



OKLAHOMA

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](#), 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](#).
- 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), Suite 126, 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 a conditional use permit from the commission.

APPLICATION REVIEW

- Within five days after 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.

REVIEW AND RECOMMENDATIONS 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 request.
- This body comprised of citizens from the district will make a recommendation to the commission as to whether they believe the request should be approved.
- Committee meetings are generally held on the second Thursday of each month at 7:00 p.m. in The Innovate and Create Conference Rooms on the 2nd Floor of the Will Rogers Building, 2401 N. Lincoln Blvd., Oklahoma City. Please check with staff to confirm the meeting date for your application.

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

- Applicants, project representatives and/or property owners are required to attend this public hearing in order to respond to questions that may affect approval of the request.
- If no representative is present to answer questions, the commission may continue or deny the request.
- 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 The Innovate and Create Conference Rooms on the 2nd Floor of the Will Rogers Building, 2401 N. Lincoln Blvd., Oklahoma City. Please check with staff to confirm the meeting date for your application.

POST HEARING/DECISION

- A letter confirming the Commission's decision will be issued five business days after 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 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 request.

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; and public easements adjacent to or passing through the site.
- ✓ 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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Applicable Administrative Rules: [OAC 120:10](#)**PROPERTY INFORMATION (To be completed by applicant)**

I (we), the undersigned owner(s) of the following described property, respectfully apply to the Capitol-Medical Center Improvement and Zoning Commission for a conditional use permit for the uses specified herein. In support of the application, the following facts are shown:

LOCATION OF PROPERTY AND LEGAL DESCRIPTION:

Address _____ *City* _____ *ZIP Code* _____

Addition _____ *Block* _____ *Lot(s)* _____

Legal Description (un-platted land only)

SCOPE:

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 signs): _____

APPLICANT:

Applicant Owner/Agent Signature _____ *Date Signed* _____ *Applicant Printed Name* _____

Applicant Street Address _____ *City* _____ *ZIP code* _____

Applicant Phone Number _____ *Applicant Email* _____

REPRESENTATIVE (if applicable):

Representative Signature _____ *Date Signed* _____ *Representative Printed Name* _____

Representative Phone Number _____ *Representative Email* _____

