

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



Town of Medicine Park

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

RESIDENTIAL AND COMMERCIAL BUILDING PERMIT APPLICATION AND INSTRUCTIONS

(Approved by PPC 1/14/2020)

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 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 ALTERNATE**

_____ **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. Electricians, plumbers, roofers, inspectors and mechanical must provide copy of state licenses and registration.

_____ All construction will comply with the International Residential, Building, Existing Building, Fire, Fuel, 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.

_____ Planning and Preservation Commission requires all new home or commercial/industrial building projects applicants **MUST PROVIDE** to the Town Clerk Inspection Certificates for phases of construction, signed by a State Licensed Building Inspector for residential projects are "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.

_____ **NEW RESIDENTIAL** construction may not be occupied or have final Municipal Utilities turned on, until the builder/owner submits a Certificate of Home Inspection, signed by a licensed Home Inspector, to the Office of the Town Clerk. **Commercial Building will have additional requirements**

_____ **NEW RESIDENTIAL** construction 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.

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

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The following fees shall be in effect for Building Permits:

Residential Building Permits	\$25.00 Processing Fee \$00.04 X square footage of building constructed \$ 4.00 State of Oklahoma Fee
Commercial Building Permits	\$40.00 Processing Fee \$00.08 X square footage of permitted area \$ 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.

The State Licensed Building Inspector shall be provided with a copy of the construction site plan to enable inspection and verification of string lines and setbacks. The copies are to be provided by the builder/owner.

All Building Permits shall allow the recipient three hundred and sixty-five (365) days from date of issuance to complete the project, at which time the Building permit shall become null and void. However, if the project is not complete at the time the recipient may request, in writing, that the Planning and Preservation Commission grant one (1) extension of no more than six (6) months. Unless the extension is granted, the Building Permit shall remain null and void, and a new Permit Application must be made to continue the project work.

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.

If the applicant's property is in on the Town's Local Historic Designation List, additional reviews and Permits may be required.

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. Please make sure your drawings have accurate dimensions that allow us to make these checks correctly.

Commercial/Industrial Permits will have additional requirements.

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(580)529-2825 Fax: 580-529-3110 mptownhall@medicinepark.com

BUILDING PERMIT APPLICATION

Applicant /Property Owner 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: _____

Setbacks: Front: _____ Side: _____ Rear: _____

Zoning _____ Floodplain _____

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 Business Food Service Multi-Family (_____ #of Units)

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

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Other: _____

Roof:

Composition Shingle Metal Wood Shingle Other: _____

Frame:

Traditional Wood Frame Metal Other: _____

Water:

New Water Meter Existing Meter Existing Rural Water Meter

Sewer:

New Tap Existing Tap Currently Septic

Driveways: (number) _____ Parking Spaces: (number) _____

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 _____

FIRE SUPPRESSION SYSTEM :

Name: _____

Address: _____

Phone: _____ CELL: _____

STATE LICENSE# _____ E-Mail _____

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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.

I hereby certify that the information is true and correct; that I am familiar with the currently adopted IBC Building Codes, Local Ordinances that governing building within the Town of Medicine Park and will observe and conform to said codes and ordinances.

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)

OFFICE USE ONLY Const. Type _____ Occ. Type _____ # of Units _____ # of Stories _____ Max Occ. _____ Req. Parking _____ Water System _____ New Meter <input type="checkbox"/> Existing Meter <input type="checkbox"/> Sewer System _____ New Sewer Tap <input type="checkbox"/> Existing Sewer Tap <input type="checkbox"/> New Septic <input type="checkbox"/> Existing Septic <input type="checkbox"/> Zoning _____ Flood Zone _____

OFFICE USE ONLY Building Official : <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ See Notes on: <input type="checkbox"/> Permit <input type="checkbox"/> Plans Public Works: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Engineering: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved Concurrent Construction _____ See Notes on: <input type="checkbox"/> Permit <input type="checkbox"/> Plans Planning: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ See Notes on: <input type="checkbox"/> Permit <input type="checkbox"/> Plans Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ See Notes on: <input type="checkbox"/> Permit <input type="checkbox"/> Plans
