

Seminole County
110 S. Wewoka Ave., Suite 103
Wewoka, OK 74884

Building Project Handbook



EACH SEPARATE BUILDING MUST BE PERMITTED SEPARATELY.

**EACH SAFE ROOM/STORM SHELTER MUST BE PERMITTED SEPARATELY.
BUILDINGS WITH A SAFE ROOM/STORM SHELTER WITHIN A BUILDING MUST
BE PERMITTED SEPARATELY.**

A PHASED PROJECT MUST BE PERMITTED SEPARATELY.

**A PROJECT WITH A REMODEL AND NEW CONSTRUCTION MUST BE
PERMITTED SEPARATELY AND BE ACCOMPANIED BY A NEW BUILDING
APPLICATION AND AN EXISTING BUILDING APPLICATION.**

The Office of the Seminole County Life Safety & Plan Review is charged with the issuance of building permits in those areas of the Seminole County that do not require such permit. In accordance with this statute, the SCPR requires the submission of plans and specifications to cover the proposed construction or alteration. (OS 74 § 324.11)

The SCPR shall review all plans and specification of proposed construction or alteration to any correctional facility as defined in OS 74 § 317. (OS 74 § 324.11)

Per OS 74 § 324.11, the following occupancies shall have a building permit issued by the SCPR when there is no local authority having jurisdiction;

All Occupancies Identified in the International Building Code

Projects that are exempt from the Architectural Act (refer to Title 59 O.S. § 46.1 *et al*) shall be drafted to a legible, professional standard suitable for review and possible permitting.

The minimum scale that drawings shall be drafted to is:

Architectural – 1/8" to 1 foot

Site Maps – 1" to 20' or 30' or 40' feet (the best fit while showing sufficient detail)

All projects submitted to the SCPR shall be designed to those building codes and references as last adopted by the Uniform Building Code Commission, reference 59 O.S. § 1000.23.

REQUIRED DOCUMENTS

Completed permit application forms for each building in the project

NOTE: Permit application forms must be completely filled out.

Completed checklist form for each building in the project

NOTE: Checklist form must be completely filled out.

Two (2) paper sets of plans (as outlined below)

One (1) CD of the entire project plan, to include specs if applicable

Building project plans submitted to the SCPR for permitting shall consist of:

1. A cover sheet detailing;
 - a. The name, location and owner(s) of the project (NOTE: The project name and address SHALL be on all submitted plans for other permitted construction such as fire alarm, sprinkler systems and alternative suppression systems)
 - b. The scope of work, to include;
 - i. List of codes and the applicable year that are applicable
 - ii. Occupant load factor
 - iii. Code defined use group(s)
 - iv. Code define construction type(s)
 - v. Special use and occupancy requirements
 - vi. Square footage of the project, to include all floors, roof overhangs, covered patios, decks, balconies, etc.
 - vii. Identify and provide the square footage of all fire areas, when applicable
 - viii. Number of stories
 - ix. Elevator-hydraulic or electric (if applicable)
 - x. Allowable building heights and areas. Designed building height and area
 - xi. If allowable increases are taken, how the increases are made (must show calculations), or unlimited area building if permissible.
 - xii. Roof assembly construction and rating
 - xiii. Occupant load-new and existing (if applicable)
 - xiv. Wall and ceiling finish classifications
 - xv. Interior floor finish classification
 - xvi. Decorative materials and trim-the percentage allowed and the percentage that will be used
 - xvii. Fire sprinkler system required. Fire sprinkler system present. Fire sprinkler system being installed
 - xviii. Fire standpipe system required. Fire standpipe system present. Fire standpipe system being provided
 - xix. Fire alarm system required. Fire alarm system present. Fire alarm system being installed

- xx. Carbon monoxide system required. Carbon monoxide system present. Carbon monoxide system being installed
- xxi. Fire suppression system required. Fire suppression system present. Fire suppression system being installed
- xxii. Smoke control system required. Smoke control system present. Smoke control system being installed
- xxiii. Smoke and Heat Vents required. Smoke and/or heat vents present. Smoke and/or heat vents being installed
- xxiv. Fire command center required. Fire command center present. Fire command center being installed. Provide the proper rated enclosure
- xxv. Fire pump required. Fire pump present. Fire pump being installed. Provide the proper rated enclosure
- xxvi. Required plumbing fixtures and number of provided plumbing fixtures. Provide the ratio
- xxvii. Reference modification to the IBC by the OUBCC
- xxviii. Codes utilized in the design (Must be the current adoption by the OUBCC, refer to <http://www.ok.gov/oubcc/> or call 405-521-6501 for assistance)
- c. Identify any specific chapters and/or sections of the International Fire Code as related to this project being used
- d. If a remodel, what level of alteration per the IEBC.
 - i. Remodels are required to have known Code deficiencies identified and the proposed Code compliant corrections.
 - ii. Building Layout:
 - Dashed lines showing all walls being demolished
 - Dashed lines showing all doors being demolished
 - Details identifying the scope of work being done
 - Identify any fire walls being affected
 - Identify any fire barriers being affected
 - Identify any fire partitions being affected
 - iii. Remodels shall identify all systems (M, E, P, fire alarm, fire sprinkler, carbon monoxide, etc.) that will be effected and the extent of upgrades as defined by the IEBC.
 - iv. Designers may request an SCPR inspection for deficiencies prior to submitting a project for review.
- e. If an addition, the changes needed to the existing building for code compliance.
- f. If an addition or remodel, what year was the current occupancy permitted (reference modification to the IEBC by the OUBCC)
- g. Name, address and legal stamp of the designer (if required by Title 58 O.S. § 46.1 *et al*)
 - i. Wet or electronic stamps are accepted
 - ii. Must be signed by the designer
- h. Any alternatives that are selected. Identify each alternate specifically
- i. Any directives that are used. Identify each directive applied

2. Site map detailing

- a. The physical location of the project and all structures within 30 feet of the project
 - i. Distances between buildings shall be dimensioned in feet
 - ii. Means of egress locations shall be shown on all buildings within 30 feet of the project
- b. The outline of the proposed project new and existing (if applicable)
- c. Identify all lot lines indicating the private property side and public property side
- d. Fire department access roads
 - i. Width at least 20' wide
 - ii. Length of road
 - iii. Turn around (if required)
 - iv. Provide a dimension of the distance from the roads to all sides of the building
 - v. Identify all designated fire department access lanes
- e. All new fire hydrants must be installed within the Public Easement. A fire hydrant is required to be installed within 400' of a non-sprinklered building and 600' of a sprinklered building. The new fire hydrants are measured as the hose lays off the back of the fire truck on a hard surface and not as the crow flies.
- f. Identify all fire hydrants as either existing or new

