

CITY OF STILLWATER - DEVELOPMENT SERVICES DEPARTMENT
APPLICATION FOR REVIEW/ACTION

ZONING:

- _____ Map Amendment
- _____ Planned Unit Development
- _____ Preliminary
- _____ Final
- _____ Subdivision
- _____ Amendment
- _____ Specific Use Permit
- _____ Annexation

SITE PLANS:

- _____ Minor Amendment
- _____ Final Drill Site Development Plan

SUBDIVISION:

- _____ Lot Split
- _____ Commercial Minor Subdivision
- _____ Minor Subdivision
- _____ Preliminary Plat
- _____ Final Plat

OTHER:

- _____ Closing
- _____ Improvement Plans
- _____ Drainage Plans/Study
- _____ Drilling Permit

COMMERCIAL USE-BY-RIGHT: Complete a Commercial Building Permit Application **AND** Commercial Use-By-Right Checklist

Title of Subdivision/Plan/Use: _____
Owner(s) of Property: _____
Owner(s) Address: _____
Owner(s) Phone/Fax/Email: _____
Applicant/Developer of Property: _____
Applicant/Developer Address: _____
Applicant/Developer Phone/Fax/Email: _____
Design Engineer address/phone/fax/email & Registration No.: _____

Surveyor address/phone/fax/email & Registration No.: _____

Address or Description of Property to be Subdivided/Developed: _____

Original Tract Deed Book and Page Number: _____
Number of Acres in Development: _____
Number of Lots Created: _____
Current Zoning/Requested Zoning: _____
Reason for zoning request/use permit/map amendment (describe project): _____

This application must be accompanied by the appropriate checklist for the type of item being submitted for review. This application must be completed, signed, and dated by the Applicant and Owner(s).

We do hereby certify that the information provided herein is both complete and accurate to the best of our knowledge, and we understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Applicant/Preparer Date

Owner/Agent (with documentation) Date

Applicant/Preparer Date

Owner/Agent (with documentation) Date

For City of Stillwater Use Only: CASE NO#: _____

Submission Date: _____ Processing Tract: IRC _____, PC _____, CC _____
Approval Date: _____ Fees: _____ Number of Copies: _____

City of Stillwater
Closing: Building Setback Line, Right-of-Way, Alley, Easement
Chapter 23, Article 3

Applications will be accepted Monday through Friday, from 8:30 AM to 11:30 AM
Per Resolution CC-2007-16

This CHECKLIST identifies the items needed when a closing request is made. All items indicated as SUCH are required for the submittal to be considered complete. Reference OS §11-42-102 through OS §11-42-115 for public way closings.

APPLICANT	REQUIREMENTS	CITY
	Section 23.60	
	COMPLETED APPLICATION FORM AND CHECKLIST	
	A TYPEWRITTEN AND ELECTRONIC/DIGITAL COPY OF THE LEGAL DESCRIPTION OF THE SUBJECT PROPERTY TO BE CLOSED , EMAILED TO DIGITALS@STILLWATER.ORG	
	COPY OF EXISTING AND PROPOSED RESTRICTIVE COVENANTS ON THE SUBJECT PROPERTY.	
	A CLOSING SITE PLAN DRAWN TO AN APPROPRIATE SCALE AND CONTAINING AT A MINIMUM THE FOLLOWING: <ul style="list-style-type: none"> • DIMENSIONS OF THE SUBJECT PROPERTY TO BE CLOSED; • LOCATION AND DIMENSIONS OF ALL BUILDINGS, EASEMENT, UTILITIES, RIGHTS-OF-WAY, DRIVEWAYS, PARKING AREA, PROPERTY LINES, AND FENCES ON OR WITHIN 50 FEET OF THE SUBJECT PROPERTY TO BE CLOSED; • LOCATION AND DIMENSIONS OF ANY PROPOSED EASEMENTS OR RELOCATED AND/OR TO BE REMOVED UTILITIES, SIDEWALKS AND STREETS. 	
	A TYPEWRITTEN LIST, CERTIFIED BY THE PAYNE COUNTY ASSESSOR, A LICENSED ABSTRACTOR, ATTORNEY, ENGINEER OR ARCHITECT OF ALL PROPERTY OWNERS WITHIN 300 FEET OF THE SUBJECT PROPERTY AND AN ELECTRONIC/DIGITAL COPY CAPABLE OF BEING REPRODUCED AS MAILING LABELS. THE OWNERSHIP LIST SHALL NOT HAVE BEEN PREPARED MORE THAN 30 DAYS PRIOR TO SUBMISSION OF APPLICATION.	
	FILING FEE OF \$225.00	
	6 BLUELINES/BLACKLINES, NO SMALLER THAN 8.5X14, OF THE DRAWING OF THE PROPOSED CHANGE. AND SHOWING THE FOLLOWING:	
	Utilities	
	a.) Show any existing utility facilities and/or equipment within closing boundaries.	
	b.) Make payment of any costs involved in relocating existing utility equipment that are to be moved at developer's request or as required by this closing.	
	Easements:	
	a.) Identify existing easements by width and type.	
	b.) Identify and provide separate easement documents for utility facilities and/or equipment that is to remain in place after closing.	
	c.) Verify that the closing has no adverse impact on drainage facilities.	
	Transportation (not applicable on building setback line closing)	
	a.) Verify that the closing has no adverse impact on traffic circulation.	
	b.) Verify that the closing does not deprive any lots of access to a right-of-way.	

INFORMATIONAL
<ul style="list-style-type: none"> • The closing of a platted public way may be accomplished by ordinance or by resolution: OS §11-42-102 through OS §11-42-109. • The closing of a non-platted public way shall be by ordinance.

Certification: I hereby certify that the information provided herein is both complete and accurate to the best of my knowledge and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Preparer's Signature _____ Date _____