

City of

# Perkins

P.O. Box 9 Perkins, Oklahoma 74059  
(405) 547-2445 (405) 547-5440 fax

Permit # \_\_\_\_\_

Fee: \_\_\_\_\_

## RESIDENTIAL (1 & 2 Family) Building Permit Application

New Construction  Alteration  Addition  Remodel  Accessory  Storm Shelter  Modular  Other

Project Address: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Zoning: \_\_\_\_\_

### **IF UNPLATTED PROVIDE COPY OF DEED**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

### **SQAURE FOOTAGE**

Living space (Veneer): \_\_\_\_\_ Garage: \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_ Building Height: \_\_\_\_\_

Lot Sq. Ft.: \_\_\_\_\_ % Lot Coverage: \_\_\_\_\_

# of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Electric Service (# of amps): \_\_\_\_\_

Irrigation System:  Yes  No Separate meter for irrigation system:  Yes  No Total # of Water Meters: \_\_\_\_\_

# of Drive Approaches: \_\_\_\_\_ Width of Each Drive: \_\_\_\_\_ Curb cut required?  Yes  No

VALUATION: \$ \_\_\_\_\_ (Valuations includes structural, electrical, plumbing, mechanical, interior finish, overhead, and profit.)

*All contractors must be licensed and registered with the City of Perkins and/or the State of Oklahoma.*

Plumbing Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Driveway/Sidewalk Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT**

The granting of a permit or approval of plans shall not be construed as permission to violate any federal, state or local laws. Special notice is hereby given that additional requirements, notices and regulations will be printed on the permit and plans and that all additional requirements, notices and regulations and all laws and ordinances governing this type of work will be complied with whether specified herein or not.

SPECIAL NOTICE is also hereby given that this permit becomes null and void if the authorized work or construction is not commenced, is suspended or abandoned after work has commenced, or if no inspections are obtained within a 6 month period. This permit requires final inspection and a Certificate of Occupancy.

I hereby certify that the statements in this application and the attachments hereto are accurate and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to all applicable ordinances, rules or regulations of the City of Perkins and that all electrical, plumbing, mechanical, roofing, fence, sign and driveway construction shall be performed by contractors licensed by the State the of Oklahoma (if applicable) and registered and bonded with the City of Perkins.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# City of Perkins

## Insurance Verification Form

Name of Insured \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor Federal/State Employer Identification Number (EIN) \_\_\_\_\_

### **Worker's Compensation Information**

Name of Insurer \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

### **General Liability Information**

Name of Insurer \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Amount of Coverage \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_




## ***Contractor Agreement***

The City of Perkins is committed to providing a safe work environment. Compliance with all Occupation Safety and Health Standards is required of all contractors and employees performing work inside of the city limits. It is the General Contractor's or Home Owner's responsibility to ensure that their sub-contractors and/or employees meet and comply with all Occupation Safety and Health Standards. Failure to do so may result in a Stop Work Order being issued until satisfactory conditions are obtained.

\_\_\_\_\_  
Contractor/Homeowner Signature

\_\_\_\_\_  
Date



# City of Perkins Floodplain Application

(For Proposed Development in Floodplain Areas other than Subdivision Proposals)

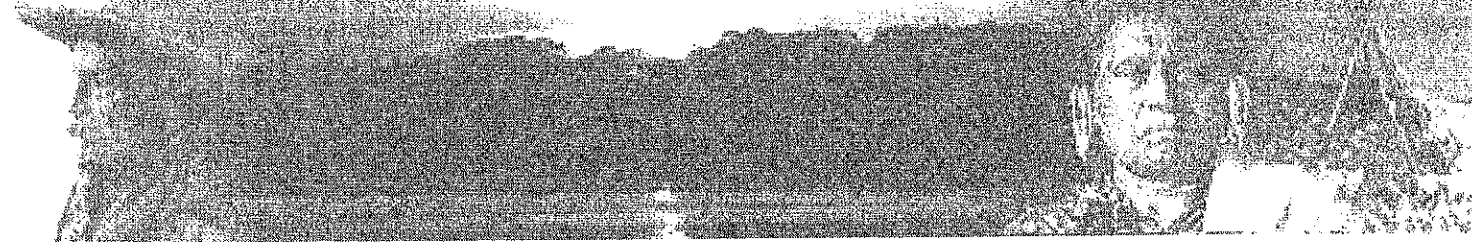
## AUTHORIZATION

I have read or had explained to me and understand the above special provisions for floodplain development. Authorization is hereby granted the permitting authority and their agents or designees, singularly or jointly, to enter upon the above-described property during daylight hours for the purpose of making inspections for any reason consistent with the issuing authority's floodplain management regulations. I further verify that the above information is true and accurate to the best of my knowledge and belief.

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Signature

Date



# City of Perkins Floodplain Application

(For Proposed Development in Floodplain Areas other than Subdivision Proposals)

## APPLICATION

Application #	Date:
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Applicant/Developer:	Date:
Address:	
City/State/Zip	
Tel. #:	Email:
Contact Name:	

Property Address: \_\_\_\_\_

Or

Lot & Subdivision: \_\_\_\_\_

Type of Development: Construct , Mine , Construct Addition ,  
Remodel , Elevate , Drilling , Demolish ,  
Add Fill , Manufactured Housing (placement) ,  
Storage (Equipment Supplies)

Description of Development: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plans, specifications and elevation certificate filed by the applicant shall constitute by reference, a part of this permit.

