

EFFECTIVE MARCH 25, 2016



CAPITOL – MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

APPLICATION FOR  
ZONING MAP AMENDMENT  
(REZONING APPLICATION)

Submittal Packet

**Staff Contacts:**

Ben Davis, Planning Director  
405-522-1652  
[ben.davis@omes.ok.gov](mailto:ben.davis@omes.ok.gov)

Beverly Hicks, Administrative Coordinator  
405-522-0440  
[beverly.hicks@omes.ok.gov](mailto:beverly.hicks@omes.ok.gov)

## ZONING MAP AMENDMENT (REZONING APPLICATION) REVIEW PROCEDURES

---

### 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.

---

### 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 Zoning Map Amendment.
- 

### PROPOSAL 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).
- 

### PUBLIC HEARING BY THE CITIZEN'S ADVISORY COMMITTEE

- Applicants, project 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 project.
  - 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.
- 

### PUBLIC HEARING BY THE CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

- Applicants, project 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 project.
  - 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.
- 

### POST-HEARING/DECISION

- Zoning Map Amendment will be issued five business days after they are approved at the public hearing.
- Your project may require additional permits from the commission and/or from the City of Oklahoma City to begin using the property for its newly approved use. Please keep copies of your Zoning Map Amendment and attachments for your records.

---

## 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** the zoned use of the property should be changed. Please consult staff if you have questions about how to adequately document your proposed project.

---

## 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 rezoning
  - ✓ **Site Plan** (site plans drawn to scale with sufficient clarity showing the location of lot lines, property lines, dimensions of the building site, and the width of all public or private streets adjacent to the building site; existing or proposed streets or alleys; the size and location of all main and accessory buildings, structures, and signage; the amount and location of all off-street parking facilities and loading areas, including driveways and handicapped parking and accessibility; public easements adjacent to or passing through the site, and significant drainage features.)
-



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

**Application for Zoning Map Amendment  
(Rezoning)**

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:

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

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

Address	City	Zip Code
Addition	Block	Lot(s)
Legal Description (Unplatted Land Only): _____		

Proposed Use of Building and Property: \_\_\_\_\_

Buildings to be Constructed: \_\_\_\_\_

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:	%	ADA Spaces			
	Streets Serving the Property		Width	Easement Width	Surface Type	
1.						
2.						

<p><b>Staff Checklist (Official Use Only)</b></p> <p><input type="checkbox"/> Completed Application</p> <p><input type="checkbox"/> Proof of Ownership</p> <p><input type="checkbox"/> Letter of Explanation</p> <p><input type="checkbox"/> Site Plan (If Applicable)</p> <p><input type="checkbox"/> 300' Public Notice (Staff Duty)</p>
--

**COMMISSION ACTION**

Permit No. \_\_\_\_\_

Effective Date Issued: \_\_\_\_\_

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