



Town of Medicine Park

P.O. Box 231 • 154 East Lake Drive
Medicine Park, OK 73557-0231
(580) 529-2825 • FAX (580) 529-3110

BUILDING PERMIT APPLICATION INSTRUCTIONS

(Approved by PPC 10/11/17)

Required Documents Checklist:

_____ **A COPY OF BLUEPRINTS OR BUILDING PLANS/COMMERCIAL APPLICATIONS** must meet all applicable State Codes

_____ **A COPY OF THE SPECS.**

_____ **A COPY OF THE SURVEY/PLAT OF THE PROPERTY**

This document needs to show boundary lines, setbacks, all Right-of-Ways and Easements.

_____ **FOOTPRINT of the STRUCTURE on the LOT or TRACT**

_____ **CERTIFICATE of COVERAGE for WORKER’S COMPENSATION INSURANCE or FAMILY of FIVE**

_____ **PROOF of LIABILITY INSURANCE**

_____ **ALL APPLICABLE LICENSES FOR CONTRACTOR/ELECTRICIAN/PLUMBER/INSPECTOR/ROOFER/MECHANICAL**

All must be registered with the Town of Medicine Park prior to the start of construction.

_____ **ROLL-OFF/DUMPSTER MUST BE ACQUIRED FROM MCSA per Medicine Park Ordinance No. 121218.2.**

IN ACCORDANCE WITH MEDICINE PARK CODE OF ORDINANCES: CHAPTER 15, SECTION 15-30, SUBSECTION 5, a-e.

- No Building Permit shall be issued which authorizes the creation of more than one (1) primary structure of any kind per buildable lot and is defined as any lot containing no less than four-thousand (4,000) square feet, or any lot within the original Townsite Plat.
- No Building Permit shall be issued in any Residential or Commercial District for structure whose height exceeds three (3) stories.
- All Residential Zoning Districts shall have the following Yard Setbacks:
FRONT YARD=No less than 20 (TWENTY) Feet
SIDE YARD=No less than 7 (SEVEN) Feet
REAR YARD=No less than 10 (TEN) Feet
- Where a Building Permit is requested for a non-historic structure that is within 150 feet of a Locally-Designated Historic Landmark, the use of metal, aluminum or vinyl siding SHALL NOT be permitted.

IN ACCORDANCE WITH MEDICINE PARK CODE OF ORDINANCES: CHAPTER 4, ARTICLE 1, SECTION 4-1(ORDINANCE NO. 170921.2).

All construction will comply with the International Residential Code 2015, International Building Code 2015 (Commercial), the International Existing Building Code 2015, the International Fire Code 2015, the International Fuel Gas Code 2015, the International Mechanical Code 2015, the International Plumbing Code 2015 and National Electric Code 2014, effective September 15, 2017, Oklahoma Administrative Code (OAC) Chapter 20, Subchapters 1, 3, 5, 7, 9, 11, 13 and 15 Construction within the State of Oklahoma, pursuant to 59 O.S.§1000.23.

IN ACCORDANCE WITH MEDICINE PARK CODE OF ORDINANCES: CHAPTER 4, ARTICLE 1, SECTION 4-6.

At the discretion of the Planning and Preservation Committee all new home or commercial/industrial building projects for which Building Permit has been issued **MUST PROVIDE** to the Town Clerk an Inspection Certificate, signed by a State Licensed Building Inspector for the project’s “**PRE-POUR**”, “**PRE-CLOSE**”, and “**FINAL**” phases of construction, verifying that construction meets the State and Local Codes in effect at that time with the Town of Medicine Park, Oklahoma.

IN ACCORDANCE WITH MEDICINE PARK CODE OF ORDINANCES: CHAPTER 4, ARTICLE 2, SECTION 4-10, SUBSECTION 6

The following fees shall be in effect for Building Permits:

Date Received	Date Issued	Permit Number	Amt. Received	Check Number

BUILDING PERMIT APPLICATION

Applicant Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Mailing Address: _____ City: _____ State _____ Zip _____

BLDG. Contr. Name: _____ M.P. Permit# _____

Mailing Address: _____ City: _____ State _____ Zip _____

Daytime Phone: _____ Cell# _____

Project Address: _____

Legal Description of Property: Lot: _____ Block: _____ Addition: _____

Other Description: _____

Local History Designation Structure Yes No

Is the construction to be completed in development with existing covenants? Yes No

If "YES", has written approval from Covenants Board been received? Yes No

Square footage of project _____ Estimate of construction costs: \$ _____

TYPE OF CONSTRUCTION

New Residential *Circle one* Single Family Duplex Triplex Townhouse (_____ #of Units)

New Commercial *Circle one* Apartments Complex/Motel (_____ #of Units/Rooms) Restaurant

Other Commercial Use _____

Addition Fence Driveway/Sidewalk Parking Lot Shop/Barn

Pool Carport Patio/Deck/Porch Garage Storm Shelter

Other: _____

BUILDING MATERIALS

Exterior:

Cobblestone/Rock/Stone Pre-Fab Steel/Metal Brick Stucco

Other: _____

Roof:

Composition Shingle Metal Wood Shingle Other: _____

Frame:

Traditional Wood Frame Metal Other: _____

AC/HEAT: MEDICINE PARK PERMIT # _____

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

PLUMBER: MEDICINE PARK PERMIT # _____

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

INSPECTOR: MEDICINE PARK PERMIT # _____

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

ROOFER: MEDICINE PARK PERMIT # _____

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

ELECTRICIAN: MEDICINE PARK PERMIT # _____

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

Once the completed application and required documents have been submitted, the application will be reviewed for approval by the Planning and Preservation Commission which meets the Second Tuesday of the month, 6:00 p.m., in Medicine Park Town Hall. No work shall commence until approval has been granted and permits are issued.

Signature of Applicant: _____ Date: _____

AUTHORIZATION

Approved and authorized by the **Medicine Park Planning & Preservation Commission** this _____ day of _____, 20____.

Town Clerk

Planning & Preservation Commission

Floodplain Administrator (If Applicable)