



INSPECTIONS PERFORMED FROM 9:00A.M.- 4:00P.M.

CALL (918) 758-1105 FOR INSPECTIONS.

YOU MUST PROVIDE THE PERMIT NUMBER.

INSPECTIONS CALLED IN BEFORE NOON SCHEDULED FOR SAME DAY.

INSPECTIONS CALLED IN AFTER NOON WILL BE SCHEDULED FOR THE NEXT BUSINESS DAY.

P.O. Box 250
111 E. 4th Street
Okmulgee, OK

Phone:918-758-1105
Fax:918-758-1176

RESIDENTIAL BUILDING PERMIT

Date : _____ PERMIT # _____

Water and Sewer Tap Fees must be paid in full before permit will be issued.

***Construction shall comply with 2015 OUBCC Residential Code.* PLEASE INITIAL _____**

BUILDING ADDRESS: _____

LOT: _____ BLOCK: _____ ADDITION: _____

OWNER: _____ ADDRESS: _____

PHONE: _____ CITY, STATE & ZIP: _____

BUILDING CONTRACTOR: _____ ADDRESS: _____

PHONE: _____ CITY, STATE & ZIP: _____

OFFICE PHONE: _____ FAX: _____ EMAIL: _____

PROPOSED USE: _____ ZONING DISTRICT: _____

LOT FRONTAGE: _____ AVERAGE DEPTH: _____ # STORIES: _____ SQ FEET: 1ST FLOOR: _____

BUILDING WIDTH: _____ BUILDING DEPTH: _____ BUILDING HEIGHT: _____ 2ND FLOOR: _____

DWELLING UNITS: _____ EXT WALLS: _____ LOT AREA SQ FT: _____ 3RD FLOOR: _____

INT WALLS: _____ ROOF: _____ GARAGE: _____

EASEMENTS: _____ TOTAL SQ FT: _____

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> ENLARGE EXISTING BUILDING | <input type="checkbox"/> INTERIOR REMODEL |
| <input type="checkbox"/> CITY SEWER | <input type="checkbox"/> ACCESSORY | STORM SHELTER |
| <input type="checkbox"/> CITY WATER | <input type="checkbox"/> ROOFING | POOL |

ESTIMATE TOTAL COST OF BUILDING: _____

OF WATER TAPS: _____ SIZE: _____ FEE: _____ PAID DATE: _____

OF SEWER TAPS: _____ SIZE: _____ FEE: _____ PAID DATE: _____

IMPACT FEE: _____ AMOUNT: _____ PAID DATE: _____

DOCUMENTS REQUIRED TO BE SUBMITTED - TWO SETS OF PLANS, SPECIFICATIONS, SITE/PLAN SURVEY & LEGAL

PROPERTY LOCATED IN FLOODPLAIN YES NO CONTRACTOR INSURANCE PROVIDED WC LIABILITY

PERMITS:				BUILDING PERMIT FEES:	
APPLIES	TYPE	REF #	FEE		
<input type="checkbox"/>	ZONING	_____	_____	ADMINISTRATIVE FEE:	\$10.50
<input type="checkbox"/>	PLUMBING	_____	_____	STATE PERMIT FEE:	\$4.00
<input type="checkbox"/>	ELECTRICAL	_____	_____	NC/RM FEE:	\$.10/SQ FT _____
<input type="checkbox"/>	MECHANICAL	_____	_____	MISC:(POOL, CARPORT, PORCH, STORM SHELTER, ROOF)	\$10.00 _____
<input type="checkbox"/>	W/S TAPS	_____	_____	RE-INSPECTION FEE (\$25):	_____
<input type="checkbox"/>	STORMWATER	_____	_____	DATE PD: _____	TOTAL _____

