

Town of Calera
110 W Main St
Calera Ok 74730
580-434-5420
www.caleraok.org

SPECIAL USE PERMIT (SUP) APPLICATION

1. APPLICANT INFORMATION

- Applicant Name: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____

2. PROPERTY OWNER INFORMATION *(if different from applicant)*

- Owner Name: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____
- ☐ Applicant is the property owner
- ☐ Applicant has authorization from property owner (attach documentation)

3. PROPERTY INFORMATION

- Property Address: _____
- Legal Description (attach if necessary): _____

- Current Zoning Classification: _____
- Parcel ID (if known): _____

4. PROPOSED SPECIAL USE

- Type of Use (check one or describe):
☐ Adult-Oriented Business

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- ☐ Nightclub / Late-Night Entertainment
- ☐ Event Venue / Assembly Use
- ☐ High Traffic / Impact Use
- ☐ Other (describe): _____
- Detailed Description of Proposed Use: (May continue on last page)

5. OPERATIONS INFORMATION

- Proposed Hours of Operation: _____
- Expected Number of Employees: _____
- Expected Occupancy / Capacity: _____
- Days of Operation: _____

6. SITE INFORMATION

(Attach site plan showing all required elements)

- Parking Spaces Provided: _____
- Access Points / Driveways: _____
- Existing Structures: _____
- Proposed Structures or Modifications: _____
- Buffering / Screening (fences, landscaping, etc.): _____

7. IMPACT STATEMENT

Provide a brief explanation of how the proposed use will address the following:

- Traffic Impact:

- Noise Impact:

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- Lighting Impact:

-
- Environmental / Drainage Impact:

-
- Compatibility with Surrounding Properties:
-

8. INFRASTRUCTURE AND SERVICES

- Water Provider: _____
- Sewer Provider: _____
- Electric Provider: _____
- Will additional infrastructure be required? ☐ Yes ☐ No
If yes, explain: _____

9. ADDITIONAL DOCUMENTS REQUIRED

Please attach the following:

- ☐ Site Plan
- ☐ Vicinity Map
- ☐ Proof of Ownership or Authorization
- ☐ Traffic / Impact Studies (if required)
- ☐ Any additional supporting documents

10. CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that submission of false or misleading information may result in denial or revocation of this permit.

- Applicant Signature: _____ Date: _____
- Property Owner Signature: _____ Date: _____

11. FOR OFFICE USE ONLY

- Date Received: _____
- Application Fee Paid: _____
- Case Number: _____
- Planning Commission Hearing Date: _____
 - P&Z: ☐ Approved ☐ Approved w/ Conditions ☐ Denied
- Board of Trustees Hearing Date: _____
- Final Decision: ☐ Approved ☐ Approved w/ Conditions ☐ Denied
- Conditions/Notes: _____

Submit completed application to:
Town Clerk, Town of Calera, Oklahoma
110 W. Main Street
Calera, OK 74730

- Detailed Description of Proposed Use: (Cont.) _____