3. Project Plans

- a. Another term for this is the "Life Safety Sheet"
- b. The floor plan of the entire project, to include basements, crawlspaces and attics.
- c. All rooms and spaces shall be named, or provided another designation, to permit easier identification in the review and inspections phases.
- d. Occupant loads per room or space (table & chairs or other furniture may need to be drawn to establish a lower factor) along with the occupant load factor and square footage per room
- e. Fuel Burning Appliance-Fuel Burning Fireplace-Fuel Burning Forced Air Furnace locations with ducting
- f. All rated construction
 - i. Wall design and rating (fire wall, fire barrier, fire partition, draft stopping, load bearing walls), please utilize UL Fire Wizard (<http://database.ul.com/cgi-bin/ulweb/LISEXT/1FRAME/FireResistanceWizard.html>) for assistance. Identify the location of all fire walls, fire barriers, fire partitions, draft stopping, & load bearing walls. Provide the associated hourly rating for each type of wall. Provide the associated UL design cut sheet
 - ii. Penetration protection (doors, dampers, piping, etc.) Identify the location of all dampers
 - iii. Door and window design (occupant per door must be shown) Identify the associated rating for each door and window. Identify the location of all panic and fire exit hardware. Identify the door swing. Identify any special locking arrangements. Identify the location of all rescue windows

- g. All elements of the means of egress
 - i. Maximum travel distance
 - ii. Exit access
 - iii. Egress path and travel distances
 - iv. Exits (must show calculated occupant load egress along with the occupant load factor. Identify any occupant load egress as modified by the OUBCC)
 - 1. If an alteration or addition, the calculated occupant load of the existing building must be included in the exit calculations.
 - 2. All exits must be accurately shown for the existing building.
 - v. Exit discharge
 - vi. Exit signs
 - vii. Exit illumination (interior and exterior)
 - viii. Rescue windows, if required. Windows designated for rescue shall have the dimensions shown of the opening.
 - ix. Area(s) of refuge
 - x. Stairs and/or ramps
 - 1. Pitch of stairs must be shown
 - 2. Ramp incline must be shown
 - 3. Handrail specifications
 - xi. Corridor rating when applicable
 - xii. Elevator and/or lift-electric or hydraulic
 - xiii. Specifically identify any dead-end corridors and calculated distances
- h. Location of fire extinguishers with the associated travel distance
- i. Fire command rooms specifically identified
- j. Fire sprinkler riser room
- k. Identify accessible dwelling and sleeping units (including hearing impaired rooms)
- l. Identify accessible wheelchair spaces where required
- m. Provide a building section view elevation diagram with dimensions for multiple story buildings (more than 2 floors).
- n. Provide a roof pitch for all buildings.
- o. Identify all dead loads within 10' of the roof edge and the location of all guards

4. Safe Rooms/ Storm Shelters

- a. All construction intended for this use shall be designed to the Codes and references as adopted or modified by OUBCC, regardless of the funding source.
- b. All the above requirements shall be met, with the following additions:
 - i. All FEMA Tornado/Storm Shelter and safe room designs shall be accompanied by a completed 2015 edition, FEMA P-361 Appendix C form.
 - ii. All ICC-500 Tornado/Storm Shelter and safe room designs shall be designed to ICC500.
 - iii. All Tornado/Storm Shelters shall undergo a peer review prior to submittal to the SCPR.
 - 1. The peer review report shall be attached to the submitted documents.

2. Any and all conflicts between the designer and peer review SHALL be resolved prior to submittal for review.
 - c. Fuel Burning Appliance-Fuel Burning Fireplace-Fuel Burning Forced Air Furnace locations with ducting
 - d. Planning and scheduling for the required special inspections and the quality assurance plan. Copies of these special inspection reports shall be presented to the SCPR Agent at the final inspection.
5. Other permits
- a. Some systems require additional permits.
 - i. Fire sprinkler
 - ii. Alternative suppression (range hoods, paint booth, etc.)
 - iii. Fire alarm
 - iv. Carbon monoxide
 - v. Carbon dioxide
 - vi. Access control
 - vii. Smoke control
 - b. These are separate requirements, and must be submitted by a company licensed in Oklahoma to perform this work.
 - c. 50% inspections will not occur until all required permits are on site.
6. Field inspections
- a. All permitted projects are required to be inspected for compliance with the permit and the applicable codes.
 - b. Inspections are performed by SCPR Agents.
 - i. Promptness on the design or owner's part can help reduce delays by making inspection requests on time.
 - c. Inspections occur at 50% and 100% stages of construction.
 - i. A 50% inspection requires the building to be weather-tight, and at least 1 (one) side of walls exposed to permit inspection.
 1. 50% inspections will be coordinated with other permitted trades so that only 1 (one) site visit is necessary.
 2. Agents are permitted to alter the 1 (one) 50% visit when they deem it necessary.
 - d. Agents may elect to perform an 80% inspection.
 - e. Agents perform a 100% inspection at the conclusion of the project.
 - i. The project shall be complete at the time of the 100% inspection.
 - ii. All permitted aspects of the project must be completed at the time of the inspection.
 1. There are tests which occur for systems (sprinkler, fire alarm, carbon monoxide, carbon dioxide, smoke control, access control, etc.)
 2. It is vitally important that all contractor tests be successfully completed prior to the 100% SCPR inspection.

- iii. Use of the 100% inspection to create "punch lists" will create additional costs and time delays.
- f. Although the project is reviewed and permitted, it is not uncommon for Agents to identify issues that were unforeseen during the design and review processes. Agent may issue order to be completed before the 100% inspection.
- g. The Agent's orders shall be completed before the 100% inspection for it to be successful.
- h. Projects which fail at 100% shall be subject to re-inspection fees of \$40.00 per hour, to include travel time.
- i. To request an inspection please call the SCPR main number at (405) 257-2450.

Building Plan Review Submittal Requirements

The following is a list of requirements for all plan submittals. Any information that is not provided may result in the plans being rejected and returned without review.

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Transmittal

1. Completed Transmittal Form with all fields filled-in.
2. Name of the project.
3. Physical street address, city, county and zip code.
4. Type of Construction – IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB (Verify Table 601 is applied to IA, IB, IIA, IIB, IIIA, IIIB, IV, VA)
5. Use and Occupancy Classification –
 - Assembly Group A. A-1, A-2, A-3, A-4, A-5
 - Business Group B.
 - Educational Group E.
 - Factory Group F. F-1, F-2
 - High –Hazard Group H. H-1, H-2, H-3, H-4, H-5
 - Institutional Group I. I-1, I-2, I-3,
 - Mercantile Group M.
 - Residential Group R. R-1, R-2, R-3, R-4
 - Storage Group S. S-1, S-2
 - Utility and Miscellaneous Group U
6. Total Square Foot including all floors and roof overhangs (covered patios, decks, balconies) New and Existing (if applies)
7. Occupant Load. New and Existing (if applies)
8. Number of Stories
9. Architect, Designers, Professional Engineer stamp, signature, license # and contact information (Wet or Dry Stamp with signature) (Refer to the State Architectural Act for the occupancies requiring a licensed Oklahoma architect and the State Engineering Act for occupancies requiring a licensed Engineer)
10. New Construction or Remodel Project with Scope of Work Letter
11. Plan Review fee payment or PO issued

