

# Zoning Clearance Permit Application



City of Bixby

## APPLICATION TO THE CITY OF BIXBY FOR A ZONING CLEARANCE PERMIT

CASE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>PROPERTY ADDRESS</b>	<b>LEGAL DESCRIPTION IMPORTANT:</b> Please attach a drawing of the proposed Plot Plan and indicate the location and direction for all buildings on lot:			
	<b>STR</b>	<b>ADDITION</b>	<b>LOT</b>	<b>BLOCK</b>

**PROPOSED USE**

<b>OWNER NAME</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>PHONE</b>	<b>EMAIL</b>
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<b>CONTRACTOR NAME</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>PHONE</b>	<b>EMAIL</b>	<b>VALUATION</b>
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<b>ZONING INFORMATION</b>	<b>DISTRICT</b>	<b>PUD NO.</b>	<b>USE UNIT (S)</b>	<b>USE BY RIGHT</b>
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<b>LOT INFORMATION</b>	<b>FRONTAGE</b>	<b>AVE. DEPTH</b>	<b>PARKING SPACES</b>	<b>LOADING BERTHS</b>
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<b>STRUCTURE SETBACK</b>	<b>FRONT</b> <small>(FROM CENTER LINE STREET)</small>	<b>SIDE</b>	<b>SIDE</b>	<b>REAR</b>
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<b>BOARD OF ADJUSTMENT</b>	<b>INTERPRETATION</b>	<b>VARIANCE</b>	<b>SPECIAL EXCEPTION</b>
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<b>ZONING OFFICER</b>	<b>FIRE MARSHAL</b>
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SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

(TYPE OR PRINT NAME OF APPLICANT SIGNING):

CHECK IF ATTACHING OWNER'S SIGNATURE AUTHORIZATION FORM

**DO NOT WRITE IN THIS BOX**

BXZC- \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

PLANNING COMMISSION DATE: \_\_\_\_\_ CITY COUNCIL DATE: \_\_\_\_\_

**FEES:** BASE FEE + ADDITIONAL  
 — \$300 — # of SIGN(S) @ \$110.00 each — + \$6.00 per address — **TOTAL:** \_\_\_\_\_