

Zoning Clearance Certificate

LOCATION

Property Address: _____ Zoning: _____
Legal Description: _____

APPLICANT

Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____

OWNER (If different from Applicant)

Name: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____

PROJECT TYPE (Check box next to type)

Accessory Building 200 s.f. or Less (including sheds, gazebos, tree houses, and any other permanent walled/roof structure) **Attach Plot Plan**
Length (ft.): _____ Width (ft.): _____ Area (sf): _____
Percent of Rear Yard: _____ Percent of Total Lot: _____

Wireless Communication (towers 50 ft. or less, outside antenna/equipment, minor changes to existing device)
Description of Work: _____

Portable On-Demand Storage Units (PODS) Dates on Site: _____
Dimensions: Length (ft.) _____ Width (ft.) _____ Height (ft.) _____

Fence (7 ft. or under) or Wall (4 ft. or under)
Height (ft.) _____ Material: _____
Attach Plot Plan

Swimming Pool less than 24 inches in depth
Depth (inches) _____
Attach Plot Plan

Uncovered Patio
Area (s.f.) _____ **Attach Plot Plan**

RV/Boat/Trailer Storage
Attach Plot Plan and Pictures

Gravel Parking Area **Attach Plot Plan**

I hereby certify the attached and completed application contains the information required by the City of Bartlesville as specified above. I understand the submission of incomplete or inaccurate information may result in a delay in processing and action on this application and may be subject to other penalties provided by law. I understand that the City does not investigate or enforce any deed restrictions that may apply to my property.

Signed: _____ Date: _____

Office Use Only

Approved Disapproved Planning Staff: _____ Date: _____
Conditions: _____