Code Sheet

12. Code sheet identifying:

- The list of adopted codes and its year used for the building design
- Occupancy type
- Special use and occupancy requirements (IBC Chapter 4 and IFC)
- Total square footage. New and Existing (if applicable)
- Actual and Allowable building heights and areas
- Frontage increase applied. Provide calculations
- Fire sprinkler increase applied. What percentage? Provide calculations
- Unlimited area building (if applicable)
- Type of construction. New and Existing (if applicable)
- Fire and smoke protection features installed
- Interior finishes classification
- Fire protection systems being installed
- Occupant load New and Existing (if applicable)
- Occupant load per room including occupant load factor and square footage per room
- Occupant load per exit door including occupant load factor. New and Existing (if applicable).
- Travel distance
- Corridor ratings
- Accessibility requirements met
- Roof assembly construction and rating
- Elevator installed-electric or hydraulic
- Directives applied if any from SCPR website. Identify which will be applied
- Alternatives accepted? Specifically identify
- Fire walls, ratings, and UL Design (Provide copy of UL documents)
- Fire barriers and ratings
- Fire partitions and ratings
- Fire Doors, ratings, and UL Design (Provide copy of UL documents)
- Fire Windows, ratings, and UL Design (Provide copy of UL documents)
- Identify any deficiencies. Provide a plan of action, from the architect, to fix any problems identified during initial design (1 week)
- Identify all Oklahoma Uniform Building Code Commission changes to the current adopted building codes that have been applied during the design of this project

Site Plan

13. Site Plan showing the location of all surrounding buildings, fire department access roads and fire hydrants.

- Identify the New and Existing (if applicable) Building areas
- Identify in feet the distance between all buildings
- Identify all buildings within 30' of the primary building
- Identify all lot lines indicating the private property side and public property side
- All fire department access roads must be at least 20' wide.
- Identify with a line and a distance in feet showing all hard surfaces used by fire apparatus within 150' of all sides of the building. This distance is as the hose is pulled off a truck on a hard surface and not as the crow flies.
- Identify all fire hydrants as new or existing
- All new fire hydrants must be installed within the Public Easement. A fire hydrant is required to be installed within 400' of a non-sprinklered building and 600' of a sprinklered building. The new fire hydrants are measured as the hose lays off the back of the fire truck on a hard surface and not as the crow flies.
- Identify with a line and a distance in feet showing the travel of a fire apparatus from the fire hydrant to all sides of the building as the hose lays off the back of the fire truck on a hard surface and not as the crow flies. (400' for non-sprinklered buildings and 600' for sprinklered buildings)
- Identify all designated fire department access lanes

Demolition Plan for All Existing Buildings

14. Building Layout:

- Entire building layout
- Dashed lines showing all walls being demolished
- Dashed lines showing all doors being demolished
- Details identifying the scope of work being done
- Identify any fire walls being affected
- Identify any fire barriers being affected
- Identify any fire partitions being affected

Life Safety Plan

15. Life Safety Plan:

- Entire building layout. New and Existing (if applicable)
- Occupant travel distance in feet
- The location of all fire walls and its rating. Provide the UL design cut sheet
- The location of all fire barriers and its rating
- The location of all fire partitions and its rating
- The location of all draft stopping
- The location of all fire extinguishers with the associated travel distance
- The location of all load bearing walls and its rating
- Location of all rated doors, ratings, and door swing
- Location of all rated windows and its rating
- Location of all Rescue Windows
- Occupant load per room including the occupant load factor and square footage per room
- Occupants per exit door and its occupant load factor. New and Existing (if applicable)
- Dead end corridors

Building Layout

16. Building Layout Plan:

- Fire Dampers
- Smoke Dampers
- Location of all Fuel Burning Appliance-Fuel Burning Fireplace-Fuel Burning Forced Air Furnace locations with ducting
- Emergency lights
- Exit signs

Building Elevation

17. Building Elevation Plan:

- Building Height
- Floor Elevations
- Roof Slope
- Dead loads within 10' of the roof edge must have guards

Plans

18. An Architect/Engineer's or sub-contractor written statement concerning the **foundation** on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
19. An Architect/Engineer's or sub-contractor written statement concerning the **structural** on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
20. An Architect/Engineer's or sub-contractor written statement concerning the **mechanical** on letterhead identifying code compliance with all the applicable codes in relation to the

- specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
21. An Architect/Engineer's or sub-contractor written statement concerning the **electrical** on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
 22. An Architect/Engineer's or sub-contractor written statement concerning the **plumbing** on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
 23. **Energy Conservation** requirements omitted by the OUBCC.
 24. An Architect/Engineer's or sub-contractor written statement concerning the **safe room** on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, dated, signed, and stamped.
 25. Two (2) sets of (paper) plans, signed and stamped by architect, designer or professional engineer. Include limited architectural sheets, mechanical sheets if fire and smoke dampers are installed and/or the location of all Fuel Burning Appliance-Fuel Burning Fireplace-Fuel Burning Forced Air Furnace locations with ducting, and electrical sheets showing all emergency light and exit sign drawings.
 26. A Contractors Responsibility written statement is required for all FEMA and ICC-500 Tornado/Storm Shelters.

Specifications

27. One (1) CD containing all drawings and specifications. Hard copies will not be accepted

Field Inspection-Rough In

28. Provide a binder with the approved Life Safety Plans: approved Life Safety Comments: colored Permit: all Architect/Engineer letters concerning designs of the Foundation, Structural, Mechanical, Electrical, and Plumbing being code compliant; All Contractors Responsibility statements concerning the Rough-In of the Foundation, Structural, Mechanical, Electrical, and Plumbing being code compliant; Fire Doors, ratings, and UL Design (Provide copy of UL documents); Fire Windows, ratings, and UL Design (Provide copy of UL documents); and any changes to the project affecting the Life Safety aspects of the project.
29. A Contractors Responsibility statement concerning the **foundation** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
30. An Contractors Responsibility statement concerning the **structural** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
31. An Contractors Responsibility statement concerning the **mechanical** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the

- specific being built. The letter must identify the project name address, county date, and signed.
32. An Contractors Responsibility statement concerning the **electrical** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
 33. An Contractors Responsibility statement concerning the **plumbing** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
 34. **Energy Conservation** requirements omitted by the OUBCC.