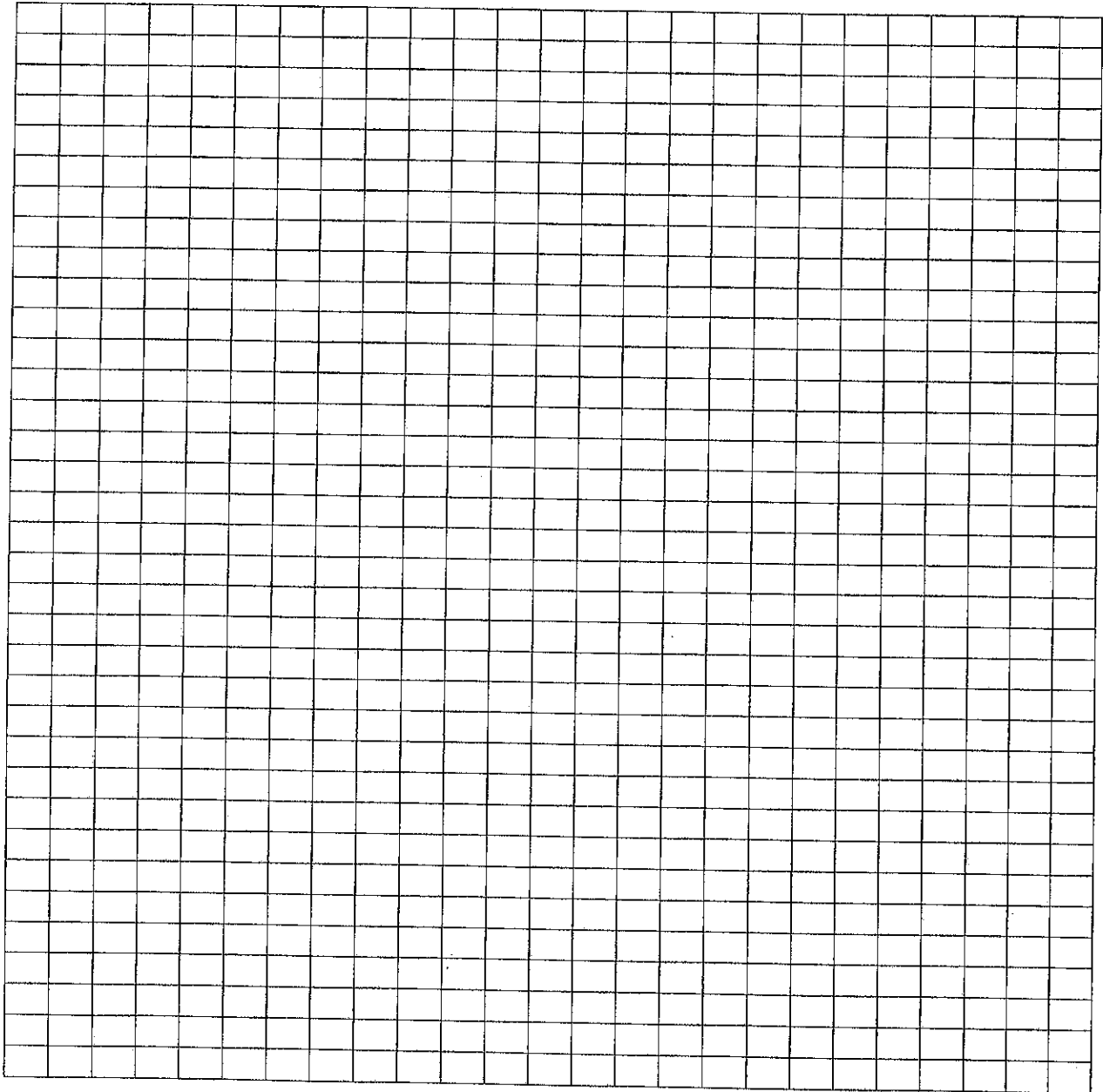
For Official Use Only	Reviewed by:
Signature:	Date:
Base Flood Elevation:	Proposed Lowest Floor Elevation:
Flood Map Effective Date:	Community Panel #:
This application is considered complete and complies with the local floodplain ordinance or set of regulations	

# FOUNDATION PLAN

Owner/Applicant: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Project Address: \_\_\_\_\_ Perkins, OK

Show dimensions and depths into bearing soil of all foundation components. Indicate foundation anchoring details, reinforcements, crawl-space clearances, ufer ground, vents and access. Any foundation system that deviates from the standard foundation system described in the Uniform Building Code shall bear the seal of a registered civil or structural engineer or licensed architect.



**Residential Building Permit Fees**

Item	Formula	Cost	RM Code
Permit Fee	Total Sq. Ft. _____ x \$0.10	\$ _____	PERMIT
Curb Cut	\$30.00 + (\$0.25 x _____ width of drive)	\$ _____	PERMIT
Water Tap	# of taps _____ x price listed below	\$ _____	TAP-WA
Sewer Tap	# of water taps _____ x \$125.00	\$ _____	TAP-SW
Water Deposit	# of water taps _____ x \$50.00	\$ _____	Acct#: _____ Dep#: _____ UB DEP
Water Service Fee	# of water taps _____ x \$25.00	\$ _____	UB NEW
Admin/Plan Review		\$60.00	PERMIT
OK Uniform Building Codes Commission Fee		\$4.50	PERM STF
	<b>Total Fees</b>	\$ _____	<i>Must be paid to pick up building permit</i>
<b>Meter Prices</b>	3/4" = \$655.00; 2" = \$2435.00		