

ZONING – FORM 001 (05/2018)



STATE OF OKLAHOMA  
CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

# APPLICATION FOR ZONING MAP AMENDMENT (REZONING APPLICATION)

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 zoning map amendment 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 zoning map amendment will be issued five business days after 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 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

The purpose of the documentation is to illustrate how the property is **currently** used, what the **proposed** use for the property would be, and **why** the zoned use of the property should be changed. 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 rezoning.
  - ✓ **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.
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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 Zoning Map Amendment  
(Rezoning)**

[http://omes.ok.gov/boards-  
commissions/capitol-medical-center-  
improvement-and-zoning-commission](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 to amend the zoning map as requested. In support of the application, the following facts are shown:

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

**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: \_\_\_\_\_

Buildings to be Constructed: \_\_\_\_\_

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 (FOR OFFICIAL USE ONLY)

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

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

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