



**Community Development Department**

**Planning Division  
Rezoning Application**

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

**REZONING APPLICATION**

**FOR OFFICE USE ONLY**

|  |  |
|--|--|
| Case Number:   |  |
| Date Received:   |  |
| PC Date:   |  |
| CC Date:   |  |
| Fees Paid (\$500.00 + \$3.00 per notice mailed + \$50.00 sign fee) |  |

**CONTACT INFORMATION**

PROPERTY OWNER NAME:

PHONE:

OWNER ADDRESS:

STREET

CITY

STATE

ZIP

OWNER EMAIL:

APPLICANT NAME:

PHONE:

(If different than owner)

APPLICANT ADDRESS:

STREET

CITY

STATE

ZIP

APPLICANT EMAIL:

ENGINEER/DESIGN FIRM:

PHONE:

FIRM ADDRESS:

STREET

CITY

STATE

ZIP

FIRM EMAIL:

**PROPERTY INFORMATION**

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

PROPERTY ADDRESS:

STREET

CITY

STATE

ZIP

SUBDIVISION/DEVELOPMENT NAME:

COUNTY:

ACREAGE:



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SQUARE FOOTAGE OF BUILDING(S):

CURRENT ZONING:

OWASSO LAND USE MASTER PLAN DESIGNATION:

PROPOSED ZONING/USE:

**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 (If by metes and bounds, attach plat of survey)

A certificate of closure from a licensed surveyor

Application fee of \$500.00 + \$3.00 per notice mailed + \$50.00 sign fee



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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](mailto:planning@cityofowasso.com). Incomplete applications will not be accepted. Applications are due on the 1<sup>st</sup> of the month to be eligible for addition to the next month's [Planning Commission](#) meeting agenda and the following [City Council](#) meeting agenda. The applicant or the applicant's representative must attend the Planning Commission and City Council meetings.

**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.*

**FOR OFFICE USE ONLY**

Staff Signature:

Date:

Staff Comments: