

EFFECTIVE MARCH 25, 2016



CAPITOL – MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

APPLICATION FOR CONDITIONAL USE PERMIT

Submittal Packet

Staff Contacts:

Ben Davis, Planning Director
405-522-1652

ben.davis@omes.ok.gov

Beverly Hicks, Administrative Coordinator
405-522-0440

beverly.hicks@omes.ok.gov

APPLICATION FOR CONDITIONAL USE PERMIT 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, 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), 2nd 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.
- Currently, there are no fees associated with applying for a Conditional Use Permit.

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.

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

- Conditional Use Permit 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 Conditional Use Permit 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. 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 conditional use)



State of Oklahoma
Capitol-Medical Center Improvement
and Zoning Commission

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

Application for Conditional Use Permit

http://ok.gov/DCS/Zoning_Commission/

APPLICATION

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 request a conditional use of the property described below. In support of the application the following facts are shown:

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:	
Current Zoning:	
Buildings to be Constructed:	

*Additional Information for Non-Residential Uses			
Expected Hours:		Max Number of Employees at any given time:	
Max Number of Customers/Patients/Attendees:		Number of Parking Spaces	
Exterior Uses and Activities Proposed:		Number of Signs (Additional Application Needed for the Construction of Signs)	

Applicant's Signature (Owner / Agent): _____		

Street Address		City
_____		Zip Code
Phone number		Email
_____		_____

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

PROPERTY DETAILS (OFFICIAL USE ONLY)

Adjacent Uses						
Lot Layout	Width:		Length:		Area:	
Building Lines	Front yard:		Side yard:		Rear yard:	
Primary Building	Type:		Square Feet:		Height:	
Auxiliary Building	Type:		Square Feet:		Height:	
Off-Street Parking	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

Permit No. _____

Effective Date Issued: _____

Approved by Commission Chairman Date