



Town of Medicine Park

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

REMODEL / REPAIR PERMIT /SIGN/ACCESSORY BUILDING/ALTERATIONS/FENCES INSTRUCTIONS & APPLICATION

(Approved by PPC 7/9/2019)

Is your project in a Floodplain? Yes _____ or NO _____

If the applicant's property is in a designated **flood-prone area** (as shown by the adopted Flood Insurance Rate Map), additional reviews and Permits may be required. **Floodplain applications must include** provision of construction elevations, and other materials outlined in the Municipal Floodplain and Building Permit Ordinances. The applicant will be required to follow Building in a Floodplain process and acquire a Development Permit from the Town of Medicine Park before applying for a Building permit.

Checklist:

_____ **A DETAILED SCOPE OF WORK**

_____ **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**

_____ **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 repairs.

_____ **ROLL-OFF/DUMPSTER MUST BE ACQUIRED FROM MCSA per Medicine Park Ordinance if you project requires it.**

_____ *All construction will comply with the International Residential, Building (Commercial), Existing Building, Fire, fuel Gas, Mechanical, Plumbing Code 2015 and the 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.*

_____ The Town regulates **Signs** and the materials used on the exterior surfaces of buildings. Please complete any sections that are relevant to these issues.

AFFIDAVITS REQUIRED: _____ **Electrical** _____ **Plumbing** _____ **Mechanical**

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:

Repairs, Remodels, Additions, Alterations, Accessory Buildings & Signs (Six (6) month time limit for project completions)
\$25.00 Processing Fee
\$.0035 X Total Cost of Project /\$25.00 minimum
\$4.00 State of Oklahoma Fee

Multiple Permit Project: An Applicant may apply for more than one permit if the project is to be phased: the fee for each permit shall be based on the square footage covered by each phase.

- All Remodel/Repair Permits shall allow the recipient six (6) months from date of issuance to complete the project, at which time the Remodel permit shall become null and void. However, if the project is not complete within six (6) months, the recipient may request, in writing, that the Planning and Preservation Commission grant one (1) extension. Unless the

extension is granted, the Remodel Permit shall remain null and void, and a new Permit Application must be submitted to continue the project work.

- Your Building Permit allows the Town to check your location on the lot or tract of land with respect to setback limits, roads/alley easements and right-of-way, drainage ways or easements, water, sewer, electric and phone/cable TV lines or easements.
- ***Where a building Repair 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.***

Per Medicine Park Code of Ordinances Chapter 4 “Building & Construction”, Article 6, Section 4-100

Any person, firm or corporation who fail to do anything by this Chapter or any Code adopted by this chapter, who shall otherwise violate any provision of this Chapter or of any Code adopted by this Chapter, or who shall violate any lawful regulation or order made by any of the officers provided for this Chapter, shall be guilty of an offense and upon conviction thereof, shall be fined in any sum not to exceed the limits established in Section 11-60, Article 3, Chapter 11 this Code of Ordinances. Each day upon which a violation continues shall be deemed a separate offense.

Building Remodel Permit Town of Medicine Park

154 East Lake Drive/P.O. Box 231, Medicine Park, OK 73557-0231
(580)529-2825 Fax: 580-529-3110 <mailto:mptownhall@medicinepark.com>

Date Received	Date Issued	Permit Number	Amt. Received	Check Number

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

ESTIMATED COST: _____

TYPE OF CONSTRUCTION

- 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: _____

TYPE OF REPAIRS OR ADDITION/SCOPE OF WORK

- Exterior Repairs Interior Repairs

Exterior:

Interior:

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 _____

ELECTRICIAN: MEDICINE PARK PERMIT # _____
Name: _____
Address: _____
Phone: _____ CELL: _____
STATE LICENSE# _____ E-Mail _____

ROOFER: MEDICINE PARK PERMIT # _____
Name: _____
Address: _____
Phone: _____ CELL: _____
STATE LICENSE# _____ E-Mail _____

INSPECTOR: 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