

Effective March 25, 2016



CAPITOL – MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

# APPLICATION FOR VARIANCE

Submittal Packet

**Staff Contacts:**

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## VARIANCE APPLICATION REVIEW PROCEDURES

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### BEFORE YOU START YOUR APPLICATION

Before submitting an application, you are encouraged to review the administrative rules for the Capitol-Medical Center Improvement and Zoning Commission, available online at [https://www.ok.gov/DCS/Zoning\\_Commission/index.html](https://www.ok.gov/DCS/Zoning_Commission/index.html), and to discuss your project with the commission's staff. Staff contacts are located on the cover sheet.

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### APPLICATION SUBMITTAL

- Submit the application and all required documentation, as described, to Beverly Hicks at 2401 N. Lincoln (Will Rogers Building), 2<sup>nd</sup> Floor, Oklahoma City. You are encouraged to call prior to arrival to ensure staff is available to meet with you. Visitor parking is located in the west parking lot.
  - Initial submittals may be made in person, by mail, or by emailing [beverly.hicks@omes.ok.gov](mailto:beverly.hicks@omes.ok.gov).
  - Currently, there are no fees associated with applying for a Variance.
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### APPLICATION REVIEW

- Within five days of receipt of the submittal, staff will contact the applicant to request additional information, if necessary. Staff will inform the applicant of the deadline for submittal of the requested information.
  - If requested information is not provided by the deadline, it may result in delay of review and approval.
  - Applications must be submitted at least 35 days before a zoning commission meeting in order to be considered.
  - Submittal deadlines and hearing dates can be found at [http://www.ok.gov/DCS/Zoning\\_Commission/Application\\_Deadlines.html](http://www.ok.gov/DCS/Zoning_Commission/Application_Deadlines.html).
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### PUBLIC HEARING BY THE CITIZEN'S ADVISORY COMMITTEE

- Applicants, representatives and/or property owners are **strongly encouraged** to attend this public meeting in order to respond to questions that may affect approval of the proposed variance.
  - This body comprised of citizens from the district will make a recommendation to the zoning commission as to whether they believe the proposal should be approved.
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### PUBLIC HEARING BY THE CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

- Applicants, representatives and/or property owners are **strongly encouraged** to attend this public meeting in order to respond to questions that may affect approval of the proposed variance.
  - If no representative is present to answer questions, the board may continue or deny the project.
  - The commission may request additional information in order to make a fully informed decision, in which case they may continue your application to a specific future hearing.
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### POST-HEARING/DECISION

- A variance will be issued five business days after it is considered and approved at the public hearing.
- Your project may require additional permits from the commission and/or from the City of Oklahoma City. Please keep copies of your approval documentation and attachments for your records.

## SUMITTAL FORM

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### PURPOSE

The purpose of the documentation is to illustrate how the property is **currently** used, what the **proposed** use for the property would be, and **why** current regulations present an undue hardship for the owner that severely limits the use of the property. According to Oklahoma Administrative Code 120:10-13-18, the commission may only grant variances on the following grounds:

- 1) Exceptional narrowness, shallowness, or shape of a specific piece of property at the time of the original adoption of this Chapter.
- 2) Exceptional topographic conditions or other extraordinary or exceptional situations or conditions of a specific piece of property, which is a condition generally not prevalent in the area.
- 3) When the strict application of the requirements of this Chapter would result in peculiar and exceptional hardship on the property owner.

Please consult staff if you have questions about how to adequately document your proposed project.

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### SUPPORTING DOCUMENTS

Along with this application please submit the following documentation:

- ✓ Copy of the **deed** to the land
- ✓ **Letter** to the Zoning Commission explaining the need for a variance
- ✓ Any other documents that you feel may contribute toward the commission's understanding of the nature of your request.



**State of Oklahoma  
Capitol-Medical Center Improvement  
and Zoning Commission**

**Application for Variance**

P O Box 53448  
Oklahoma City, OK 73152-3448  
Phone: 405-522-0440 Fax: 405-522-3861

[http://ok.gov/DCS/Zoning Commission/](http://ok.gov/DCS/Zoning_Commission/)

**PROPERTY INFORMATION (TO BE COMPLETED BY APPLICANT)**

Read Rules: [OAC 120:10-10-15](#)

I (we) the undersigned being owners of the following described property respectfully make application to the Capitol-Medical Center Improvement and Zoning Commission to amend the zoning as requested. In support of the application the following facts are shown:

**Nature of Request**

Variance: Chapter: \_\_\_\_\_ Section \_\_\_\_\_  Appeal of Administrative Decision

**Location of Property (Address) and Legal Description:**

|         |       |          |
|---------|-------|----------|
| _____   | _____ | _____    |
| _____   | _____ | _____    |
| Address | City  | Zip Code |

|          |       |        |
|----------|-------|--------|
| _____    | _____ | _____  |
| Addition | Block | Lot(s) |

Legal Description (Unplatted Land Only): \_\_\_\_\_

VARIANCE APPLICANTS: With regard to the property described above, what conditions are peculiar to this location that would warrant the granting of a variance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPEAL APPLICANTS: Please provide a detailed description of the nature of your appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |             |                |
|--|-------------|----------------|
| Applicant's Signature (Owner / Agent): _____ |             |                |
| Street Address _____                         | City _____  | Zip Code _____ |
| Phone number _____                           | Email _____ |                |

|                                       |             |
|---------------------------------------|-------------|
| Representative (If applicable): _____ |             |
| Phone Number _____                    | Email _____ |

**PROPERTY DETAILS (OFFICIAL USE ONLY)**

|                           |                              |   |                     |                |               |  |
|---------------------------|------------------------------|---|---------------------|----------------|---------------|--|
| <b>Adjacent Uses</b>      |                              |   |                     |                |               |  |
| <b>Lot Layout</b>         | Width:                       |   | Length:             |                | Area:         |  |
| <b>Building Lines</b>     | Front yard:                  |   | Side yard:          |                | Rear yard:    |  |
| <b>Primary Building</b>   | Type:                        |   | Square Feet:        |                | Height:       |  |
| <b>Auxiliary Building</b> | Type:                        |   | Square Feet:        |                | Height:       |  |
| <b>Off-Street Parking</b> | Total # of Spaces:           |   | Coverage of Spaces: | %              | Surface Type: |  |
|                           | Landscaping:                 | % | HC Spaces           |                |               |  |
|                           | Streets Serving the Property |   | Width               | Easement Width | Surface Type  |  |
| 1.                        |                              |   |                     |                |               |  |
| 2.                        |                              |   |                     |                |               |  |

- Staff Checklist (Official Use Only)**

  - Completed Application
  - Proof of Ownership
  - Letter of Explanation
  - Site Plan (If Applicable)
  - 300' Public Notice (Staff Duty)

**COMMISSION ACTION (OFFICIAL USE ONLY)**

Permit No. \_\_\_\_\_ Effective Date Issued: \_\_\_\_\_

\_\_\_\_\_  
 Approved by Commission Chairman      Date