Field Inspection-50% Life Safety

35. Provide a binder, on site for review by the Seminole County Inspector, with the red stamped approved Life Safety Plans: approved Life Safety Comments: colored Permit: Fire Doors, ratings, and UL Design (Provide copy of UL documents); Fire Windows, ratings, and UL Design (Provide copy of UL documents); and any changes to the project affecting the Life Safety aspects of the project.
36. Sheet rock on one side of all walls, but no door jambs
37. No ceilings
38. Label rated walls by permanent stencil
39. Fire extinguisher cut out provided
40. Fire sprinkler rough in
41. Fire alarm rough in

Field Inspections-Final

42. Provide a binder, on site for review by the Seminole County Inspector, with the red stamped approved Life Safety Plans: approved Life Safety Comments: colored Permit: all Architect/Engineer letters concerning deigns of the Foundation, Structural, Mechanical, Electrical, and Plumbing being code compliant; All Contractors Responsibility statements concerning the Rough-In of the Foundation, Structural, Mechanical, Electrical, and Plumbing being code compliant; Fire Doors, ratings, and UL Design (Provide copy of UL documents); Fire Windows, ratings, and UL Design (Provide copy of UL documents); and any changes to the project affecting the Life Safety aspects of the project.
43. An Contractors Responsibility statement concerning the **foundation** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
44. An Contractors Responsibility statement concerning the **structural** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
45. An Contractors Responsibility statement concerning the **mechanical** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the

- specific being built. The letter must identify the project name address, county, date, and signed.
46. An Contractors Responsibility statement concerning the **electrical** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
 47. An Contractors Responsibility statement concerning the **plumbing** final inspection on letterhead identifying code compliance with all the applicable codes in relation to the specific being built. The letter must identify the project name address, county, date, and signed.
 48. **Energy Conservation** requirements omitted by the OUBCC.
 49. A copy of the **elevator** permit from the Department of Labor
 50. Rated doors, glass, and jambs installed
 51. Rescue windows installed
 52. Draft stopping with access doors installed
 53. Emergency lights installed and operational
 54. Exit signs installed operational
 55. Fire damper access panels
 56. Smoke damper access panels
 57. Fire extinguishers installed and tagged by an Oklahoma Licensed company
 58. Fire alarm system installed, tested, and operational. Fire alarm breaker shut off for 24 hours prior to the actual test. Duct detectors installed, tested, and operational with remote test switches (labeled accordingly). Must be tested with smoke. Fire alarm room signage. Breaker identified in red. Monitoring agreement
 59. Carbon monoxide system installed, tested, and operational. Must be tested with test canister. Carbon monoxide room signage. A remote annunciator within 10' of the main entrance
 60. Fire sprinkler system installed, tested, and operational. Fire sprinkler room signage. FDC approval letter. Hydrostatic test documentation. Underground flush papers
 61. Hood suppression system installed, tested, and operational; balloon test, and caps cleaned after test.
 62. Fire hydrants installed (400' for non-sprinklered buildings and 600' for sprinklered buildings)
 63. Fire lanes identified
 64. Elevator inspection report
 65. It is the responsibility of the General Contractor/Superintendent to submit the completed binder to the Seminole County Life Safety & Plan Review office. The binder must be submitted to the Seminole County Plan Review Office before the Certificate of Occupancy or the Inspection Report will be issued.

SEMINOLE COUNTY LIFE SAFETY & PLAN REVIEW

FEE SCHEDULE (Effective 9/14/2018)

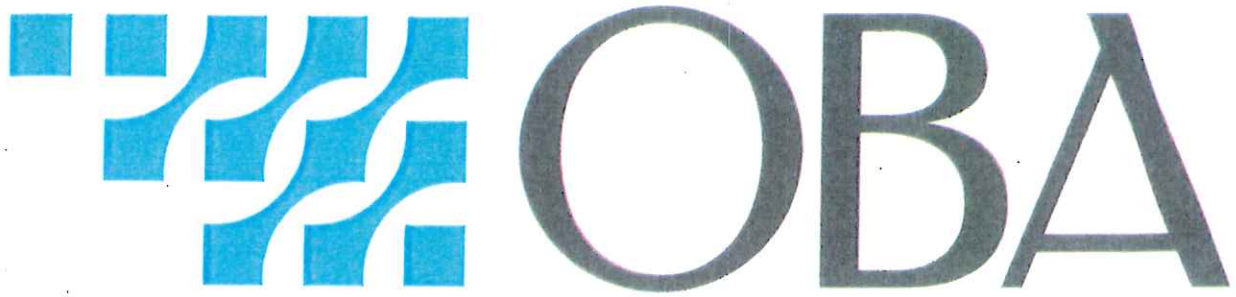
CODE ASSISTANCE PLAN REVIEWS:

Plan Review Minimum Permit Fee	\$50.00
Rates where total exceeds the Minimum Permit Fee are as follows:	
Buildings	\$.10/sq.ft.
Oklahoma Uniform Building Code Commission Fee (per 59 O.S. § 1000.25)	\$4.00 per permit

CODE ASSISTANCE INSPECTIONS:

On-site Inspection	\$40.00 per hour (1hr min.)
Additional on-site inspection due to failure to comply with codes or deviation from approved plans	\$40.00 per hour

Please make check payable to: SEMINOLE COUNTY (Fire Marshal fees based on OAR Title 265, Ch. 1-1-11 & Ch. 25-1-3)



■ Oklahoma Board of Architects, Landscape Architects & Registered Interior Designers ■

Act & Rules

* OS 59, Section 46.1 et seq. Oklahoma State Architectural and Registered Interior Designers ACT Effective July 2015 & November 2015

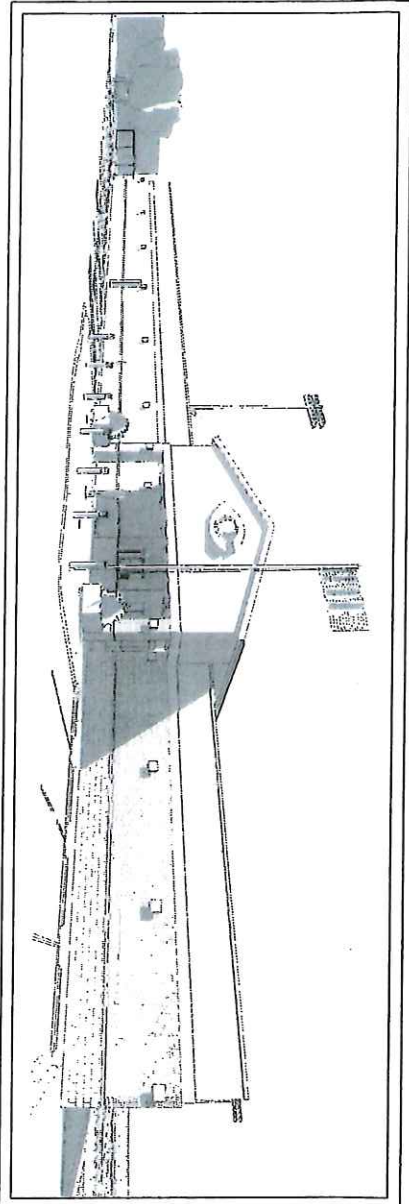
(Must download for true and false test)

* OAC Title 55:10 RULES Effective August 2016

(Must download for true and false test)

* Notice of ADA Compliance





CONSULTANTS

ARCHITECTURAL
CIVIL
STRUCTURAL
MECHANICAL, ENGINEERING & PLUMBING

ARCHITECTURAL STANDARDS

<p>ARCHITECTURAL STANDARDS</p> <p>1. GENERAL NOTES</p> <p>2. MATERIALS</p> <p>3. FINISHES</p> <p>4. ELEVATIONS</p> <p>5. SECTIONS</p> <p>6. DETAILS</p> <p>7. SCHEDULES</p> <p>8. LEGEND</p> <p>9. INDEX</p>	<p>ARCHITECTURAL STANDARDS</p> <p>1. GENERAL NOTES</p> <p>2. MATERIALS</p> <p>3. FINISHES</p> <p>4. ELEVATIONS</p> <p>5. SECTIONS</p> <p>6. DETAILS</p> <p>7. SCHEDULES</p> <p>8. LEGEND</p> <p>9. INDEX</p>
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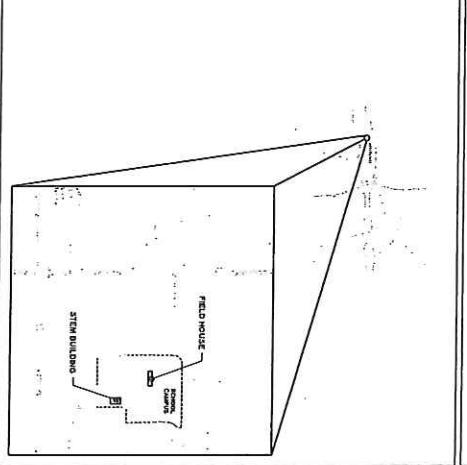
ANYTOWN FIELD HOUSE

ANYTOWN PUBLIC SCHOOLS - 2014 BOND
606 E. THIRD STREET, ANYTOWN, OK. 00000

SHEET INDEX

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17	INTERIOR ARCHITECTURE
18	EXTERIOR ARCHITECTURE
19	MECHANICAL, ENGINEERING & PLUMBING
20	STRUCTURAL
21	CIVIL
22	LANDSCAPE ARCHITECTURE
23	INTERIOR ARCHITECTURE
24	EXTERIOR ARCHITECTURE
25	MECHANICAL, ENGINEERING & PLUMBING
26	STRUCTURAL
27	CIVIL
28	LANDSCAPE ARCHITECTURE
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31	MECHANICAL, ENGINEERING & PLUMBING
32	STRUCTURAL
33	CIVIL
34	LANDSCAPE ARCHITECTURE
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37	MECHANICAL, ENGINEERING & PLUMBING
38	STRUCTURAL
39	CIVIL
40	LANDSCAPE ARCHITECTURE
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43	MECHANICAL, ENGINEERING & PLUMBING
44	STRUCTURAL
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55	MECHANICAL, ENGINEERING & PLUMBING
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61	MECHANICAL, ENGINEERING & PLUMBING
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66	EXTERIOR ARCHITECTURE
67	MECHANICAL, ENGINEERING & PLUMBING
68	STRUCTURAL
69	CIVIL
70	LANDSCAPE ARCHITECTURE
71	INTERIOR ARCHITECTURE
72	EXTERIOR ARCHITECTURE
73	MECHANICAL, ENGINEERING & PLUMBING
74	STRUCTURAL
75	CIVIL
76	LANDSCAPE ARCHITECTURE
77	INTERIOR ARCHITECTURE
78	EXTERIOR ARCHITECTURE
79	MECHANICAL, ENGINEERING & PLUMBING
80	STRUCTURAL
81	CIVIL
82	LANDSCAPE ARCHITECTURE
83	INTERIOR ARCHITECTURE
84	EXTERIOR ARCHITECTURE
85	MECHANICAL, ENGINEERING & PLUMBING
86	STRUCTURAL
87	CIVIL
88	LANDSCAPE ARCHITECTURE
89	INTERIOR ARCHITECTURE
90	EXTERIOR ARCHITECTURE
91	MECHANICAL, ENGINEERING & PLUMBING
92	STRUCTURAL
93	CIVIL
94	LANDSCAPE ARCHITECTURE
95	INTERIOR ARCHITECTURE
96	EXTERIOR ARCHITECTURE
97	MECHANICAL, ENGINEERING & PLUMBING
98	STRUCTURAL
99	CIVIL
100	LANDSCAPE ARCHITECTURE

VICINITY MAP



ANYTOWN PUBLIC SCHOOLS
2014 BOND - FIELD HOUSE
606 E. THIRD STREET, ANYTOWN, OK. 00000

DATE	APR 11, 2014
PROJECT	1416
COVER SHEET	TF-000

USUAL MONTHLY EARNINGS FROM ALL SOURCES, A TOTAL MONTHLY EARNINGS OF LESS THAN \$100,000, OR EARNINGS FROM ONE SOURCE ONLY.

[illegible]

ACCESSIBILITY (IBC CHAPTER 11)

PLANNING REQUIREMENTS		REQUIREMENTS		PERFORMANCE	
CLASS	QUALITY AREA	QUALITY	BUILDING AREA	PLACES	
TECHNICAL C	UP TO 12,000 SQ. FT. B.O.A.	1 SPACE FOR 100 SQ. FT. B.O.A.	1,770 SQ. FT.	31 RECREATION	
	RECREATION REQUIRED				
	TOTAL PLACES	REQUIRED MINIMUM		ACCOMMODATION PROVIDED	
	11 TO 13	1		TOTAL PLACES	
				31 TOTAL	

WATER QUALITY	LAVAFORME B
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CONTRACTING ORGANIZATION	DATE	FORMAL	INFORMAL	PROFITABLE
CONTRACT NO. 113	1 FEB 68 12 00ZMONT	1 FEB 68 12 00ZMONT		1 FEB 68
ADDRESS, and FROM THE NEW ADDRESS	1 1 FEB 68 12 00ZMONT 1 FEB 68 12 00ZMONT 1 FEB 68 12 00ZMONT 1 FEB 68 12 00ZMONT 1 FEB 68 12 00ZMONT	(1) FEB 68 (1) FEB 68 (1) FEB 68 (1) FEB 68 (1) FEB 68		(1) FEB 68 (1) FEB 68 (1) FEB 68 (1) FEB 68 (1) FEB 68
EXCLUDED 1 JAN	EXCLUDED 1 JAN	EXCLUDED 1 JAN		

ASIDE, YAD FROM THE LEFT	6 ft + 2 (unbuilt)	
	1900	2

[illegible]

Year/Issue	2015	2016	2017	2018
Year/Issue				

FLUORINE STYRIDES HAVE BEEN DESIGNED AND CALCULATED FOR THE FUTURE REGULATION OF ADDITIONAL STUDENTS.

