



# 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 9/10/2019)

### 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.

\_\_\_\_\_ *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.*

\_\_\_\_\_ Should the remodel construction involve the sewer, the installation of a Pop-off Valve and Backwater Valve is necessary on the Sewer Service Lines. The Pop-Off Valve shall be on the residential service line between the Backwater Valve and residence.

\_\_\_\_\_ 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

\$15.00 Fence Permit

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

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:

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Interior:

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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