



EL RENO
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Community Development Department

101 N. Choctaw El Reno, OK 73036 • (405)-295-9317

Conditional Use Permit Application

APPLICANT INFORMATION

Name: _____ Phone: _____

Email: _____

Subject Address: _____

Current Zoning: _____ Proposed Zoning: _____

PUD: _____ Zoning Classification: _____ CUP Requested: _____

PROPERTY OWNER INFORMATION (if different than Applicant)

Name: _____ Phone: _____

Address: _____ Email: _____

City, State, and Zip Code: _____

BUSINESS INFORMATION

Business name: _____ Phone: _____

Current Business Address (if applicable): _____

Email: _____

Please attach the following to your application:

- Deed to the property. If the applicant is not the owner listed on the deed, then written owner consent must be included.
- Certified list of all surface property owners within a three-hundred-foot radius of the exterior boundary of the subject property. (Must be at least 10 owners, you can get the Certified List of Property Owners through a Title Company or abstract office of your choosing. If 10 owners cannot be found within the 300' radius, the radius will be increased by increments of 100' until the number of 10 owners has been reached.)
- Site Plan
- Written descriptions of proposed use attached.
- A check for \$500 made out to the City of El Reno

For your Planning Commission hearing, please provide evidence to establish the following:

- The location of the proposed use is compatible to the other land uses in the general neighborhood area and does not place an undue burden on existing transportation and service facilities in the vicinity.
- The site is of sufficient size to accommodate the proposed use.
- The site will be served by streets of capacity sufficient to carry the traffic generated by the proposed use.
- That the proposed use, if it complies with all conditions upon which approval is made contingent, will not adversely affect other property in the vicinity.

Applicant Signature: _____ **Date:** _____

I AFFIRM THAT I HAVE ATTACHED ALL REQUIRED INFORMATION, AND I UNDERSTAND THAT INCOMPLETE APPLICATIONS CAN RESULT IN NOT BEING PLACED ON MUNICIPAL PLANNING COMMISSION, CITY COUNCIL, AND/OR BOARD OF ADJUSTMENT AGENDAS UNTIL APPLICATIONS ARE COMPLETE.

OFFICE USE ONLY

Date Filed:	Date Payment Received:	PC Date:	PC Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____	CC Date: <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____	Resolution Number:
Date Published:	Date Mailed:	Date Posted:	Comments:		