

# Town of Medicine Park

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

## Request for Pre-Submittal Meeting for Commercial Building/Additions

Is your project in a Floodplain?  Yes  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 processes and acquire a Development Permit from the Town of Medicine Park before applying for a Building permit.

The Town of Medicine Park's Board of Trustees having accepted the requirements for becoming the **Authority Having Jurisdiction** over commercial building has voted to designate a state-licensed, commercial, ICC inspector (designee). It is **required** that commercial builders use the designee's services for pre-submittal meetings and all building inspections.

During the inspection process, **inspections will be scheduled once the fee is paid to the Town Clerk's office.** The Fee Schedule is available at Medicine Park Town Hall.

### Pre-Submittal Meeting

The purpose of this meeting is to allow Town staff, inspector (designee), the developer, design professionals and contractor to discuss the project as to the feasibility, general requirements and the permitting processes early in the design of the project. Prior to the meeting:

1. Submit two sets of conceptual current survey/plat of property, site plans, floorplans, elevations and any other drawings that you may want to discuss.
2. Town Hall Clerk or inspector (designee) will contact the applicant after plans have been received to set up the Pre-Submittal Meeting.
3. The Applicant is expected to be knowledgeable of International Building Codes, as well as the Town of Medicine Park's Code of Ordinances.
4. The Applicant is instructed to contact all utility providers to ensure accessibility prior to the meeting.
5. Please note that no approvals are given or implied during this meeting.

Entity	Name	Email	Phone
Applicant/Owner			
Developer			
Architect			
Designer			
Other			
Other			

For Official Use Only: Date Request Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

First Meeting Date: \_\_\_\_\_  Plan Accepted  Plan Not Accepted  Further Review Required

Notes: \_\_\_\_\_

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## Commercial Building Permit Instructions

1. Pre-Submittal Meeting complete. \_\_\_\_\_
2. Fill out the Commercial Building Permit Application.
3. Only complete Commercial Building Permit Application packages will be placed on the next Planning & Preservation Committee Agenda (PPC). **Packages must be provided one week in advance of the PPC meeting in order to be placed on the PPC Agenda.**
4. After PPC has approved the Permit, the Applicant will be notified it is ready for pickup at Medicine Park Town Hall.
5. Applicant will pay permit fees and have bonds provided to Town Hall when picking up the Permit Package.
6. The approved Building Permit must be displayed at the building site throughout the building process.
7. If changes or corrections are made during the course of building, construction documents must be updated with the Medicine Park Town Clerk.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Town of Medicine Park**

154 East Lake Drive/P.O. Box 231, Medicine Park, OK 73557-0231  
(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

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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 \_\_\_\_\_

# INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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