

CITY OF EUFAULA LICENSE AND PERMIT Fees and Requirements

Electrical

License (\$35*) Yes____ No____ Permit (\$35) Yes____ No____

Mechanical

License (\$35*) Yes____ No____ Permit (\$35) Yes____ No____

Plumbing

License (\$35*) Yes____ No____ Permit (\$35) Yes____ No____

Roofing

License (\$35*) Yes____ No____ Permit (\$35) Yes____ No____

*State license is required in addition to the local license.

All contractors must have a copy of their state license and driver's license. All phases of work must be inspected by the City of Eufaula Building Inspector.

Please call 48 hours in advance to schedule your inspection.

Additional permits that may be required:

Business Permit (separate application) \$10

Sign Permit \$ 35

PERMIT MUST BE POSTED ON SITE

City of Eufaula

Building / Remodeling Permit

Description of work: _____

Property Type: _____ Commercial _____ Residential
Construction Type: _____ Remodel _____ New Construction

Prior to any permits being approved the following must be presented. Plans: New Construction or Remodel plans, rendition of the Building, ground work, and plat map. All phases of work must be inspected by the City of Eufaula Inspector. Please call City Hall at 918-689-2534 at least 48 hours in advance. This permit is valid for 12 months from date of issuance provided work is initiated within 6 months.

Property Owner: _____ Phone: _____

Project Address: _____

Contractor: _____ Phone: _____

Contractor Address: _____

Driver license: _____ (copy required) State license: _____ (copy required)

Architect/Engineer: _____ Phone: _____

Plumbing Contractor: _____ Phone: _____

Electrical Contractor: _____ Phone: _____

Mechanical Contractor: _____ Phone: _____

Roofing Contractor: _____ Phone: _____

Number of off-street parking spaces: _____ Number ADA parking spaces: _____

Square footage [new construction/addition] _____

Exterior wall finish type: _____

Fire Suppression System: _____ Yes _____ No

Estimated Project Cost (materials, labor, etc. - data used for economic development): _____

Contractors will conform to all Federal, State and local codes and regulations. Commercial construction will conform to the American Disability Act. A Certificate of Occupancy will be required from the City of Eufaula on all new construction. The City of Eufaula will not release permanent electrical service until final inspection and all other required inspections have been completed.

Name: _____ Signature: _____ Date: _____

PERMIT MUST BE POSTED ON SITE

(Official Use Only)

Building fee (\$0.08 per square foot of new construction)	\$ _____
Remodel fee	\$ _____
Electrical	
License	\$ _____
Permit	\$ _____
Apprentice	\$ _____
Mechanical	
License	\$ _____
Permit	\$ _____
Plumbing	
License	\$ _____
Permit	\$ _____
Roofing	
License	\$ _____
Permit	\$ _____
Apprentice	\$ _____
Sign permit fee (design plans required)	\$ _____
Total Amount Due to City of Eufaula	\$ _____

A check in the amount of **\$4.00 made payable to the State of Oklahoma-OUBCC** is required pursuant to regulations by the Oklahoma Uniform Building Code Commission. The check must be submitted to the City of Eufaula and it will then be sent to the OUBCC.

Received By: _____ Date: _____

Building Inspector: _____ Date: _____

Permit Number: _____ Effective Date: _____

Required Inspection Check List

____ Footing (prior to pour)	Inspector: _____	Date inspected: _____
____ Slab (underground plumbing, electrical, etc.)	Inspector: _____	Date inspected: _____
____ Electrical rough-in	Inspector: _____	Date inspected: _____
____ Electrical finish	Inspector: _____	Date inspected: _____
____ Mechanical rough-in	Inspector: _____	Date inspected: _____
____ Mechanical finish	Inspector: _____	Date inspected: _____
____ Plumbing rough-in	Inspector: _____	Date inspected: _____
____ Plumbing finish	Inspector: _____	Date inspected: _____
____ Framing	Inspector: _____	Date inspected: _____
____ Roofing	Inspector: _____	Date inspected: _____
____ Temporary Electric Service	Inspector: _____	Date inspected: _____
____ Gas Service Inspection	Inspector: _____	Date inspected: _____
____ Sprinkler/Fire system	Inspector: _____	Date inspected: _____
____ Storm water/Erosion control	Inspector: _____	Date inspected: _____

Other:

Certificate of Occupancy Issued By: _____ Date: _____