

ZONING – FORM 003 (05/2018)



STATE OF OKLAHOMA  
CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

# APPLICATION FOR VARIANCE

Submittal Packet

**Staff Contact:**

Beverly Hicks, Administrative Coordinator  
405-522-0440

[beverly.hicks@omes.ok.gov](mailto:beverly.hicks@omes.ok.gov)

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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 <http://omes.ok.gov/services/capitol-medical-zoning>, and to discuss your project with the commission's staff. Staff contact information is located on the cover sheet.

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## APPLICATION SUBMITTAL

- Applications must be submitted by established application deadlines. Submittal deadlines and hearing dates can be found at <http://omes.ok.gov/services/capitol-medical-zoning/application-deadlines>.
- Submit the completed application and all required documentation, as described on page 3 of this document. Initial submittals may be made in person, by mail, or email to Beverly Hicks, Administrative Coordinator.
  - By mail: P.O. Box 53448, Oklahoma City, OK 73152
  - In person: 2401 N. Lincoln Blvd. (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.
  - By email: [beverly.hicks@omes.ok.gov](mailto:beverly.hicks@omes.ok.gov).
- Currently, there are no fees associated with applying for a variance from the commission.

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## APPLICATION REVIEW

- Within five days of the application deadline, staff will contact the applicant to request additional information, if necessary. Staff will inform the applicant of the cutoff date for submittal of the requested information.
- If requested information is not provided by the cutoff date, it may result in delay of review and approval.
- A variance from the commission's zoning rules is possible in the following instances:
  - Exceptional narrowness, shallowness, or shape of a specific piece of property at the time of the original adoption of the zoning rules.
  - Exceptional topographical 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.
  - When the strict application of the requirements of the zoning rules would result in peculiar and exceptional undue hardship on the property owner.

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## PUBLIC HEARING BY THE CITIZENS ADVISORY COMMITTEE

- Applicants, project representatives and/or property owners are 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 commission as to whether they believe the proposal should be approved.
- Committee meetings are generally held on the second Thursday of each month at 7:00 p.m. in Room 214/216 of the Will Rogers Building, 2401 N. Lincoln, Oklahoma City. Please check with staff to confirm the meeting date for your application.

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

- Applicants, project representatives and/or property owners are 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 commission may continue or deny the project.
- The commission may request additional information in order to make a fully informed decision, in which case the application may be continued to a future hearing date.

- Commission meetings are generally held on the fourth Friday of each month at 8:15 a.m. in Room 214/216 of the Will Rogers Building, 2401 N. Lincoln, Oklahoma City. Please check with staff to confirm the meeting date for your application.

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## POST-HEARING/DECISION

- A variance will be issued five business days after approval.
- Your project may require additional permits from the commission and/or from the City of Oklahoma City. Please keep copies of your variance approval documentation for your records and provide a copy to the City of Oklahoma City for any required City-issued permits.

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## SUPPORTING DOCUMENTS

### PURPOSE

The purpose of the documentation is to illustrate **how** the physical aspects of a specific piece of property and/or the strict application of the zoning rules would result in peculiar and exceptional hardship to the property owner in using a piece of property. "Peculiar and exceptional" means that there is an unusual aspect to the property that is not generally a condition shared by other properties in the same zoning district. 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.

Along with this application please submit the following documentation:

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

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**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 Variance**

<http://omes.ok.gov/boards-commissions/capitol-medical-center-improvement-and-zoning-commission>

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

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

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

**Nature of Request**

☐ Variance: Chapter: \_\_\_\_\_ Section: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Addition \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

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

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

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

Applicant 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.						

### Staff Checklist (Official Use Only)

- ☐ Completed Application
- ☐ Proof of Ownership
- ☐ Letter of Explanation
- ☐ Site Plan (if Applicable)
- ☐ 300' Public Notice

## COMMISSION ACTION (OFFICIAL USE ONLY)

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

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

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