



CITY OF TULSA ZONING CLEARANCE ONLY PERMIT APPLICATION

Date: _____
A/P#: _____

Note: Please print or type all data

ADDRESS TO BE ZONED _____ SUITE NUMBER _____

RESIDENTIAL COMMERCIAL No. OF PLANS _____ No. OF PAGES OF ONE SET OF PLANS & SPECIFICATIONS: _____

APPLICANT _____ ACCOUNT No. (IF APPLICABLE): _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ MOBILE (____) _____ FAX (____) _____

EMAIL ADDRESS: _____

LEGAL DESCRIPTION:

LOT	BLOCK	ADDITION
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BOARD OF ADJUSTMENT No. _____ VARIANCE Y N APPROVAL DATE: _____

SPECIAL EXCEPTION Y N **P.U.D. No.** _____

PROPOSED USE:	
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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.