TYPES OF CONSTRUCTION (IBC CHAPTER 6)

[illegible]

REQUIREMENTS OF CRACKS ON WALL, FLOOR OR SLAB OR JOINTS ON THE REPAIRATION DISTANCE AND DEGREE OF SEVERITY	REPAIRATION DISTANCE (mm)	DEGREE OF CRACKING PROTECTION
THE REPAIRATION DISTANCE (mm)		

[illegible]

INTERIOR FINISHES (IBC CHAPTER 9)

FIRE PROTECTION SYSTEMS (IBC CHAPTER 9)					
SYSTEMS SHALL HAVE COOLANT PUMP IN COMPLIANCE WITH IBC 903.4					
DESIGN		OPERATIONAL		MAINTENANCE	
DESIGN	EXIST	EXISTING	NEW	EXIST	EXIST
EXISTING				EXIST	EXIST
EXISTING				EXIST	EXIST

PORTABLE FUEL EXTENDER, INC., 2200 W. 10TH AVE., DENVER, CO 80202

[illegible]

OUT INQ	.
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MEANS OF EGRESS (IBC CHAPTER 10)	
REQUIREMENTS AND DETAILS FROM THE THIRD EDITION	
EGRESSWAY SCHEDULE	
TYPE EGRESS	TYPE EGRESS

GENERAL PROJECT INFORMATION

[illegible]

PLAY ACTIVELY ON THE SIDE OF PLAYERS
THE MANAGER CAN USE
THE MANAGER CAN USE
THE MANAGER CAN USE

[illegible]

Year	Estimated AFD commitments (in constant 1996 US\$ millions)
2004	2004
2005	2005
2006	2006
2007	2007
2008	2008
2009	2009
2010	2010
2011	2011
2012	2012
2013	2013
2014	2014
2015	2015
2016	2016
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ENDNOTES

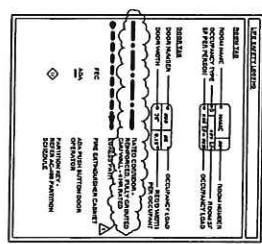
SITE PLAN LEGEND

SITE PLAN LEGEND	
	STREET
	SEWER MAIN
	WATER MAIN
	SEWER MAIN
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01 FIELD HOUSE SITE PLAN
SCALE: 1"=20'-0"



1 LIFE SAFETY PLAN AND CODE ANALYSIS - LOCKER ROOMS
 LSF-101 SCALE: 1/4" = 1'-0"
 REF. TO SHT. ADD-3.1



ANYTOWN PUBLIC SCHOOLS
 2014 BOND - FIELD HOUSE
 606 E. THIRD STREET, ANYTOWN, OK. 00000

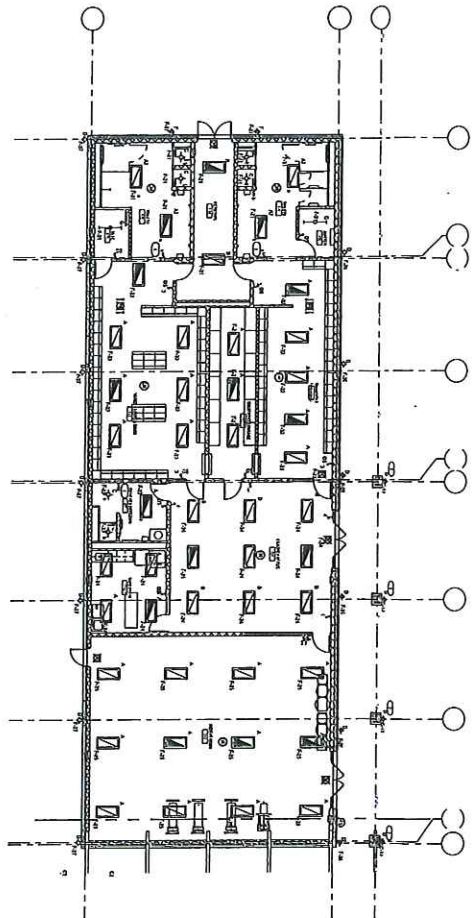
REVISIONS

NO.	DATE	DESCRIPTION
1	11/11/15	1416

PROJECT INFORMATION

PROJECT: ANYTOWN PUBLIC SCHOOLS
 LOCATION: 2014 BOND - FIELD HOUSE
 DRAWN BY: LSF-101
 CHECKED BY: LSF-101
 DATE: MAY 11, 2015
 SCALE: 1/4" = 1'-0"



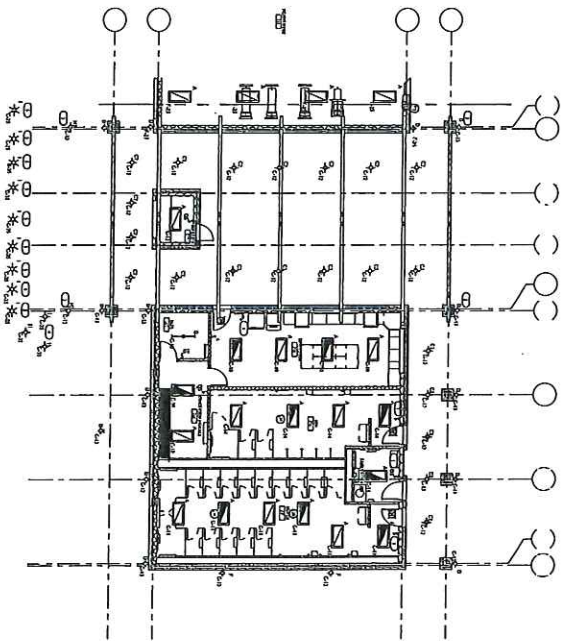


1 LIGHTING PLAN - LOCKER ROOMS

- NOTED NOTES**
- 1. ALL LIGHTING SHALL BE COMPLETED PRIOR TO THE COMPLETION OF THE BUILDING.
 - 2. ALL LIGHTING SHALL BE INSTALLED IN ACCORDANCE WITH THE IBC AND THE LATEST EDITION OF THE NFPA 70.
 - 3. ALL LIGHTING SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NFPA 70.
 - 4. ALL LIGHTING SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NFPA 70.
 - 5. ALL LIGHTING SHALL BE INSTALLED IN ACCORDANCE WITH THE LATEST EDITION OF THE NFPA 70.

GENERAL NOTES

1. ALL LIGHTING SHALL BE COMPLETED PRIOR TO THE COMPLETION OF THE BUILDING.



2 LIGHTING PLAN - CONCESSIONS

ANYTOWN PUBLIC SCHOOLS
NEW FIELD HOUSE AND STEM CLASSROOM BUILDINGS
 606 E. THIRD STREET, ANYTOWN, OK. 00000

REVISIONS	
NO.	DATE
1	APR. 22, 2018
2	APR. 22, 2018
3	APR. 22, 2018
4	APR. 22, 2018
5	APR. 22, 2018
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100	APR. 22, 2018

EF-101

Building Cost	Total Investment
100,000	100,000
150,000	150,000
200,000	200,000
250,000	250,000
300,000	300,000
350,000	350,000
400,000	400,000
450,000	450,000
500,000	500,000
550,000	550,000
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650,000	650,000
700,000	700,000
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800,000	800,000
850,000	850,000
900,000	900,000
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- 6 ENCL 24

STILLING RUI EN **PLAATWERK** AARDE WERK 2010-2011-2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687,

- INVESTIGATION BASED ON THE ALCOHOLIC DRUG PROBLEM IN THE ECONOMIC RECOVERY
SECTION 23-1111111111, BY SUBJECTS PROCEEDING AND TESTED, INC. IN THE SECTION
23-1111111111

Abstract

- STRUCTURAL STEEL BUILDING

[illegible]

4. NOT BE RELEASED FOR THE USE OF ANY OTHER PARTY AS PROVIDED IN THE STANDARD LOAD TABLES IN ACCORDANCE TO THE CONFIDENTIALITY (GDS) AGREEMENT AND THE CONTRACT PROTOCOLS.

