



OKLAHOMA

STATE OF OKLAHOMA
CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

APPLICATION FOR BUILDING 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 building 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.
- 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 Capitol-Medical Center Improvement and Zoning Commission.

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.

REVIEW AND DECISION BY THE CAPITOL-MEDICAL CENTER IMPROVEMENT AND ZONING COMMISSION

- Applicants, project representatives and/or property owners are required to attend this public meeting 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 meeting 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 Commission meeting.
- 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.

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 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; the amount and location of all off-street parking facilities and loading areas, including driveways, accessible parking and accessible routes; 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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Applicable Administrative Rules: [OAC 120:10](#)
PROPERTY INFORMATION (To be completed by applicant)

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

NATURE OF SIGNAGE REQUEST:
 Erect
 Demolish
 Remodel
 Move On/Modular
 Install
 Add-on

LOCATION OF PROPERTY AND LEGAL DESCRIPTION:

Address *City* *ZIP Code*

Addition *Block* *Lot(s)*

Legal Description (un-platted land only)
DESCRIPTION OF IMPROVEMENT:

Type of Improvement: _____

Location on Property: _____

Number of Stories: _____ Use: _____ Height: _____

Length: _____ Width: _____ Square Footage: _____

Estimated Cost: _____

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*

OFFICIAL USE ONLY (do not complete this page)

PROPERTY DETAILS:						
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:	%	ADA Spaces:		Tree to parking ratio:	
Lot Coverage	Covered:	%	Uncovered:	%	GCR:	%
	Streets Serving the Property		Width(s)		Easement Width(s)	Surface Type
1.						
2.						

STAFF CHECKLIST:

- Complete Application
 Site Plan
 Other Applicable Plans

COMMISSION ACTION:

Conditions of Approval:

Permit No.: _____ Effective Issue Date: _____

_____ Date _____ Approved by Commission Director _____ Date _____