



# RESIDENTIAL BUILDING PERMIT APPLICATION

## APPLICANT INFORMATION

APPLICANT/COMPANY:	CONTACT:
ADDRESS:	CITY/ST/ZIP:
PHONE:	EMAIL:

## PROJECT INFORMATION

### TYPE OF PROJECT (CHECK ONE):

- NEW CONSTRUCTION     
  ADDITION (DETACHED STRUCTURE)     
  ALTERATION (INTERIOR)     
  ALTERATION & ADDITION (ADDING TO EXISTING STRUCTURE)

### LOCATION & SCOPE OF WORK

PROJECT ADDRESS:	SUBDIVISION:	LOT & BLOCK:			
PROJECT COST: \$	CONSTRUCTION TYPE:	SQ. FT:	GARAGE SQ. FT:	EXISTING SQ. FT:	NO. FLOORS:

### ALTERATION AND/OR ADDITION:

SCOPE OF WORK:  
(PLEASE BE SPECIFIC)

## UTILITY INFORMATION

### NEW CONSTRUCTION

TYPE OF WATER METER:	<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> N/A	SIZE OF WATER METER:	<input type="checkbox"/> 5/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2" <input type="checkbox"/> N/A
WATER METER INSTALL:	<input type="checkbox"/> CITY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> N/A	SIZE OF IRRIGATION METER:	<input type="checkbox"/> 5/8" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2" <input type="checkbox"/> N/A

### UTILITY SERVICE

<input type="checkbox"/> EDMOND WATER <input type="checkbox"/> WELL <input type="checkbox"/> EDMOND ELECTRIC <input type="checkbox"/> OG&E <input type="checkbox"/> EDMOND SEWER <input type="checkbox"/> SEPTIC <input type="checkbox"/> AEROBIC <input type="checkbox"/> ONG <input type="checkbox"/> LP <input type="checkbox"/> NONE (TOTAL ELECTRIC)	GATED SUBDIVISION OR GATED DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO FIRE SPRINKLER/SUPPRESSION SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO STORM SHELTER/SAFE ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>▶ IF YES – COMPLETE AND SUBMIT A SEPARATE STORM SHELTER APPLICATION &amp; REQUIRED PLANS</i>
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## SUBMITTAL INFORMATION

- ▶ RESIDENTIAL APPLICATIONS REQUIRE ONE PDF SET (USB, CD OR EMAILED).
- ▶ TO PROCESS YOUR PERMIT APPLICATION IN A TIMELY MANNER, IT IS ESSENTIAL TO PROVIDE COMPLETE AND ACCURATE INFORMATION.
- ▶ USE THE CHECKLIST BELOW TO VERIFY ALL PLAN REQUIREMENTS AND DOCUMENTS ARE INCLUDED WITH YOUR APPLICATION.
- ▶ ALL DOCUMENTS INDICATED MUST BE SUBMITTED FOR AN APPLICATION TO BE ACCEPTED AND SUBSEQUENTLY REVIEWED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

## PLAN INFORMATION

<b>DIMENSIONED PLOT PLAN</b> <ul style="list-style-type: none"> <li>PROJECT ADDRESS</li> <li>LOCATION &amp; DIMENSIONS (IN FEET) OF ALL PROPERTY, RIGHT-OF WAY LINES, PUBLIC &amp; PRIVATE EASEMENTS</li> </ul>	<b>ENGINEERED FOOTING DESIGN</b> <ul style="list-style-type: none"> <li>PROJECT ADDRESS</li> <li>ENGINEER STAMP</li> </ul>
<b>FLOOR PLAN</b> <ul style="list-style-type: none"> <li>ALL ROOMS, DOOR SWINGS, WINDOWS, EXISTING WALLS, PROPOSED WALLS AND DEMOED WALLS</li> </ul>	<b>ELEVATION</b> <ul style="list-style-type: none"> <li>VERTICAL VIEW OF STRUCTURE &amp; PITCH SIZE</li> </ul>
<b>SCOPE OF WORK</b> <ul style="list-style-type: none"> <li>WRITTEN DESCRIPTION OF PROPOSED WORK (ABOVE)</li> </ul>	<b>DEQ FORM FOR SEPTIC OR AEROBIC SYSTEM (IF APPLICABLE)</b> <ul style="list-style-type: none"> <li>MUST PROVIDE SIGNED DEQ FORM 641-581SP</li> </ul>
<b>GENERAL LIABILITY &amp; WORKERS COMP</b> <ul style="list-style-type: none"> <li>CONTRACTORS &amp; BUILDERS ONLY</li> </ul>	<b>DEED FOR UNPLATTED ADDRESS</b> <ul style="list-style-type: none"> <li>MUST BE COUNTY STAMPED</li> </ul>

PLAN REVIEW CHECKLISTS	PLOT PLAN	FLOOR PLAN	FOOTING	ELEVATION	SCOPE OF WORK	DEQ FORM	GL & WC	DEED
<b>NEW CONSTRUCTION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ALTERATION</b> • PLANS – NO LARGER THAN 11 X 17 – NO EXCEPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<b>ADDITION OR ALTERATION &amp; ADDITION</b> • PLANS – NO LARGER THAN 11 X 17 – NO EXCEPTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING(S) CANNOT BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE BUILDING & FIRE CODE SERVICES DEPARTMENT.  
 BY SIGNING THIS FORM, YOU ACKNOWLEDGE THE BUILDING PLANS SUBMITTED COMPLY WITH ALL REQUIREMENTS, APPLICABLE CODES, AMENDMENTS AND ORDINANCES SET FORTH BY EDMOND CITY COUNCIL.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Prescriptive Code Questionnaire

To avoid delays during the construction process, please complete this questionnaire to determine if portions of your residential home design are beyond prescriptive code. If they are beyond prescriptive code, this could result in an engineered design or an engineer's approval being required to meet the requirements of code.

1. Do you have a story height that exceeds 11'-7"? Measured from floor to floor or floor to top of ceiling joist above. \_\_\_\_\_
2. Do you have a garage return extension less than 16" in width? \_\_\_\_\_
3. Does the height of your garage door header exceed 10'? Measured from sill plate to top of header. \_\_\_\_\_
4. Does the wall containing the garage door(s) exceed 12' in height? Measured from sill plate to top of any pony walls. \_\_\_\_\_
5. Are there any load bearing walls in the structure that exceed 10' in height? \_\_\_\_\_
6. Does any portion of your roof exceed 20'-0" in height? Measured vertically from eave to ridge. \_\_\_\_\_
7. Do any braced wall lines have an excessive number of openings? (Example: back wall of house at porches, great rooms, etc.) \_\_\_\_\_
8. Are you using an exterior wall sheathing other than OSB or Plywood? \_\_\_\_\_
9. Are you utilizing structural steel (red iron) or any other non-prescriptive framing members?  
\_\_\_\_\_

If you answered yes to any of the above, an Engineered design may be required. Feel free to call us with any questions. Designs, if required, must be submitted prior to building sheathing inspections. This is not intended to be an all-inclusive list, just one that covers many of the issues seen on inspections.

I acknowledge that the above answers are correct to the best of my knowledge. Should any site changes affect the above answers, I understand that revised/new designs will be required prior to approval of any inspections.

X \_\_\_\_\_

Applicant

\_\_\_\_\_ Date