



BUILDING PERMIT APPLICATION

- Commercial
- Demolition
- Residential

SUBMITTAL INFORMATION

- ▶ Completed Application Signed by Property Owner of Record
- ▶ Legal Description and Proof of Ownership of Property
- ▶ Construction Plans & Specification or Narrative Description of Building (2) copies
- ▶ Site Plan, with dimensions - showing Property Lines, Streets, and Location of Structure on Property
- ▶ Appropriate Fees
- ▶ **All Projects Shall Commence Within 18 Months From Receipt of Building Permit or All Fees will be Forfeited.**

APPLICANT/OWNER INFORMATION

| | |
|--------------------|-----------------|
| Applicant/Company: | Contact: |
| Address: | City/State/Zip: |
| Phone: | Email: |

PROJECT INFORMATION

Attach three (2) copies of the "Legal Description" by metes and bounds. First recorded Deed is required if: (a) Unplatted Tract of 5 Acres and or, (b) less than a Split Lot.

| | | |
|---------------|-------------|---------------------------------|
| STREET NUMBER | DIRECTION | STREET NAME |
| LOT/TOWNSHIP | BLOCK/RANGE | SUBDIVISION NAME/SECTION NUMBER |
| COUNTY | PUBLIC | PRIVATE |

CONTRACTOR INFORMATION

| | | |
|----------------------------|-----------|-----|
| NAME OF CONTRACTOR/BUILDER | E-MAIL | |
| STREET ADDRESS | TELEPHONE | |
| CITY | STATE | ZIP |

PERMIT INFORMATION

Building activity is prohibited on Site until a Written Permit from the Town of Arcadia has been issued

- ▶ The following specialty activities must be performed by Licensed Professionals and requires a Town of Arcadia Permit prior to work commencing: **Electrical, Plumbing, Heat & Air Conditioning**. The "Job Permit" to be requested by the Contractor
- ▶ Periodic Inspections will be performed during the Construction Process
- ▶ Owner or Builder is responsible for requesting inspections. Additional work is prohibited until the "Inspection(s)" occur and a "Notice to Proceed" Issued by the Town of Arcadia

Complete Building Shell Foundation Only
 Relocate Erect Remodel
 Move On Demolish/Remove Drill
 Add-On Fire Restoration Install
 Replacement Lease Space Modular

Proposed Use: _____ Existing Use: _____

| #UNITS | CLASS | ESTIMATED COST | SQUARE FEET | HEIGHT | STORIES |
|--------|-------|----------------|-------------|--------|---------|
|--------|-------|----------------|-------------|--------|---------|

| FIRE GRADE | PLANS BY (Architect/Engineer) | DRAWING # | SEATING CAPACITY |
|------------|-------------------------------|-----------|------------------|
|------------|-------------------------------|-----------|------------------|

REMARKS: _____

FINAL INSPECTIONS REQUIRED

Building Electrical Plumbing Heating Air Fire
 Boiler Foundation Detention Health Engineering
 Elevator Water Waste Sprinkler Zoning Sanitary Sewer

REMARKS: _____

FLOOD PRONE AREA CHECK REQUIRED?

Yes No

If Check is Required:

1. Minimum First Floor Elevation Required _____ Ft.
2. Survey First Floor Elevation Required _____ Ft.

Note: Upon determination of proper elevation, a partial first floor permit may be issued.

Approved _____ Denied _____

Date

Town Official/Employee

REASON FOR DENIAL: _____

I hereby certify that the statements in this application and the attachments hereto are true and correct to the best of my knowledge and belief, and that all construction work under this proposed permit will conform to the attached plans, specifications and drawings and to the present revised Ordinances of the Town of Arcadia. I further certify that all electrical, plumbing, heat & air, shall be performed by Contractors licensed by the State of Oklahoma.

Signed: _____ Date: _____
Contractor/Builder

Printed Name of Contractor/Builder: _____:

PERMIT FEES

Residential Rate - \$.15/sq.ft

Commercial Rate - \$.30/sq.ft

Demolition Rate - \$100.00

| | |
|-------------------------|-----------------|
| Application Fee | \$ <u>30.00</u> |
| Square Feet x Rate | \$ _____ |
| Total Permit Fee | \$ _____ |

IMPACT FEES

See Attached Utility List

Water Meter Fees:

- a. 5/8" Installed \$670 x _____ = \$ _____
- b. 1" Installed \$770 x _____ = \$ _____
- c. 2" Installed \$1,545 x _____ = \$ _____

Single Long Service \$3,410 x _____ \$ _____

Single Short Service \$1,980 x _____ \$ _____

Sewer Capacity (Flat) Fee \$715 x _____ \$ _____

_____ **Total Permit Fees** \$ _____

_____ **Total Impact (Water/Sewer) Fees** \$ _____

GRAND TOTAL DUE \$ _____

Amount due at time of Application is 25% of **Grand Total Fee** (Total Fee x 25%) \$ _____

Amount due at time Permit is approved is the balance of (Total Fee x 75%) \$ _____

For Official Use Only

Permit # _____

Issued By _____

Date _____