GENERAL NOTES

- FOR FURTHER INFORMATION, CONTACT:

A. STORRENT AND CUNYAN, POLYMERS, OF INTEREST, AND ATTACHMENTS TO STAIN DYE.

- b. AFTER DETECTION OF PROSTHETIC OR CATHETER AND BLOOD GROW PLACEMENT.

AUTHOR'S NOTE

- [illegible]

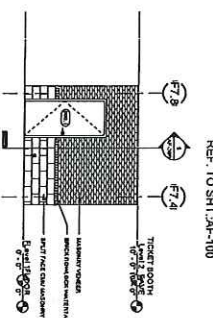
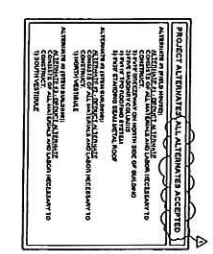
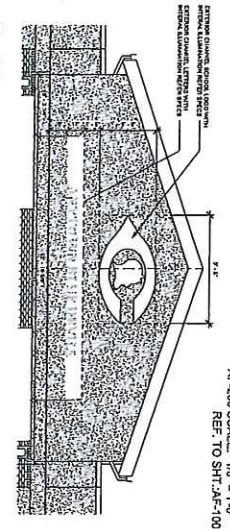
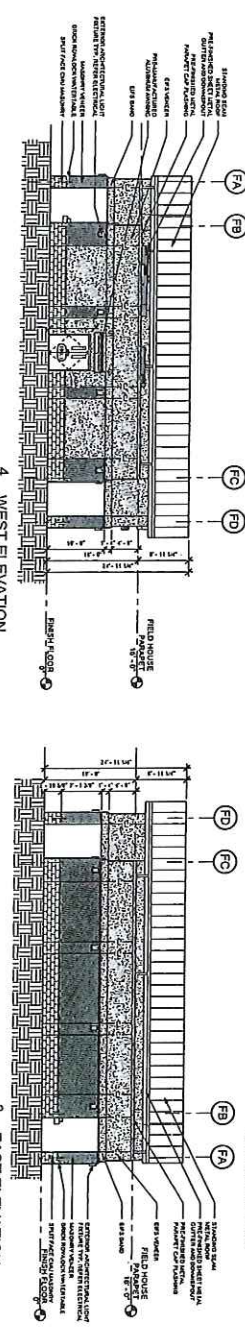
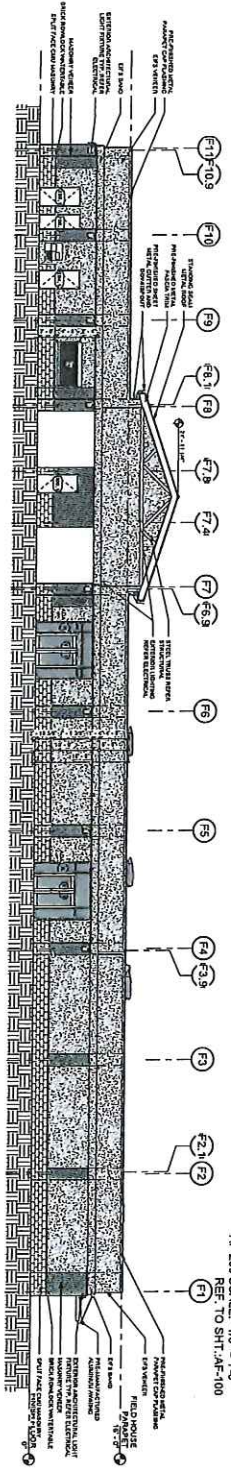
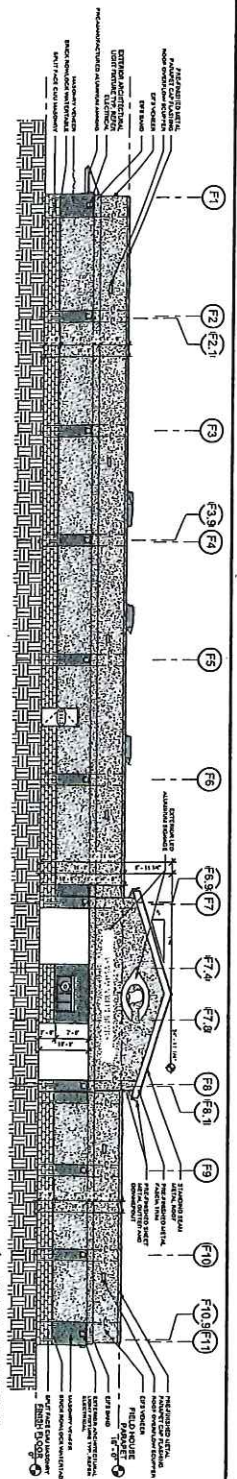
DOI 10.1002/eqm2

- ### USING ACTIVITY IN MATHS

DATE	DATE
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SEMINOLE COUNTY
LIFE SAFETY & PLAN REVIEW
110 S. WEWOKA, SUITE 103
WEWOKA, OK 74884
PHONE (405) 257-2450

B

**New Construction Building
Permit Application Form**

File #			
PO #		Permit Fee Owed	
Uniform Building Code Commission Fee		\$4.00	
Total Amount Owed			
Date Paid		Amount Paid	

- If project is located on tribal trust land or a state beneficiary public trust please contact our office before proceeding to fill out this form or sending any drawings or correspondence. **Is this project on tribal trust land?** (Yes ☐ No ☐)
- This form must be completely filled out in order to process your application for plan review.
- Until payment or PO is received all plans will be on hold and will not be put into circulation for review. Plans will be on hold for a maximum of 7 (seven) business days awaiting payment. If payment is not received, the plans will be returned to the submitting person or party without review.

