

TULSA BOARD OF ADJUSTMENT

[] CITY [] COUNTY

2 West 2nd Street, Suite 800 - Tulsa, Oklahoma 74103 - (918) 584-7526 - FAX (918) 583-1024

www.cityoftulsa-boa.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: boa@incog.org) _____

PRESENT USE: _____ PRESENT ZONING _____ T-R-S _____ CZM _____ ATLAS _____ PD _____ CD _____

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: _____	

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

APPLICATION FEES			
BASE REQUEST	\$		
ADDITIONAL REQUESTS	\$	APPLICATION SUBTOTAL	\$
NEWSPAPER PUBLICATION	\$		
SIGN (Special Exception Uses in CITY Only)	\$125 x = \$		
300' PROPERTY OWNERS MAILING & POSTAGE	\$40 + \$ = \$	NOTICE SUBTOTAL	\$
[] 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 the purposes of providing a proper arrangement of streets and assuring the adequacy of open spaces for traffic, utilities, and access of emergency vehicles, commensurate with the intensification of land use customarily incident to a change of zoning, a platting requirement is established as follows:

For any land which has been rezoned to a zoning classification other than AG upon application of a private party or for any land which has been granted a special exception by the Board of Adjustment as enumerated within Use Units 2, 4, 5, 8, and 20, no building permit or zoning clearance permit shall 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, and filed of record in the office of the County Clerk where the property is situated. Provided that the Planning Commission, pursuant to their exclusive jurisdiction of subdivision plats, may remove the platting requirement upon a determination that the 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 _____.

Applicant's Signature

Date

**AUTHORIZATION FOR INCOG TO OBTAIN NAMES AND MAILING ADDRESSES
OF OWNERS OF PROPERTY WITHIN 300 FEET LOCATED IN
TULSA AND OSAGE COUNTY ONLY***

AUTHORIZATION AND RELEASE

I authorize the INCOG Staff to obtain property owner's names and addresses as required for application number _____. I understand that INCOG Staff will use the Tulsa and Osage County Assessor's computer database to ascertain the names and addresses of the property owners. That database may not reflect recent ownership changes. I understand that I remain responsible for providing INCOG with the names and addresses of property owners within 300 feet of the property that is the subject of this application. I agree to provide any updates or corrections to INCOG at least 25 days prior to the public hearing on this application.

For valuable consideration duly received and acknowledged, I hereby release and forever discharge INCOG, its agents and successors from any actual or potential cause of action, suit or proceeding brought by me, my agents or assigns, based on the names and addresses obtained by INCOG as required in this application.

* I understand and accept that the applicant is responsible for providing INCOG the names and mailing addresses of the owners of those properties that are within the required notice area but are not in Tulsa or Osage Counties.

Applicant's Signature

Date

Board of Adjustment Case Number: _____ Date: Tuesday _____, 1:00 p.m.

Tulsa City Council Room, 2nd Level, One Technology Center, 175 East 2nd Street

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.
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:

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 Center at 596-9601 or Development Services Plans Review at 596-9456.

CITY OF TULSA BOARD OF ADJUSTMENT
 2 West Second Street, Suite 800, Tulsa, Oklahoma 74103
 (918) 584-7526

Board of Adjustment Case Number _____ Date: Tuesday _____, 1:30 p.m.
Room 119, County Administration Building, 500 South Denver Avenue

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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 Tulsa County Building Inspector's Office at 596-5296.

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