

DATE STAMP \_\_\_\_\_

PERMIT # \_\_\_\_\_

**CITY OF MIDWEST CITY  
APPLICATION FOR BUILDING PERMIT  
SINGLE FAMILY - RESIDENTIAL**

DATE \_\_\_\_\_

PERMIT FEE \_\_\_\_\_

C.I. FEE \_\_\_\_\_

OWNER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

Application for permits shall be accompanied by one (1) set of drawings of the proposed work, drawn to scale, showing floor plans, cross sections, elevation drawings, structural details and mechanical plans.

A plot plan must be submitted with this application showing to scale the size and location of the lot, the dimension and location of the proposed building or structure on the lot and the dimensions and location of existing buildings or structures on the lot.

PLEASE COMPLETE ALL ITEMS. CHECK WHERE APPLICABLE

**I. LOCATION OF BUILDING:**

A. \_\_\_\_\_  
(Number and Street Name) (ZIP)

B. \_\_\_\_\_  
(LOT) (BLOCK) (SUBDIVISION)  
(Legal descriptions may be obtained from abstracts, tax receipts, mortgage paper, ect.)

C. If metes and bounds description, attach one (1) copy to application.

**II. TYPE AND COST OF BUILDING:**

A. Type of Improvement:  
( ) New  
( ) Addition  
( ) Alteration  
( ) Remodel  
( ) Relocating (Move-in)

D. Estimated Cost: \$ \_\_\_\_\_  
(Include electrical, air conditioning, plumbing heating and paving work.)

E. Ownership:  
( ) Private (Individual, corp., non-profit institution)  
( ) Public (Federal, State, Local)

B. Proposed Use: \_\_\_\_\_

FHA \_\_\_\_\_  
VA \_\_\_\_\_  
CONV \_\_\_\_\_

C. ( ) Demolition  
Existing Use: \_\_\_\_\_

**III. SELECTED CHARACTERISTICS OF BUILDING ( For new buildings and addition):**

A. Principal Type of Frame:  
( ) Brick or Veneer  
( ) Masonry  
( ) Wood  
( ) Other: \_\_\_\_\_

C. Number of Bedrooms: \_\_\_\_\_

D. Number of Baths \_\_\_\_\_

E. Principal Type of Sewage Disposal:  
( ) Public or private owned system  
( ) Individual (septic tank)

B. Dimensions:  
No. of stories \_\_\_\_\_  
Sq. ft. floor area \_\_\_\_\_  
Sq. ft. garage \_\_\_\_\_  
Sq. ft. other \_\_\_\_\_  
Sq. ft total \_\_\_\_\_

F. Principal Type of Water Supply:  
( ) Public or private owned system  
( ) Individual (well or cistern)

G. Type of Roof \_\_\_\_\_

**IV. GENERAL DESCRIPTION:**

Existing Proposed  
1. Front yard \_\_\_\_\_  
2. Side yard \_\_\_\_\_  
3. Rear yard \_\_\_\_\_  
4. Building height \_\_\_\_\_  
5. Parking spaces \_\_\_\_\_  
6. Parking surface \_\_\_\_\_

7. Coverage % \_\_\_\_\_  
8. Size of lot \_\_\_\_\_ ft. wide  
\_\_\_\_\_ ft. deep  
Area \_\_\_\_\_ square feet  
9. Existing zoning \_\_\_\_\_  
Proposed zoning \_\_\_\_\_

Engineer's Name _____	Address _____
Electrical Contractor _____	Phone _____
Plumbing Contractor _____	Address _____
Mechanical Contr. _____	Phone _____
Footing, Slab Contr. _____	Address _____
	Phone _____

I hereby certify that the statements in this application are true and correct to the best of my knowledge and belief, and that all construction work under this permit will comply and conform to the attached plans, specifications, and drawings. I further agree to comply with all city ordinances and attached recommendations of the City of Midwest City, Oklahoma.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>APPROVED</u>	<u>DISAPPROVED</u>	
( )	( )	_____, 20 BY: _____ (Building Inspector)
( )	( )	_____, 20 BY: _____ (Planner)
( )	( )	_____, 20 BY: _____ (Engineering)
( )	( )	_____, 20 BY: _____ (Electrical Inspector)
( )	( )	_____, 20 BY: _____ (Plumbing Inspector)
( )	( )	_____, 20 BY: _____ (Mechanical Inspector)
( )	( )	_____, 20 BY: _____ (Fire Department Inspector)
( )	( )	_____, 20 BY: _____ (Easement)

ANY PERMIT ISSUED SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF THE PERMIT, OR IF THE AUTHORIZED WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AFTER THE TIME OF COMMENCING THE WORK.

I hereby certify and acknowledge that I have read and agree to all comments and conditions herein written.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner / Agent)

**THIS SPACE FOR OFFICE USE ONLY**

**PUBLIC UTILITIES:**

Water:		Sewer	
Existing Tap & Service Line Assessment or Bond Line	YES NO YES NO	Existing sewer wye Service Line Assessment or Bond Line	YES NO YES NO YES NO
Fee		Sewer Assessment fee	
Water Meter Size	_____	City to Tap Main Fee	Yes No _____ _____
Meter and Box	_____	Sewer Tie on Fee	_____ _____
Total Paid	_____	Total Paid	_____

IS FLOODPLAIN DEVELOPMENT REQUIRED? YES NO