**Application for Building Permit**

**TOWN OF MOUNDS,OKLAHOMA Permit #TOM25-00\_**



Authority: 2018 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**

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| **I. PROJECT INFORMATION** | | | | | | | | |
| PROJECT NAME | ADDRESS | | | | | | | |
| NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED  City Village **✓** Township **OF: MOUNDS, OKLAHOMA** | | | | COUNTY  Creek | | | | ZIP CODE  74047 |
| LEGAL DESCRIPTION: | | | | | | | 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  N/A | | 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. DEMOLITION 7. FOUNDATION ONLY 9. ELECTRICAL PERMIT  2. ADDITION 4. REPAIR 6. MOBILE HOME SET-UP 8. PLUMBING or GAS PERMIT 10. 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. TOM25-00\_\_** | | | | | | | | |

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| **IV. PROPOSED USE OF BUILDING** |
| **A. RESIDENTIAL** |
| 1. ONE FAMILY 3. ROOM ADDITION 5. DETACHED GARAGE NO. OF ROOMS  2. TWO OR MORE FAMILY 4. ATTACHED GARAGE 6. OTHER NO. OF UNITS |
| **B. NON-RESIDENTIAL (larger commercial permit fees will be charged on case-by-case, per IBC)** |
| 7. AMUSEMENT 11. SERVICE STATION 15. SCHOOL, LIBRARY, EDUCATIONAL  8. CHURCH, RELIGION 12. HOSPITAL, INSTITUTIONAL 16. STORE, MERCANTILE  9. INDUSTRIAL 13. OFFICE, BANK, PROFESSIONAL 17. TANKS, TOWERS  10. PARKING GARAGE 14. PUBLIC UTILITY 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 (PEMB) 4. REINFORCED CONCRETE 5. OTHER |
| **B. PRINCIPAL TYPE OF HEATING FUEL, HVAC AIR HANDLER(S), ROOF TOP UNITS (RTU’s)** |
| 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. FIRE AND SMOKE PROTECTION** |
| 15. WILL THERE BE A FIRE ALARM? YES NO 16. WILL THERE BE FIRE SUPPRESSION? YES NO |
| **F. DIMENSIONS/DATA** |
| **EXISTING ALTERATIONS NEW**  17. NUMBER OF STORIES 21. FLOOR AREA:  BASEMENT  18. USE GROUP  1ST & 2ND FLOOR \_\_\_\_\_  19. CONSTRUCTION TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3RD - 10TH FLOOR  20. NO. OF OCCUPANTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11TH - ABOVE TOTAL AREA |
| **G. NUMBER OF OFF STREET PARKING SPACES** |
| **22.** ENCLOSED **23**. OUTDOORS \_\_\_\_\_\_\_\_\_\_ |

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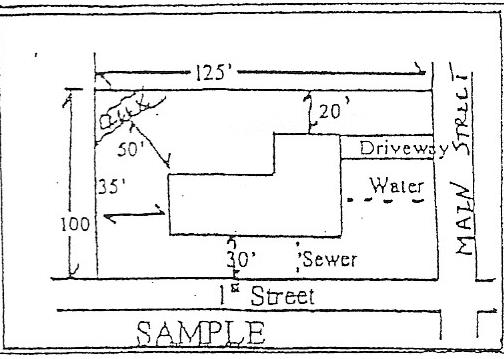
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| **VI. APPLICANT INFORMATION** | | | | | | | |
| **APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.** | | | | | | | |
| NAME | | ADDRESS EMAIL: | | | | | |
| CITY | | STATE | ZIP CODE | | | TELEPHONE NUMBER (Include Area Code) | |
| FEDERAL EMPLOYER ID NUMBER (or reason for exemption)  82-2279875 | | | | | | | |
| 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*** | | | | | | | |
| ***PRINT NAME EMAIL:*** | | | | | | | |
| **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 BASE FEE (SEE ATTACHED FEE SCHEDULE) PLAN REVIEW = $300.00 TYPE OF CONSTRUCTION NUMBER OF INSPECTIONS 2 X $150 ea = $300 TOTAL FEE = $ 600.00 . =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL    SQUARE FEET | | | | | | | |
| **APPROVAL SIGNATURE PAUL D. GUNDERSON, CBO,CDT**  **PAUL D. GUNDERSON, CBO, CDT** | | | | | | | |
| TITLE Chief Building Official | | | | DATE | | | |

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



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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) **$ 300.00**

**Revise & Resubmit** (first one, no charge) **$ 75.00**

**Permit Fee** (includes 5 inspections, see below) **$ 750.00**

1. Foundation
2. Underslab plumbing & pressure test, electrical etc.
3. Framing & Sheathing
4. Top-out All Trades: mechanical, electrical, and plumbing **BEFORE SHEETROCK**
5. Final Inspection, including site drainage, flatwork

**Mobile Home Setup Permit Fee** (includes 3 inspections, below) **$ 450.00**

1. Supports and tie-downs
2. Utilities, elec., plumbing & pressure test, etc.
3. Final Inspection

**Plumbing Permit** (includes one inspection) **$ 150.00**

Water, Sewer, gas piping

**Electrical Permit** (includes one inspection) **$ 150.00**

New meter or reset, etc.

**Heat & Air (HVAC) Permit** (includes one inspection) **$ 150.00**

New furnace, air conditioner

Gas piping will require **Plumbing Permit**

**Medical Marijuana Grow Facility/Dispensary $ 300.00**

Includes certificate to OMMA

**Letter from Building Official** (i.e., to lender, ABLE Comm.) **$ 150.00**

**ALLOW 24 HOURS TO SCHEDULE INSPECTIONS**

**ALL RE-INSPECTIONS SHALL BE $150.00**