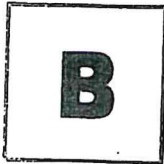


SEMINOLE COUNTY  
 LIFE SAFETY & PLAN REVIEW  
 110 S. WEWOKA, SUITE 103  
 WEWOKA, OK 74884  
 PHONE (405) 257-2450



**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)	<b>NOTE: Fees = total square footage x \$0.10 + \$4.00 (Minimum Fee \$54.00)</b>		

**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**

<i>Sprinkler System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Fire Alarm System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Existing Sprinkler System Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Voice Evacuation System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Sprinkler Pump Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Fire Sprinkler Tank Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Existing Sprinkler Pump Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Existing Fire Sprinkler Tank Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Full or Partial Coverage</i>	Full <input type="checkbox"/> Partial <input type="checkbox"/>	<i>Partial sprinkler coverage requires 2-hour fire separation.</i>	
<i>Building Area Increase Being Applied?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Building Area Increase by:</i>	Sprinkler <input type="checkbox"/> Frontage <input type="checkbox"/> Both <input type="checkbox"/>
<i>Hood/ Alternative Suppression System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Elevator or Lift Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>	
<i>Smoke Control System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Any OUBCC Changes To The State Adopted Building Codes Being Applied, Explain Each.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is This A Pre-Engineered Metal Building?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Is A Return Air Plenum Being Provided?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is this An Unlimited Area Building?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Have Any Alternates Been Accepted And Applied? If So, Explain Each.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Fuel Burning Appliance/Fireplace/Fuel Burning Forced Air Furnace Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Separate CO System being installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Fire Alarm/CO System being installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Carbonated Beverage System Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Carbon Dioxide Detection System being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Access Controlled Egress Being Installed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Building Previously Occupied?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Architect / Engineer Information

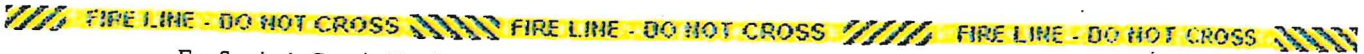
Please place the Architect's or Engineers stamp in the box provided.  
(If Applicable)  
All building drawings requiring an Architect or Engineer must also be stamped on the drawings prior to review.

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

## Mailing / Contact Information

<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.) <b>LABEL PROVIDED?</b> 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:			
<b>Third Party Carrier Information</b>			
Preferred Carrier			
Account #			

<b>Remarks / Scope of work:</b>



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

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