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| --- | --- | --- |
| logo_SMALL | **CITY OF TULSA****ZONING CLEARANCE ONLY PERMIT APPLICATION** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A/P #: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: Please print or type all data

Property Address Suite Number .

🞎 Residential 🞎 Commercial No. Of Plans No. of Pages of One set of Plans & Specifications:

Applicant Email Address:

Address City State Zip

Phone ( ) Mobile ( ) fax ( )

Property Legal Description:

|  |  |  |
| --- | --- | --- |
| Lot | Block | Addition |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Board of Adjustment No. |  | Variance | Y 🞎 | N 🞎 | Approval Date: |  |  |
| **Special Exception** | Y 🞎 | N 🞎 | **P.U.D. No.** |  |  |
| Proposed Use: |  |

Will this be an Adult Entertainment Establishment 🞎 Yes 🞎 No Sexually Oriented Business 🞎 Yes 🞎 No

Are you planning a use change only? 🞎 Yes 🞎 No

Are you planning new construction or enlargement of existing construction (including parking)? 🞎 Yes 🞎 No

What is the height from the ground to the top of the wall of the accessory structure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the overall height of the accessory structure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Day Time Contact Person(s)** | Position | Phone No. |
| address: | city | state zip |
| E-mail Address | Mobile Phone No. | Fax No. |

**SPACING VERIFICATION REQUIREMENTS**

Proposed Medical marijuana dispensary (minimum distance - 1,000’ radius) 🞎 Yes 🞎 No

Proposed Plasma center; day labor hiring center; package store; bail bond office; pawn shop (minimum distance - 300’ radius) 🞎 Yes 🞎 No

Proposed Family Child Care Home (minimum distance – 300’ linear distance) 🞎 Yes 🞎 No

A family child care home may not be established on any lot located within 300’ of another lot occupied by a family child care home if any boundary of the subject lot abuts the **same street**.

Proposed detention/correctional facility; emergency/protective shelter; homeless center; residential treatment center; or transitional living center (minimum distance - 2,640’ radius) 🞎 Yes 🞎 No

Proposed Bar (50 Feet to R-Zoned Lot; 300 Feet to Park, School or Religious Use; 300 Feet to Any Bar Or Sexually Oriented Business Except for CBD) 🞎 Yes 🞎 No

sexually oriented business (1,000 feet to another sexually oriented business; religious assembly use property; school property; park; residential zoning; dwelling use in ag- and ag-r districts; group living use for ages under 18 years)

🞎 Yes 🞎 No

**[for outdoor advertising signs, please use sign permit application form.]**

If you answered Yes to any of the proposed uses above, provide the following information with your application and sign the affidavit at the bottom of the page. failure to provide any of the information listed below will be considered an incomplete application and will not be accepted.

1. An aerial photograph identifying the location of the proposed use, structure or development feature at the center of a circle drawn to scale, the radius of which is the required separation distance from another use, structure or development feature. Exception: The Family Child Care Home will show the linear distance of the required spacing on the aerial photograph.
2. On the aerial photograph, label the location of the nearest use, structure, or development feature from which the proposed use, structure or development feature must be separated.
3. Verification of having provided a copy of the zoning clearance permit application to the City Councilor for the City Council District in which the subject property is located.

**Affidavit as to Spacing Verification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Being Duly Sworn upon Oath, State That I Have Researched and Examined or Caused to Be Researched and Examined the Spacing Verification Requirements and That I Have Provided a Copy of the Zoning Clearance Permit Application To The City Councilor in Whose District The Subject Property Is Located.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant Signature

Subscribed and Sworn to Before Me this \_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAL