



Community Development Department

Planning Division

Zoning Variance Application

200 S MAIN • P.O. BOX 180 • OWASSO, OKLAHOMA 74055 • (918) 376-1500 • planning@cityofowasso.com

ZONING VARIANCE APPLICATION

FOR OFFICE USE ONLY

Case Number:	
Date Received:	
BOA Date:	
Fees Paid (\$300.00 + \$3.00 per notice mailed)	

CONTACT INFORMATION

PROPERTY OWNER NAME(S):

PHONE:

OWNER EMAIL:

OWNER ADDRESS:

STREET

CITY

STATE

ZIP

APPLICANT(S) NAME:

PHONE:

(If different than owner)

APPLICANT EMAIL:

APPLICANT ADDRESS:

STREET

CITY

STATE

ZIP

PROPERTY INFORMATION

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

PROPERTY ADDRESS:

STREET

CITY

STATE

ZIP

SUBDIVISION OR DEVELOPMENT NAME:

CURRENT USE OF THE PROPERTY:

CURRENT ZONING:

OWASSO LAND USE MASTER PLAN DESIGNATION:



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Describe the specifics of the request. Indicate pertinent uses, distances, dimensions, etc. Include any plot plans, photographs, and other factual information that will support the request. (You may attach this information.)

The [Board of Adjustment](#) is allowed to approve a variance only after determining from the evidence and arguments presented that the conditions listed below do exist. Please describe below or in an attached document how your request satisfies each of these conditions:

1. Application of the [Owasso Zoning Code](#) requirements to this particular property will create unnecessary hardship.
2. There are conditions peculiar to this property that does 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 Owasso Zoning Code or the [GrOwasso 2030 Land Use Master Plan](#).



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- 4. The variance, if granted, would be the minimum necessary to alleviate the unnecessary hardship.

PUBLICATION NOTICE

Who is the person that shall be billed for publication?

Present Owner

Agent for Owner

Purchaser

Attorney for Owner

Other

MAILING ADDRESS:

STREET

CITY

STATE

ZIP

PHONE:

EMAIL ADDRESS:

The individual checked above will be billed directly from the local newspaper for the advertising cost of the notice publication.

SUBMITTAL

The following items shall also be attached to or submitted with this application form:

Property survey

300' certified radius report from a title or abstract company

Legal description of the property

- Submit a digital copy as a Word document to planning@cityofowasso.com

Application fee of \$300.00 + \$3.00 per notice mailed



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Please submit this completed application form with all required items to the Owasso [Planning Division](#). Applicants must submit a paper copy of all materials to Owasso City Hall **and** an electronic copy of all materials to planning@cityofowasso.com. Incomplete applications will not be accepted. Applications are due on or before the 1st of the month to be eligible for addition to that month's Board of Adjustment meeting agenda. The applicant or the applicant's representative must be in attendance at the Board of Adjustment meeting when their case is on the agenda.

SIGNATURES

I, _____ (applicant name), hereby certify that the attached and completed application contains the information required by the City of Owasso as specified above. I understand the submission of incomplete and inaccurate information may result in a delay in processing and action on this application.

Signature of Applicant:

Date:

Signature of Property Owner:

Date:

The property owner must sign the application or it will not be processed.

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Staff Signature:

Date:

Staff Comments: