



State Of Oklahoma
Capitol-Medical Center Improvement
and Zoning Commission

Application for Conditional Use

Property Location _____

Legal Description: Addition _____ Block(s) _____ Lot(s) _____

Current Zoning _____

Proposed Use of Property & Building _____

Buildings to constructed _____

Lot Layout: Width _____ Length _____ Square Footage _____

Building Lines: Front _____ Side yard _____ Rear yard _____ Building Height _____

Off-Street Parking: Lot Surface _____ Lot Covered _____ % No. Spaces _____

"THIS APPLICATION IS NONTRANSFERABLE AND FOR THE APPLICANT'S USE ONLY"

Applicant _____ Address _____

Phone _____ Owner _____
(Signature Required)

Commission Action: Approval _____ Disapproval _____ Date _____

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