Project Name		Date	
Phased Project	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, what phase number?	
Project Address		City / Zip Code	
Within the city limits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	County	
Construction Type	CMU Wall <input type="checkbox"/> Wood Stud <input type="checkbox"/> Metal Stud <input type="checkbox"/>	Number of Stories	
Occupancy Type	Occupant Load: New&Existing		
Total Square Footage (All floors, Roof Overhangs)	NOTE: Fees = total square footage x \$0.10 + \$4.00 (Minimum Fee \$54.00)		
Architect / Designer Information			
Architect/Designer			
E-mail Address			
Phone Number		Fax Number	
Owner Information			
Project Owner			
E-mail Address			
Phone Number		Fax Number	
Fire Protection and Building Features			
Sprinkler System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Alarm System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing Sprinkler System Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Voice Evacuation System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler Pump Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Sprinkler Tank Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing Sprinkler Pump Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Existing Fire Sprinkler Tank Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full or Partial Coverage	Full <input type="checkbox"/> Partial <input type="checkbox"/>	Partial sprinkler coverage requires 2-hour fire separation.	
Building Area Increase Being Applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Area Increase by:	Sprinkler <input type="checkbox"/> Frontage <input type="checkbox"/> Both <input type="checkbox"/>
Hood/ Alternative Suppression System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Elevator or Lift Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>	
Smoke Control System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any OUBCC Changes To The State Adopted Building Codes Being Applied, Explain Each.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is This A Pre-Engineered Metal Building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is A Return Air Plenum Being Provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this An Unlimited Area Building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have Any Alternates Been Accepted And Applied? If So, Explain Each.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fuel Burning Appliance/Fireplace/Fuel Burning Forced Air Furnace Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Separate CO System being installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Fire Alarm/CO System being installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Carbonated Beverage System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Carbon Dioxide Detection System being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Access Controlled Egress Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Previously Occupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Architect / Engineer Information

Please place the Architect's or Engineers stamp in the box provided.
(If Applicable)

All building drawings requiring an Architect or Engineer must also be stamped on the drawings prior to review.

Place Architect's or
Engineer's Stamp Here
As per the Oklahoma
Architects/Engineers Act

Mailing / Contact Information

☐ I wish to pick
up the plans

☐ Please mail reviewed plans.
(All plans will be mailed through USPS using standard
media mail)

☐ Please return using third party
carrier: (Fed Ex / UPS etc.)
LABEL PROVIDED?
Yes ☐ No ☐

All items shipped through a third party carrier will be at the customer's expense. A properly filled out return label must be provided to our office with this transmittal form or items will be returned using standard mail

Name:

Street Address:

City:

State:

Zip:

E-mail:

Phone:

Third Party Carrier Information

Preferred Carrier

Account #

Remarks / Scope of work:

/// FIRE LINE - DO NOT CROSS ///

/// FIRE LINE - DO NOT CROSS ///

/// FIRE LINE - DO NOT CROSS ///

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1 st Contact: Date/Person Contacted	2 nd Contact: Date/Person Contacted	3 rd Contact: Date/Person Contacted

SEMINOLE COUNTY
LIFE SAFETY & PLAN REVIEW
110 S. WEWOKA, SUITE 103
WEWOKA, OK 74884
PHONE (405) 257-2450

EB

Existing Building Plan
Permit Application Form

File #			
PO #		Permit Fee Owed	
Uniform Building Code Commission Fee		\$4.00	
Total Amount Owed			
Date Paid		Amount Paid	

- If project is located on tribal trust land or a state beneficiary public trust please contact our office before proceeding to fill out this form or sending any drawings or correspondence. **Is the project on tribal trust land? (Yes ☐ No ☐)**
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Project Name			Date	
Phased Project	Yes <input type="checkbox"/> No <input type="checkbox"/>		If YES, what phase number?	
Project Address			City / Zip Code	
Within City limits?	Yes <input type="checkbox"/> No <input type="checkbox"/>		County	
Occupancy Type			Date of Original Construction (Must be Provided)	
Construction Type	Existing <input type="checkbox"/> Remodel <input type="checkbox"/>		Number of Stories	
Project Type (Provide a letter describing the work being done)	Repair <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Historical Building <input type="checkbox"/>		Occupant Load – Existing	
			Occupant Load – Remodel	
Total Square Footage			Work Area Square Footage	
Wall Type (Remodel Area)	CMU Wall <input type="checkbox"/> Wood Stud <input type="checkbox"/> Metal Stud <input type="checkbox"/>		NOTE: Fees = work square footage x \$0.10 + \$4.00 (Minimum Fee \$54.00)	
1: Please refer to Section 105.2 and Chapter 5, 2015 edition of the IEBC for clarification. 2: Please refer to OUBCC Modifications to all applicable codes and OAR 748:20-7-7 for clarification.				
Architect / Designer Information				
Architect/Designer				
E-mail Address				
Phone Number			Fax Number	
Owner Information				
Project Owner				
E-mail Address				
Phone Number			Fax Number	
Fire Protection and Building Features				
Sprinkler System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Alarm System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Existing Sprinkler System Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Voice Evacuation System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sprinkler Pump Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Existing Building Has A Fire Alarm System?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Existing Sprinkler Pump Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Existing System Meets Current Code Requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Sprinkler Tank Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partial sprinkler coverage requires 2-hour fire separation.		
Existing Fire Sprinkler Tank Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full or Partial Coverage	Full <input type="checkbox"/> Partial <input type="checkbox"/>	Existing Elevator or Lift Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>		
Hood/Alternative Suppression System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Smoke Control System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fuel Burning Appliance/Fireplace/Fuel Burning Forced Air Furnace Installed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire Alarm/CO System being installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Carbonated Beverage System Being Installed? Carbonated Beverage System Currently Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Carbon Dioxide Detection System being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Access Controlled Egress Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is A Return Air Plenum Being Provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Active Shooter/Intruder System Being Installed? Active Shooter/Intruder System Currently Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Storm Shelter Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Not Previously Occupied	Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Previously Occupied	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has The Building Been Un-occupied or Vacated For 90 Days Or More?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is The Occupancy Type Being Changed? If So, What Was The Occupancy Type Before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any OUBCC Changes To The State Adopted Building Codes Being Applied, Explain Each.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have Any Alternates Been Accepted And Applied? If So, Explain Each.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of the project?			

NOTE: All required systems shall be reviewed and permitted prior to on-site inspections occurring

Architect / Engineer Information

Please place the Architect's or Engineers stamp in the box provided.
(If Applicable)
All building drawings requiring an Architect or Engineer must also be stamped on the drawings prior to review.

Place Architect's or
Engineer's Stamp Here
As per the Oklahoma
Architects/Engineers Act

Mailing / Contact Information

<input type="checkbox"/> I wish to pick up the plans	<input type="checkbox"/> Please mail reviewed plans. (All plans will be mailed through USPS using standard media mail)	<input type="checkbox"/> Please return using third party carrier:(Fed Ex / UPS etc.) LABEL PROVIDED? Yes <input type="checkbox"/> No <input type="checkbox"/>
All items shipped through a third party carrier will be at the customer's expense. A properly filled out return label must be provided to our office with this transmittal form or items will be returned using standard mail		
Name:		
Street Address:		
City:	State:	Zip:
E-mail:		
Phone:		
Third Party Carrier Information		
Preferred Carrier		
Account #		
Remarks / Scope of work:		

/// FIRE LINE - DO NOT CROSS /// FIRE LINE - DO NOT CROSS /// FIRE LINE - DO NOT CROSS ///

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1 st Contact: Date/Person Contacted	2 nd Contact: Date/Person Contacted	3 rd Contact: Date/Person Contacted