

CATOOSA BOARD OF ADJUSTMENT

214 S. Cherokee / P.O. Box 190 Catoosa, OK 74015 – (918)-266-2505 - FAX 918-266-1687 www.cityofcatoosa.org

APPLICATION INFORMATION

RECEIVED BY: _____ DATE FILED: _____ HEARING DATE: _____ CASE NUMBER _____

RESIDENTIAL NON-RESIDENTIAL COMBINATION BUILDING PERMIT APPLICATION NUMBER _____

REFERRAL CITIES: _____

NEIGHBORHOOD ASSOCIATIONS: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OR DESCRIPTIVE LOCATION: _____

LEGAL DESCRIPTION: (email to: efaulkner@cityofcatoosa.org, if too large to fit here please attach on separate sheet of paper)

PRESENT USE: _____ PRESENT ZONING _____ S-T-R _____ CW _____

AREA PREVIOUS CASE NUMBERS: _____ COMPREHENSIVE PLAN DESIGNATION: _____

SUBJECT: _____ SURROUNDING: _____

INFORMATION ABOUT YOUR REQUEST

A SITE PLAN IS REQUIRED TO ILLUSTRATE YOUR REQUEST.

ACTION(S) REQUESTED: _____

VARIANCE SECTIONS: _____ SPECIAL EXCEPTION SECTIONS: _____ USE UNIT: _____

LIST THE SPECIFIC SECTIONS OF THE ZONING CODE THAT APPLY TO EACH ACTION YOU'RE REQUESTING.

APPLICANT INFORMATION		PROPERTY OWNER INFORMATION	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
DAYTIME PHONE		DAYTIME PHONE	
EMAIL		EMAIL	
I, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.			
SIGNATURE & DATE:		SIGNATURE & DATE:	

DOES OWNER CONSENT TO THIS APPLICATION Y N. WHAT IS APPLICANT'S RELATIONSHIP TO OWNER? _____

APPLICATION FEES			
BASE REQUEST	\$		
ADDITIONAL REQUESTS	\$	APPLICATION SUBTOTAL	\$
<input type="checkbox"/> APPLICANT PROVIDED MAIL LIST	RECEIPT NUMBER	TOTAL AMOUNT DUE	\$

APPLICATION FEES IN WHOLE OR PART WILL NOT BE REFUNDED AFTER NOTIFICATION HAS BEEN GIVEN.

DISPOSITION

BOARD ACTION: _____

FINAL DATE: _____ VOTE: _____ PLAT INVOKED Y N PLAT NAME: _____ WAIVER Y N

PLATTING REQUIREMENT

For any land which has been granted a Special Exception by the Board of Adjustment as listed in Use Unit 2, Use Unit 4, Use Unit 8, or Use Unit 21 no building permit or certificate of occupancy permit may be issued until that portion of the tract on which the permit is sought has been included within a subdivision plat or replat, as the case may be, submitted to and approved by the Planning Commission, City Council, and filed of record in the office of the County Clerk where the property is situated. Provided that the City Council, pursuant to their jurisdiction over subdivision plats, may waive that platting requirement upon a determination that that above stated purposes have been achieved by previous platting or could not be achieved by a plat or replat.

I hereby certify that I have read and understand the above requirements and that I will plat, replat or have the platting requirements waived for the subject property in case number CBOA- _____.

Applicant's Signature

Date

**NAMES AND MAILING ADDRESSES
OF OWNERS OF PROPERTY WITHIN 300 FEET LOCATED IN
ROGERS, TULSA AND WAGONER COUNTY ONLY***

ACKNOWLEDGMENT

I acknowledge that property owner's names and addresses must be obtained as required for application number _____. A fully completed "AFFIDAVIT OF MAILING" along with a list of the names and addresses of all the owners of record of property within 300 feet of the property, for which this variance or special exception is requested, will be filed with the Board of Adjustment within a period of ten (10) days of the date of this application.

WHEREFORE, the applicant respectfully requests that this application be set for public hearing in accordance with the law, and that due notice therefore will be given, and that upon public hearing having been duly held that said zoning classification change as above requested be granted.

* I understand and accept that the applicant is responsible for providing the City of Catoosa the names and mailing addresses of the owners of those properties that are within the required notice area.

Applicant's Signature

Date

Board of Adjustment Case Number: _____ **Date: Monday** _____, **6:00 p.m.**

City of Catoosa Council Chambers, 214 S. Cherokee, Catoosa, OK 74015

A person knowledgeable of the application and the property must attend the meeting to represent the application.

Site Plans must be submitted at the time of application. Other drawings, photographs or exhibits may be submitted at the hearing.

VARIANCES:

The applicant must prove a hardship to the Board. The Board of Adjustment is allowed to approve variances only after determining that the following conditions exist. Please be ready to describe how your request satisfies each of these conditions at the hearing:

1. Application of the zoning ordinance requirements to this particular piece of property will create unnecessary **hardship** to the property. This does not include financial hardship to the applicant, nor conditions that are self imposed.
2. There are conditions that are peculiar to this piece of property, which do not apply to other properties in the same zoning district.
3. The variance, if granted, will not cause substantial detriment to the public good or impair the purpose and intent of the zoning ordinance or the comprehensive plan.

In granting a variance, the Board may make appropriate conditions or safeguards and may require a bond or other guarantee necessary to enforce compliance with the conditions.

Please state your hardship (if insufficient space please attach separately):

Applicant Signature: _____

SPECIAL EXCEPTIONS:

The Board of Adjustment is allowed to approve special exceptions only after determining that the following conditions exist. Please be ready to describe how your request satisfies each of these conditions at the hearing:

1. The special exception will be in harmony with the spirit and intent of the Zoning Code.
2. The special exception will not be injurious to the neighborhood or otherwise detrimental to the public welfare.

Further, if the **special exception** is for "**special residential facilities**" the following factors shall be considered. Please be ready to address each of these items at the hearing:

- | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| A. Size of the facility; | F. Compliance with state licensure and certification requirements; |
| B. Number of staff and staff-to-client ratio; | G. Proximity to similar uses; |
| C. Levels of treatment; | H. Distance from sensitive uses (single-family residential districts, schools, parks, child day care centers). |
| D. Location of site in relation to needed services; | |
| E. City infrastructure in the area; | |

In granting any special exception, the Board may make appropriate conditions or safeguards, may limit the approval to a specified period of time and may require a bond or other guarantee necessary to enforce compliance with the conditions.

If your application is approved, you WILL need additional permits.

Contact the Permit Office at 918-266-0807

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