

ZONING – FORM 005 (05/2018)



STATE OF OKLAHOMA
CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

APPLICATION FOR CONDITIONAL USE PERMIT

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.
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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 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.
- Conditional use permits are non-transferrable. Any change in ownership or tenancy will automatically void the permit.

SUPPORTING DOCUMENTS

PURPOSE

The purpose of the documentation is to illustrate the current and proposed uses for the property, as well as the impacts the proposed use will have on the surrounding community. 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 describing:
 - The need for the conditional use.
 - Estimated number of visitors associated with the proposed conditional use.
 - Estimated parking needs and how parking will be managed on-site.
 - Any other information that should be considered by the commission.

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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 Conditional Use Permit

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

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

I (we), the undersigned owner(s) of the following described property, respectfully make application to the Capitol-Medical Center Improvement and Zoning Commission to request a permit for conditional use of the property. 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 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:	%	ADA Spaces:			
	Streets Serving the Property		Width	Easement Width	Surface Type	
1.						
2.						

- | |
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| <p>Staff Checklist (Official Use Only)</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</p> |
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COMMISSION ACTION (FOR OFFICIAL USE ONLY)

Permit No. _____

Effective Date Issued: _____

 Approved by Commission Chairman Date