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

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**

- 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 ☐)**
- 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 City limits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	County	
Occupancy Type		Date of Original Construction (Must be Provided)	
Construction Type	Existing Remodel	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? Existing Sprinkler System Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Alarm System Being Installed? Voice Evacuation System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler Pump Being Installed? Existing Sprinkler Pump Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Existing Building Has A Fire Alarm System? Existing System Meets Current Code Requirements	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Sprinkler Tank Being Installed? Existing Fire Sprinkler Tank Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Partial sprinkler coverage requires 2-hour fire separation.	
Full or Partial Coverage	Full <input type="checkbox"/> Partial <input type="checkbox"/>	Existing Elevator or Lift Installed? Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>	Yes <input type="checkbox"/> No <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 ///

For Seminole County Use Only For Seminole County Use Only For Seminole County Use Only

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