

# Application for Building Permit TOWN OF MOUNDS, OKLAHOMA



Authority: 2015 IBC 105.1  
 Completion: Mandatory to obtain permit  
 Penalty: Fine and STOP WORK ORDER

## 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**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME		ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> City <input checked="" type="checkbox"/> Township <b>OF: MOUNDS, OKLAHOMA</b>			COUNTY <b>CREEK</b>	ZIP CODE <b>74047</b>
LEGAL DESCRIPTION:				VALUATION \$
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
LICENSE NUMBER			EXPIRATION DATE	
<b>C. CONTRACTOR</b>				
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)	
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
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>B. PLAN REVIEW REQUIRED (please allow 7 days for processing)</b>				
<p><b>Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below.</b></p> <p><b>Plans are not required</b> for alterations and repair work determined by the building official to be of a minor nature.</p> <p>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.</p> <p><b>Plan Review Submission No. #TOM-</b> _____</p>				

**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.  MEDICAL MARIJUANA  
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, MEDICAL MARIJUANA, 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
<b>A - ZONING</b>	YES	NO				
<b>B - FIRE DISTRICT</b>	YES	NO				
<b>C - POLLUTION CONTROL</b>	YES	NO				
<b>D - NOISE CONTROL</b>	YES	NO				
<b>E - SOIL EROSION</b>	YES	NO				
<b>F - FLOOD ZONE</b>	YES	NO				
<b>G - WATER SUPPLY</b>	YES	NO				
<b>H - SEPTIC SYSTEM</b>	YES	NO				
<b>I - VARIANCE GRANTED</b>	YES	NO				
<b>J - OTHER</b>	YES	NO				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY**

USE GROUP _____	BASE FEE <b>Plan Review Fee = \$200.00 Each Inspection = \$100.00</b>	<b>TOTAL FEE DUE = \$ _____</b>
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.

