

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: _____

Town of Medicine Park

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

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.

Commercial Building Permits	\$40.00 Processing Fee
	\$00.08 X square footage of permitted area
	\$ 4.00 State of Oklahoma Fee

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.

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
