Application for Building Permit TOWN OF MOUNDS, OKLAHOMA



Authority: 2015 IBC 105.1
 Completion: Mandatory to obtain permit
 Penalty: Permit will not be issued

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	ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Township OF: MOUNDS, OKLAHOMA			CREEK	74047
LEGAL DESCRIPTION:				VALUATION \$
II. IDENTIFICATION				
A. OWNER OR LESSEE				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
B. ARCHITECT OR ENGINEER				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
LICENSE NUMBER			EXPIRATION DATE	
C. CONTRACTOR				
NAME		ADDRESS		
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. <input type="checkbox"/> NEW BUILDING	3. <input type="checkbox"/> ALTERATION	5. <input type="checkbox"/> DEMOLITION	7. <input type="checkbox"/> FOUNDATION ONLY	9. <input type="checkbox"/> ELECTRICAL PERMIT
2. <input type="checkbox"/> ADDITION	4. <input type="checkbox"/> REPAIR	6. <input type="checkbox"/> MOBILE HOME SET-UP	8. <input type="checkbox"/> PLUMBING or GAS PERMIT	10. <input type="checkbox"/> HVAC PERMIT
B. PLAN REVIEW REQUIRED (please allow 7 days for processing)				
Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.				
Plans are not required for alterations and repair work determined by the building official to be of a minor nature.				
Plans and specifications are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed in Oklahoma and shall bear that architect's or engineer's seal and signature.				
Plan Review Submission No. #TOM- _____				

IV. PROPOSED USE OF BUILDING

A. RESIDENTIAL

1. ONE FAMILY
 2. TWO OR MORE FAMILY
 NO. OF UNITS _____

3. ROOM ADDITION
 NO. OF ROOMS _____

4. ATTACHED GARAGE

5. DETACHED GARAGE

6. OTHER _____

B. NON-RESIDENTIAL (if applicable, may be subject to additional plan review and inspection fees, per IBC 2015)

7. AMUSEMENT
 8. CHURCH, RELIGION
 9. INDUSTRIAL
 10. PARKING GARAGE

11. SERVICE STATION
 12. HOSPITAL, INSTITUTIONAL
 13. OFFICE, BANK, PROFESSIONAL
 14. PUBLIC UTILITY

15. SCHOOL, LIBRARY, EDUCATIONAL
 16. STORE, MERCANTILE
 17. TANKS, TOWERS
 18. OTHER _____

NONRESIDENTIAL-DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. CONSTRUCTION DOCUMENTS MUST HAVE SEAL OF ARCHITECT OR ENGINEER LICENSED IN OKLAHOMA.

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

1. MASONRY, WALL BEARING 2. WOOD FRAME 3. STRUCTURAL STEEL 4. REINFORCED CONCRETE 5. OTHER _____

B. PRINCIPAL TYPE OF HEATING FUEL

6. GAS 7. WOOD 8. ELECTRICITY 9. SOLAR 10. OTHER _____

C. TYPE OF SEWAGE DISPOSAL

11. PUBLIC OR PRIVATE COMPANY 12. SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

13. PUBLIC OR PRIVATE COMPANY 14. PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

15. WILL THERE BE AIR CONDITIONING? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

	EXISTING	ALTERATIONS	NEW
17. NUMBER OF STORIES _____			
18. USE GROUP _____			
19. CONSTRUCTION TYPE _____			
20. NO. OF OCCUPANTS _____			
21. FLOOR AREA:			
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD - 10TH FLOOR	_____	_____	_____
11TH - ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____

G. NUMBER OF OFF STREET PARKING SPACES

22. ENCLOSED _____ 23. OUTDOORS _____

VI. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

FEDERAL EMPLOYER ID NUMBER (or reason for exemption)

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF OKLAHOMA. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Oklahoma State Law prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators are subjected to civil fines and/or punitive action.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

VII. TOWN OF MOUNDS TO COMPLETE THIS SECTION

ENVIRONMENTAL CONTROL APPROVALS

	REQUIRED?		APPROVED	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 ONLY

USE GROUP _____ **TOTAL FEE DUE = \$** _____

BASE FEE **Plan Review Fee = \$200.00 Each Inspection = \$100.00**

TYPE OF CONSTRUCTION _____ NUMBER OF INSPECTIONS _____

SQUARE FEET _____

APPROVAL SIGNATURE

Paul D. Gunderson, CBO, CDT

TITLE: Chief Building Official DATE: _____

IX. SITE OR PLOT PLAN - FOR APPLICANT USE (show street and indicate North direction arrow)

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, all other features of development capable of delineation. Include to scale; yard area, fencing, landscaping, berms for noise control, 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.

