

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: _____
Approval Date: _____

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

**City of Stillwater
Map Amendment Checklist
Chapter 23, Article 3**

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

Zoning district boundaries created under the authority of the City of Stillwater may be amended to change the zoning classification on one or more properties by the City Council. This CHECKLIST identifies the items needed. All items indicated as SUCH are required for the submittal to be considered complete.

APPLICANT	REQUIREMENTS	CITY
	Section 23.58	
	COMPLETED APPLICATION FORM AND CHECKLIST	
	TYPED LEGAL DESCRIPTION SENT TO DIGITALS@STILLWATER.ORG	
	FILING FEE OF \$250.00 PLUS \$2.00/ACRE	
	A TYPEWRITTEN LIST AND ELECTRONIC/DIGITAL COPY, CERTIFIED BY THE PAYNE COUNTY ASSESSOR, LICENSED ABTRACTOR, ATTORNEY, ENGINEER OR ARCHITECT, OF ALL PROPERTY OWNERS WITHIN THREE HUNDRED (300) FEET OF THE SUBJECT PROPERTY. THE OWNERSHIP LIST SHALL HAVE BEEN PREPARED NO MORE THAN THIRTY (30) DAYS PRIOR TO SUBMISSION.	

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