



APPLICATION FOR CLOSINGS, VACATIONS AND/OR ENCROACHMENTS

APPLICATION IS HEREBY MADE TO THE CITY OF BROKEN ARROW TO CONSIDER ONE OF THE FOLLOWING:

CHOOSE (1) CLOSURE: ENCROACHMENT: VACATION:

CHOOSE (1) EASEMENT: RIGHT OF WAY: PLAT:

Property Location:

Legal Description: Subdivision Lot Block

Parcel number:

Plat name\* (if applicable):

\*If unplatted: Attach legal description and electronic legal description in WORD format

Project Details (Include-purpose of project, why the request, new proposal, etc.):

Three horizontal lines for project details.

Applicant (Name & Company):

Address:

City: State: Zip:

Phone: Fax:

Email:

Property Owner(s) of Record:

Address:

City: State: Zip:

Phone: Fax:

Email:

SIGNATURE OF APPLICANT: DATE:

(TYPE OR PRINT NAME OF APPLICANT SIGNING):

CHECK BOX IF ATTACHING OWNER'S SIGNATURE AUTHORIZATION FORM

SIGNATURE OF PROPERTY OWNER(S): DATE:

(PRINT NAME OF OWNER(S) SIGNING):



APPLICATION FOR CLOSINGS, VACATIONS AND/OR ENCROACHMENTS

UTILITY COMPANY REVIEW FOR:

CHOOSE (1) CLOSURE: \_\_\_\_\_ DEDICATION: \_\_\_\_\_ VACATION: \_\_\_\_\_

CHOOSE (1) EASEMENT: \_\_\_\_\_ RIGHT OF WAY: \_\_\_\_\_ PLAT: \_\_\_\_\_

Applicant (Name & Company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Location: \_\_\_\_\_

Legal Description: \_\_\_\_\_
Subdivision Lot Block

Parcel number: \_\_\_\_\_

Plat name\* (if applicable): \_\_\_\_\_

\*If unplatted: Attach legal description and electronic legal description in WORD format

AEP/PSO: Tyler Devereux Signature: \_\_\_\_\_
Phone: 918.599.2488 Comments: \_\_\_\_\_
Fax: 918.599.3266 \_\_\_\_\_
Email: thdevereux@aep.com \_\_\_\_\_

Windstream: Angela Rahe Signature: \_\_\_\_\_
Phone: 918.451.3427 Comments: \_\_\_\_\_
Fax: 918.451.1865 \_\_\_\_\_
Email: Angela.rahe@windstream.com \_\_\_\_\_

ONG: James Nobles Signature: \_\_\_\_\_
Phone: 918.831.8267 Comments: \_\_\_\_\_
Fax: 918.831.8250 \_\_\_\_\_
Email: James.nobles@onegas.com \_\_\_\_\_

COX: Kevin Catlett Signature: \_\_\_\_\_
Phone: 918.286.4658 Comments: \_\_\_\_\_
Fax: 918.286.4018 \_\_\_\_\_
Email: kevin.catlett@cox.com \_\_\_\_\_

City of BA Barney Campbell Signature: \_\_\_\_\_
Phone: 918.259-2400 EX 7426 Comments: \_\_\_\_\_
Email: bcampbell@brokenarrowok.gov \_\_\_\_\_

**GUIDELINES FOR SUBMITTAL OF APPLICATION FOR: ENCROACHMENT(S); CLOSING/VACATING AN EASEMENT(S), RIGHT-OF-WAY(S); VACATION OF PLAT**

Confirm the following was submitted with application, incomplete applications will not be processed:

- Parcel number (required-obtain from County Tax Bill)
- Detailed description of reason for request (PDF or hard copy and word doc./email)
- Original Legal documents signed and executed by all relevant parties (templates available upon request)
  - All documents with legal descriptions must have stamp and *original signatures* of licensed Land Surveyor
  - All signatures, seals, and stamps must not encroach into the 1 (one ) inch margins on documents
- Survey depicting the entire property
  - Survey of entire easement, encroachment or right-of-way
  - Survey of portion to be closed and/or vacated or encroached
- Location Map using Broken Arrow Street names
- Legal description AND address of the subject property
- Legal description of entire easement, encroachment and/or public right-of-way
- Legal description of the portion of the easement, encroachment and/or right-of-way requested to be closed and /or vacated, or encroached
  - Legal descriptions must be submitted (email) in WORD format
  - Email PDF's AND required word doc as requested per application ([mhilton@brokenarrowok.gov](mailto:mhilton@brokenarrowok.gov))

**Fee: Per Manual of Fees)**

Closure of Easement(s) and Right of Way:

- \$1,000.00 (non-refundable) for proposed construction
- \$500.00 (non-refundable) for existing encroachments
- \$1,000.00 (non-refundable) for General

Encroachment Agreement:

- \$500.00 (non-refundable)

Vacation of Plat:

- \$500.00 (non-refundable)

Notice of Easement or Right of Way Closing: \$6.00 per mailing (when applicable)

*CITY STAFF TO COMPLETE THIS SECTION*

REC'D BY: \_\_\_\_\_ FEE: \_\_\_\_\_ RECEIPT NO. : \_\_\_\_\_

PROJECT NAME (IF APPLICABLE): \_\_\_\_\_

CITY COUNCIL DATE: PREVIEW ORDINANCE: \_\_\_\_\_ ORDINANCE: \_\_\_\_\_

NOTES: \_\_\_\_\_

Received Date

(Date Stamp Here)