

ZONING – FORM 004 (05/2018)



STATE OF OKLAHOMA
CAPITOL – MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

APPLICATION FOR BUILDING PERMIT (PLAN REVIEW)

Submittal Packet

Staff Contact:

Beverly Hicks, Administrative Coordinator

405-522-0440

beverly.hicks@omes.ok.gov

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 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.

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), 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.
 - By email: beverly.hicks@omes.ok.gov.
 - Currently, there are no fees associated with applying for permits from the commission.
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PROPOSAL 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.
 - Applications for projects that do not involve floor area expansion of a primary structure may be administratively reviewed and approved.
 - Applications for projects that will expand the floor area of a primary structure or involve signage and/or parking must be heard by the Citizens Advisory Committee and the Capitol-Medical Center Improvement and Zoning Commission.
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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.

POST-HEARING/DECISION

- A permit 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 permit approval documentation for your records and provide a copy to the City of Oklahoma City for any required City-issued permits.

SUPPORTING DOCUMENTS

PURPOSE

The purpose of the documentation is to illustrate what structures **currently** exist on the property and what structures are **proposed**, including details as described in the below requirements. Please consult staff if you have questions about how to adequately document your proposed project.

Along with this application please submit the following documentation:

- ✓ **Site plan**- 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.
- ✓ **Architectural/structural plan(s) and elevation(s)**- plans identifying all buildings and structures drawn to scale with sufficient clarity to indicate the location, nature and extent of the work proposed.
- ✓ **Landscape plan**- (required if structure is to include a parking lot) plan identifying all existing landscaping and improvements, drawn to scale with sufficient clarity to indicate the location, nature and extent of the work proposed.

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

**Application for Building Permit
(Plan Review)**

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

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

I (we), the undersigned owners of the following described property, respectfully make application to the Capitol-Medical Center Improvement and Zoning Commission to request the addition, demolition or alteration of an improvement or structure on the property. In support of the application, the following facts are shown:

Nature of Request

Erect Demolish Remodel Move On/Modular Install Add On

Location of Property (Address) and Legal Description:

Address	City	ZIP Code
Addition	Block	Lot(s)
Legal Description (unplatted land only): _____		

Description of Improvement

Type of Improvement: _____

Location on Property: _____

Number of Stories: _____ Use: _____ Height: _____

Length: _____ Width: _____ Square Footage: _____

Estimated Cost: _____

Applicant 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:	
Accessory Building	Type:		Square Feet:		Height:	
Off-Street Parking	Total # of Spaces:		Coverage of Spaces:	%	Surface Type:	
	Landscaping:	%	HC Spaces		Tree to Parking Ratio:	
Lot Coverage	Covered:	%	Uncovered:	%	GCR:	%
	Streets Serving the Property		Width	Easement Width	Surface Type	
1.						
2.						

Staff Checklist (Official Use Only) <input type="checkbox"/> Completed Application <input type="checkbox"/> Site Plan <input type="checkbox"/> Other Applicable Plans
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COMMISSION ACTION (OFFICIAL USE ONLY)

Conditions of Approval: _____

Permit No. _____

Effective Date Issued: _____

 Approved by Commission Chairman Date

 Approved by Commission Director Date